

# Progress Report to the Governor

February 2026

(Data includes October, November, and December 2025)



OREGON DEPARTMENT OF  
**Human Services**

Child Welfare

# February 2026 Progress Report to the Governor

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(Data through December 2025)

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## **A Message from Oregon Department of Human Services (ODHS) Interim Child Welfare Director Rolanda Garcia**

As of February 2026, I have served as Oregon’s Child Welfare Interim Director for eight months. I am deeply aware of the profound responsibility we hold to the people of Oregon, and that responsibility guides my work every day. I remain steadfast in the belief that children thrive when they can grow up safely with their families. Ensuring child safety is fundamental to that goal.

I am grateful to the dedicated staff across our state who step in to support children and families during the most difficult moments of their lives. Our [Vision for Transformation](#) articulates the values that guide this work; my focus is on translating those values into meaningful action. Having previously served as a District Manager, I know firsthand the complexity of this work on the ground, and the infrastructure, commitment, and skill required to do it well.

I am pleased to share this next installment of the expanded progress report to the Governor that we introduced last quarter. This report provides detailed data and critical insight into where we are making progress, where challenges remain, and the steps we are taking to address them.

Publishing this report is a central part of our commitment to open, transparent, and timely communication with those to whom we are accountable, including the Governor’s Office, the Oregon Legislature, federal oversight partners, Tribal governments, community partners, and, most importantly, all Oregonians.

Highlights from our four priority areas include the following:

### **Keeping children safe and supporting families:**

- When ODHS receives a report of suspected child abuse and neglect, our team investigates the situation and assesses the child’s and family’s needs. We have 60 days by law to complete these investigations. This has been an area needing improvement. I am pleased to report that we have implemented concrete strategies to address overdue

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investigations and made significant improvements. The data provided in this report reflect a steady increase in the proportion of investigations completed within 60 days and we will continue to improve this area of practice.

- In December 2025, Oregon submitted its revised Title IV-E Prevention Plan to the Children’s Bureau, incorporating four Tribal Prevention Plans as addendums. This submission marks a significant milestone in advancing our Family First work and positions the state and Tribes to continue expanding evidence-based, trauma-informed services aimed at preventing foster care placements. This plan will expand prevention services with home visiting programs including Healthy Families Oregon, Nurse Family Partnership, Family Spirit, KEEP, Triple P, Family Check-up, and GenerationPMTO, along with 22 Tribal-based practices to support families early and reduce foster care entries.

### **Improving services and outcomes for children in foster care and their families:**

- Relative placement is a priority in Oregon, recognizing the importance of maintaining a child’s connection to family, culture, and community. Placing children with relatives (broadly defined) supports continuity of identity and belonging while minimizing trauma associated with removal. As shown in this report, ODHS has been successful in steadily increasing the proportion of children who are placed with relatives upon entry into foster care.
- ODHS has reduced its reliance on temporary lodging (TL) for children in foster care (i.e., utilization of a hotel with an assigned child welfare worker while placement is being identified). Between 2023 and 2025, the average nightly number of children in TL declined by nearly 40 percent; the average monthly number dropped by 30 percent; and the annual number of children experiencing TL dropped by 18 percent. This means that fewer children are experiencing TL, and those that do are having shorter stays in TL. ODHS is working aggressively to continually reduce utilization of TL.
- In 2026, ODHS Office of Equity and Multicultural Service (OEMS) in partnership with Child Welfare will be conducting a Programmatic Assessment and developing an Equity Plan as part of the ODHS Unified Equity Framework. This work involves deep collaboration with

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The Nine Federally Recognized Tribes in Oregon and various councils, committees, community members, people with lived experience, and Child Welfare employees.

### **Ensuring a well-supported workforce and enhancing our infrastructure:**

- ODHS caseloads continue to be aligned with national best practice standards. In the fourth quarter of 2025, as detailed in this report, ODHS launched many new trainings for staff to build capacity in key areas of practice serving children and families.

### **Utilizing data for accountability and continuous quality improvement:**

- We are in the process of building a public dashboard that will provide key data pertaining to child fatalities. While we currently report significant information about these cases, the new dashboard will display trends over time that will inform the public as well as our prevention efforts statewide. We will launch this dashboard by Summer 2026. Through its Critical Incident Review Team (CIRT), ODHS implements a comprehensive process to review child fatalities and aggregate this information to inform systemic strategies. For example, based on learnings from critical incident reviews, ODHS recently implemented a new framework called AWAKEN Conscious Decision Making with staff at the Oregon Child Abuse Hotline. AWAKEN is a comprehensive framework that equips individuals and teams with the skills to recognize and address personal biases.

The children and families who are involved or at risk of involvement with the child welfare system face a myriad of complex challenges and needs. The child welfare agency is one part of a larger social safety net system. We thank all our partners across government agencies and within community for their work to strengthen the safety net for children and families.

Sincerely,

Rolanda Garcia, ODHS Interim Child Welfare Program Director



## PRIORITY 1: Keeping children safe and supporting families

### Key Strategies

- Safety Action Plan
- Upstream prevention (prevent entry into foster care)
- Family First Prevention Services Act

### 1A. Safety Action Plan

ODHS Child Welfare has identified four key action areas described below to improve child safety. This action plan is informed by recommendations from Human Services Group (HSG), and we are working on specific actions with the Nine Federally Recognized Tribes of Oregon. The action plan also includes items of focus from the federal Child and Family Services Review (CFSR) and the Collaborative Agreement. Figure 1.1 includes the plan and status on key actions since the previous report.

**Figure 1.1 Safety Action Plan**

Focus Area & Expected Timeline Calendar Year	Expected Outcomes	Key Actions	Status Updates & Progress from CY 2025 Quarter 3
<b>High-Quality Screening</b> Q3 2025 – CY 2026	<ul style="list-style-type: none"> <li>• Timely and accurate screening decisions</li> <li>• Equity in screening<sup>1</sup></li> <li>• Improved data accuracy</li> <li>• Consistent decisions</li> </ul>	<ul style="list-style-type: none"> <li>• Develop a quality assurance tool</li> <li>• Develop, review, evaluate, direct (RED) teams</li> <li>• Update structured decision-making (SDM) tool</li> <li>• Improve data accuracy (Tribal citizenship/heritage identification and racial data)</li> <li>• Improve operational efficiency</li> </ul>	<ul style="list-style-type: none"> <li>• QA Tool Development: Development is underway with approximately 50% progress completed.</li> <li>• RED Teams Implementation: Implementation is well advanced, with roughly 75% completion.</li> <li>• Structured Decision-Making Updates: Major updates are in progress, currently at about 40% completion, spanning multiple phases.</li> <li>• Decision Interrater Reliability: Initial work has begun, with early-stage progress noted.</li> <li>• Improve Data Accuracy for Tribes: Work is actively underway to strengthen data accuracy.</li> </ul>

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Focus Area & Expected Timeline Calendar Year	Expected Outcomes	Key Actions	Status Updates & Progress from CY 2025 Quarter 3
<p><i><sup>1</sup> Equity in screening means ensuring that every call and report received by ORCAH is evaluated in a way that is fair, consistent, and free from bias, so that all children and families have equal access to the right services at the right time. By ensuring equity in our screening process, CW can make sure that interventions are based on objective criteria rather than subjective judgments. This helps ensure that families are not overlooked or unnecessarily involved in the system due to disparities, and that resources are directed where they are truly needed.</i></p>			
<p><b>Timely Child Protective Services (CPS) Assessments</b></p> <p>Q3 2025 – CY 2026</p>	<ul style="list-style-type: none"> <li>Increased % of assessments completed within 60 days</li> <li>Improved coordination with system partners</li> <li>Improved timeliness and workload balance</li> </ul>	<ul style="list-style-type: none"> <li>Implemented overdue assessment plan</li> <li>Required real-time documentation</li> <li>Reduce technical barriers</li> <li>Decrease calls on open assessments</li> <li>Update multi-disciplinary team charter</li> </ul>	<ul style="list-style-type: none"> <li>Overdue Assessment Plan Development: Development efforts are complete.</li> <li>Safety Assessment Pathways: Early implementation has begun, with about 5% completion.</li> <li>Assessment Modernization: Initial modernization work is underway, showing roughly 10% progress.</li> <li>Real-Time Documentation Requirement: Implementation complete.</li> <li>Decrease Calls on Open CPS Assessments: Process improvements are underway to reduce unnecessary calls.</li> <li>Statewide Multi-Disciplinary Coordination: Early coordination efforts have begun.</li> </ul>
<p><b>Safety Decision-Making</b></p> <p>Q3 2025 – CY 2026</p>	<ul style="list-style-type: none"> <li>Improved quality and timeliness of case plans</li> <li>Better safety planning</li> <li>Risk and safety concerns addressed effectively</li> </ul>	<ul style="list-style-type: none"> <li>Develop calibration tool to support supervisor knowledge</li> <li>Finalize selection of tools to help with safety decisions</li> <li>Create a process for continuing education</li> <li>Statewide assessment to confirm safe environments</li> </ul>	<ul style="list-style-type: none"> <li>Consistent Safety Management Using Current Spaces &amp; Roles (SAP/CA): Work has progressed to approximately 20% completion.</li> <li>Supervisor Support for Sound Safety Decisions (SAP/CA): Training and support efforts are underway, with about 25% progress.</li> <li>Improve Utilization of Safety Decision Tools (SAP/CA): Active implementation is ongoing across the system.</li> </ul>
<p><b>Act on Safe Systems Analysis</b></p> <p>Q3 2025 –</p>	<ul style="list-style-type: none"> <li>Increased parent knowledge regarding safe sleep</li> <li>Increased workforce knowledge in identifying</li> </ul>	<ul style="list-style-type: none"> <li>Launch statewide safe sleep education needs assessment</li> <li>Launch UNCOPE – an early engagement</li> </ul>	<ul style="list-style-type: none"> <li>Father’s Engagement Workgroup: Workgroup development and engagement activities are underway, with roughly 15% completion.</li> </ul>

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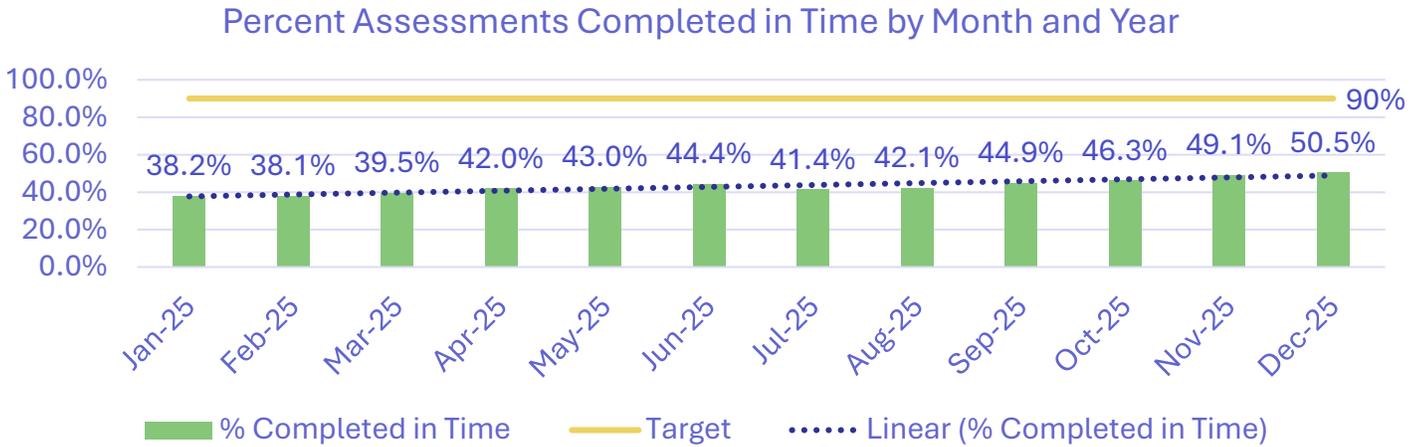
Focus Area & Expected Timeline Calendar Year	Expected Outcomes	Key Actions	Status Updates & Progress from CY 2025 Quarter 3
CY 2026	substance dependence early on while connecting families to resources before issues escalate. <ul style="list-style-type: none"> <li>• Improved teamwork and reduced bias specific to fathers' engagement and substance use</li> <li>• Improved data sharing and tracking</li> </ul>	screening tool to identify risk for substance dependence <ul style="list-style-type: none"> <li>• Elevating Father's Engagement through training, policy &amp; ORKIDS enhancement.</li> <li>• Develop a CIRT trend data dashboard.</li> </ul>	<ul style="list-style-type: none"> <li>• UNC OPE Substance Dependence Screening Tool: Tool launch and early adoption have progressed to approximately 20% completion.</li> <li>• CIRT Data Dashboard: Dashboard development is well underway, reaching about 40% progress.</li> <li>• Safe Sleep Education Campaign: Campaign launch activities are in progress.</li> </ul>

### 1B. Focused efforts have reduced overdue assessments

#### What is the measure and why is it important

Overdue assessments are cases that have remained open to a CPS worker for more than 60 days. Timely assessments are critical to ensuring children's safety and minimizing stress on families. As shown in Figure 1.2 below, ODHS has been steadily increasing the proportion of assessments that are completed timely. This chart shows for each given month, of all the assessments due to be completed that month, the proportion that were completed timely. Performance improved from 38.2 percent in January 2025 to 50.5% in December 2025.

**Figure 1.2 Timely Assessment Completion**



Source: Data pulled from CW-SA-2029-S Assessments Completed in Time of Those Due report as of 02/9/26.

Every district has an individual plan developed for managing timeliness of CPS assessments. Since the implementation of focused strategies, timeliness has improved and continues along an upward trajectory.

Three districts made the largest improvements from October 2025 to December 2025 (improvement means a decrease in percentage overdue): District 1’s overdue assessments dropped from 47% to 30.9%; District 2 went from 60.7% to 50.8%, and District 4 went from 38.6% to 30.0%.

Figure 1.3 below presents another way of measuring performance. This table provides the proportion of all open assessments that were overdue on December 29, 2025.

**Figure 1.3 Overdue % by Oregon Department of Human Services Districts**

*This represents a statewide decrease (improvement) of 3.8 percentage points since the last report.*

District	% Overdue as of 12/2025	District	% Overdue as of 12/2025
District 01	30.9%	District 09	28.4%
District 02	50.8%	District 10	20.4%
District 03	61.2%	District 11	24.0%
District 04	30.0%	District 12	64.8%
District 05	15.7%	District 13	29.3%
District 06	19.1%	District 14	4.5%
District 07	29.8%	District 15	27.9%
District 08	43.4%	District 16	28.9%
<b>Statewide: 42%</b>			

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*Note: The district data reflects the current percent of all open assessments that are overdue by district, as of 12/29/2025. Source: Data pulled from OR-Kids report SA-2001-S Open Assessment Summary weekly.*

### What we are doing

We have implemented several key strategies outlined in the Safety Action Plan:

- **District-level strategies:** Leaders in districts with the highest number of overdue assessments have developed strategic action plans. These include adjusting staffing ratios to better support CPS caseloads, analyzing data to identify operational efficiencies, and setting clear accountability targets. To further support districts through improved data literacy, we have implemented data tutorial videos and weekly and monthly data analysis, and improved accessibility to data through real-time operational dashboards.
- 1. **Real-time documentation:** Supervisors are supporting staff in documenting case activity as close to the time of contact as possible, ideally the same day. This improves child safety, enhances accuracy, supports continuity, and increases accountability. Child Welfare developed a data report for real-time documentation as a tool for supervisors and leaders to track successful implementation of this strategy.
- 2. **Reducing technical barriers:** We are streamlining data entry systems to make documentation more efficient and adding alerts to prompt staff about upcoming deadlines.
- 3. **Decreasing calls on open assessments:** A root cause analysis is underway to determine how to reduce additional reports during open assessments through improved safety management.
- **Align multi-disciplinary team charter:** To prevent delays caused by coordination gaps, we are updating agreements, roles and responsibilities with law enforcement and other partners to improve system alignment.

## 1C. Many reports are screened out or unfounded

### What is the measure

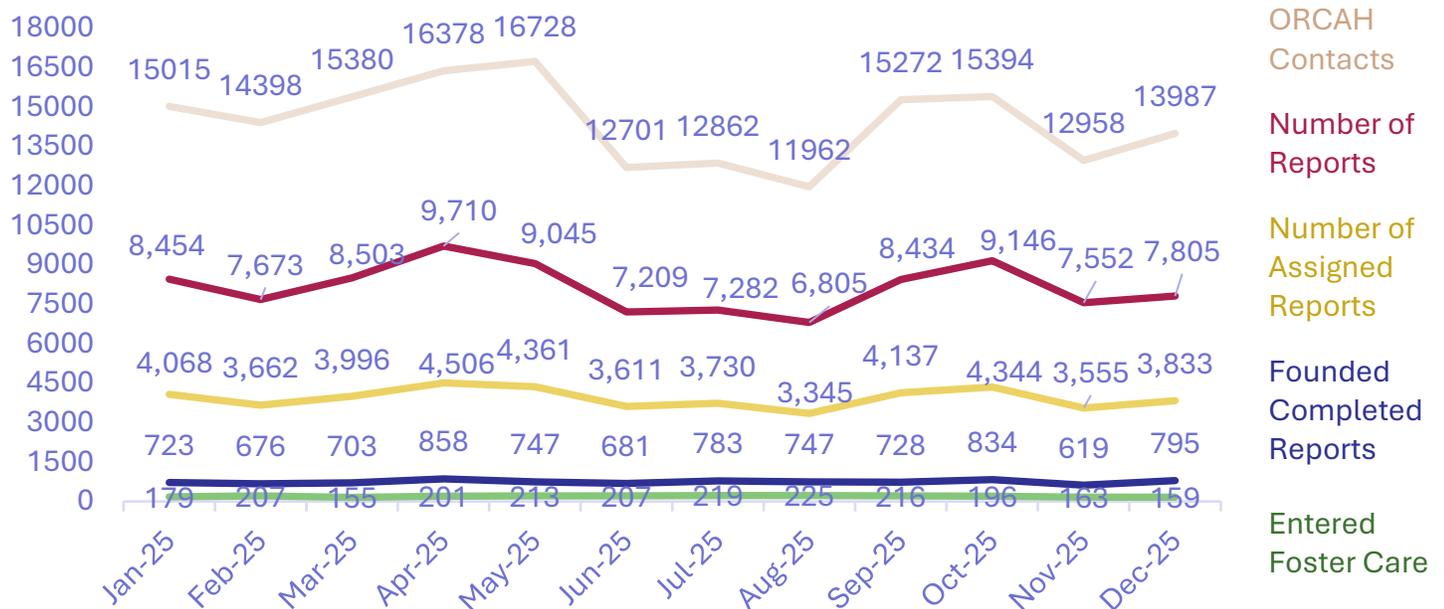
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Figure 1.4 shows the number of reports received, assigned, assessed, and founded, along with the number of children entering foster care by month. The Oregon Child Abuse Hotline (ORCAH) receives thousands of contacts each month (**tan/first line**), a smaller “Number of Reports” (**plum/second line**) are documented as a report of abuse or a report describing conditions that pose a risk to a child, but do not constitute a report of abuse as defined by rule. The “Number of Assigned Reports” (**yellow/third line**) are reports of abuse and neglect assigned for CPS assessment. A small percentage of those assessments result in “Founded Complete Assessments” (**blue/fourth line**) and an even smaller percentage lead to children who “Entered Foster Care” (**green/fifth line**).

**Why is it important**

Many times, concerns can be managed with resources and support provided by family, community and ODHS to allow children to remain in their homes and avoid removal. To see a more detailed breakdown of both reports and alleged child victims from screening to foster care over the course of a full year, please see the chart below, which demonstrates the volume of assessments compared to the percent of reports founded or children entering foster care.

**Figure 1.4 ORCAH Contacts, Reports, Assessments, Founded Reports, and Foster Care Entries by Month**



Note: Data is pulled from Openscape (Hotline program) and CW-SA-2010-D Screening Report monthly

## 1D. Less than 4% of alleged child victims entered foster care in Calendar Year (CY) 2025

In Calendar Year (CY) 2025 approximately 91% of reports to the hotline did NOT result in a founded disposition. Figure 1.5 visualizes the following:

- 48.6% of reports were assigned for assessment (47,333/97,315)
- 20.8% of completed assessments were founded (8,773/42,232)
- ~9% of all reports made to the hotline are founded (8,773/97,315)

### Reports & Completed Assessments, CY 2025

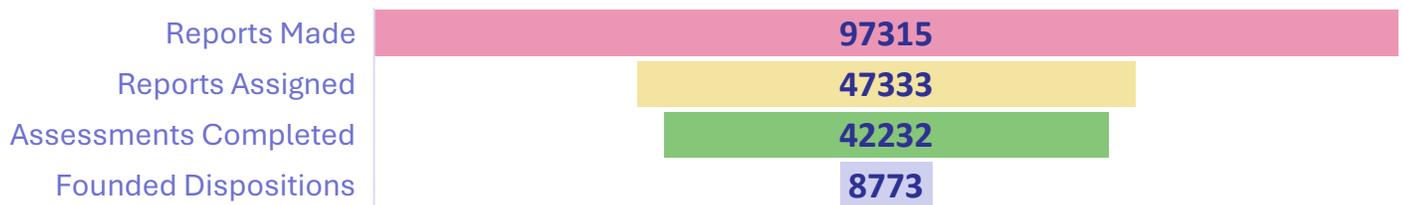


Figure 1.5 Annual Reports to Founded Dispositions

\*Note: The number of reports assigned in a CY and the number of assessments completed in the same CY do not match because many reports that come in during the final months of a year won't be completed until the next year and completed assessments in a CY will always include some reports assigned in the previous year. This makes the ~9% a best estimate.

Source: Reports and assignments data pulled from Child Welfare Executive Dashboard; Reports Received. Assessments and dispositions pulled from CW SA-2028-S. Both sources current as of 2/9/2026.

In Calendar Year (CY) 2025 approximately 96.2% of alleged victims did NOT enter foster care. Figure 1.6 visualizes the following:

- ~21.3% of alleged victims are founded on assigned reports (13,601/63,820)\*
- ~17.7% of founded victims enter foster care (2,411/13,602)
- ~3.8% of alleged victims enter foster care (2,411/63,820)

Figure 1.6 Annual Alleged Victims to Foster Care Entries

## Alleged Child Victims, CY 2025

Alleged Victims	63820
Founded Victims	13602
Foster Care Entries	2411

*\*Note: Duplication exists in the numbers for total number of alleged and founded victims if the child was the subject and/or founded victim of more than one assessment in the CY. In addition, while new foster care entries often coincide with a founded allegation of abuse, it is possible that a founded disposition occurred one CY and the child did not enter foster care until the following year. This makes all these figures approximate.*

*Source: Alleged victims and founded victims pulled from CW SA-2028-S. Foster care entries pulled from CW Public report Foster Care (FC) Removals (Entries). Data current as of 2/9/26.*

Comparing new foster care entries to reports to the hotline indicates that only about 2.5% of hotline reports in 2025 (including those closed at screening) actually resulted in a child being placed in foster care during that same time period.

### 1E. ODHS upstream prevention partnership with Doris Duke Foundation is serving screened-out families

In 2024, [ODHS was one of four sites across the country selected by the Doris Duke Foundation \(DDF\)](#) to implement the Opt-In Initiative, serving families who have been reported to the hotline but who do not reach the threshold for a child abuse and neglect assessment, referred to as "screened out." The premise of the initiative is based on [national data indicating that screened-out families are likely to be re-reported](#) and that providing engagement, navigation and flexible resources can help families at an early sign of need and prevent future child abuse and neglect.

Oregon is implementing the initiative in two areas:

- Southern Oregon (Klamath) is leveraging Self Sufficiency Family Coaches to support screened-out families.

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- In the Portland area, referrals for support are going to Lifeworks and SE Works, two community-based organizations that offer families support and connections to community resources.

This initiative will serve about 120 families a year in five zip codes in the Portland metropolitan area with the highest percentage of screened out calls and around 240 families a year in the Klamath area (all screened out calls).

### **Providing economic and concrete supports for families**

DDF is providing \$3 million over three years in flexible funds to help meet the concrete needs of families participating in the initiative. Two vendors have been identified to distribute the funds to families: [Klamath and Lake Community Action Services](#) for Southern Oregon and [SE Works](#) for the Portland area.

## **1F. Family Preservation demonstration is showing improved casework practice and results for children and families**

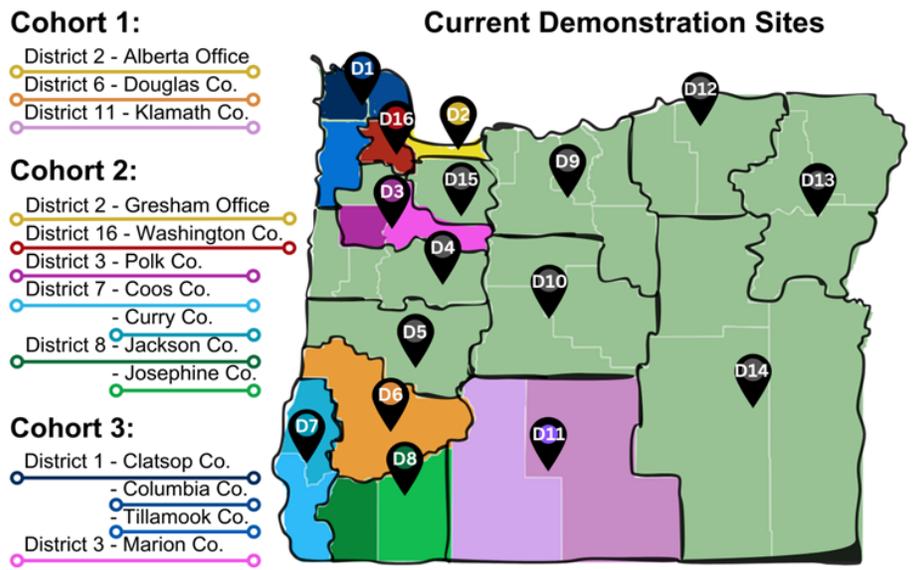
ODHS is serving families and children in their homes and communities instead of foster care through collaborative efforts between community agencies, families, Tribes, Child Welfare and Self-Sufficiency Programs. [Family Preservation](#) demonstration sites are advancing new practices such as:

- **Operationalizing values** through concrete behaviors, supervision language, and shared accountability.
- **Co-case management** between Child Welfare and Self-Sufficiency Programs.
- Reframing **economic and concrete supports** as core safety interventions.
- Using **shared data dashboards** for decision-making, accountability and alignment.
- Embedding **family and community voice** through local Parent Advisory Councils and partnerships.

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Cohort 1 launched in spring 2022, Cohort 2 in summer 2023 and Cohort 3 in spring 2025.

Prevention focused contracts and grants designed by communities strengthen this implementation by expanding community-based supports, housing stability, parent leadership, and culturally specific services.



**Figure 1.7 Family Preservation Outcomes Compared to State**

Sep 24 - Sep 25	Demo Sites	Statewide
Entered Foster Care	23%	31%
Timely Parent Face to Face Visits	90%	34%
Timely Case Plans	90%	67%

Source: Data is pulled from Family Preservation Dashboard

The demonstration is showing improved casework practice and results for children and families, as shown in the table above.

## 1G. Family First Oregon Title IV-E Prevention Plan

In December 2025, Oregon submitted its revised Title IV-E Prevention Plan to the Children’s Bureau, incorporating four Tribal Prevention Plans as addendums. This submission marks a significant milestone in advancing our Family First work and positions the state and Tribes to continue expanding evidence-based, trauma-informed services aimed at preventing foster care placements. Additionally, we received confirmation from the Children’s Bureau that Oregon cannot discriminate against families based on immigration status when determining

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eligibility for prevention services, reinforcing our commitment to equitable access for all families.

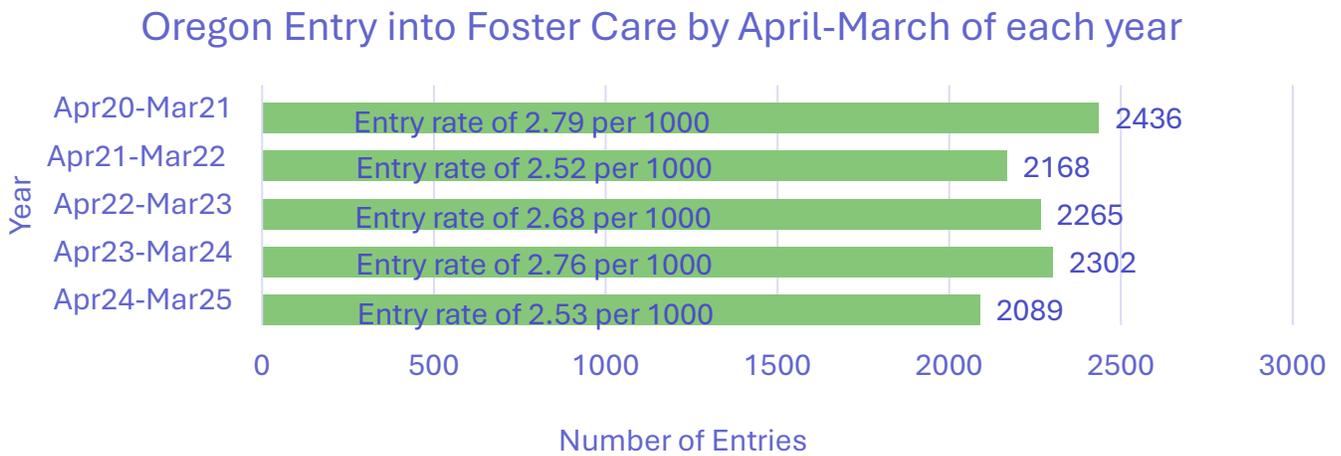
Important progress has been made across multiple projects over the quarter. Staff finalized new provider contracts for Parents as Teachers in Douglas, Coos and Curry Counties, finalized an inter-agency agreement with Oregon Health Authority focused on Parent-Child Interaction Therapy, and continued work with Tribes to implement Tribal prevention services. The team also prepared for a pilot of a Title IV-E Prevention time study process for service providers, which will help Oregon accurately track and report the time providers spend delivering eligible prevention services, ensuring the state can maximize federal reimbursement and reinvest those funds into family support programs. In addition, the agency completed an internal restructuring that will add eight new staff members to the Family First team in the coming months, further strengthening our capacity to implement this transformative work. Updates to the approved plan will be posted [here](#).

### **1H. Rate of foster care entry**

#### **What is the measure**

In 2021, the [national rate of entry into foster care](#) was 2.9 per 1,000 children, a decrease from 3.5 per 1,000 in 2018. The rate has continued to decline, following the Family First Prevention Services Act of 2018, which emphasizes keeping families together. In Oregon, the number of children entering care has declined and the rate at which children are entering care is less than the national rate. For April 2024 to March 2025, the entry rate is 2.53 entries for every 1000. This number shows a steady decline since April 2022-March 2023 time period.

**Figure 1.8 Entry into Foster Care by Population**



Source: Data from Child and Family Services Review (CFSR 4) Data Profile Context Data pulled from AFCARS and NCANDS Submissions as of 8/3/2025 (the next report from Children’s Bureau will be shared in Spring 2026).

## **1I. ODHS Child Welfare is working to reduce maltreatment recurrence**

### **What is the measure and why is it important**

Recurrence of maltreatment occurs when a child has a founded or substantiated abuse report, followed by another founded report within 12 months. This metric helps assess the effectiveness of safety planning and addressing the underlying concerns that led to the child’s unsafe situation with caregivers such as parents, relatives, and foster parents.

Oregon is not comparable to other states due to several factors including:

- Law changes in 2016 added separate and new child abuse definitions specific to “children in care” contributing to the perceived increase in recurrence of maltreatment. These changes added new definitions that applied specifically to “children in care”, such as verbal abuse, willful infliction of pain, financial exploitation, wrongful restraint, involuntary seclusion, and expanded definitions of neglect, physical abuse, and sexual abuse.
- In 2020, ODHS began investigating abuse by perpetrators who are not the child’s caregiver, such as a stranger who assaulted a youth in the community. ODHS fully

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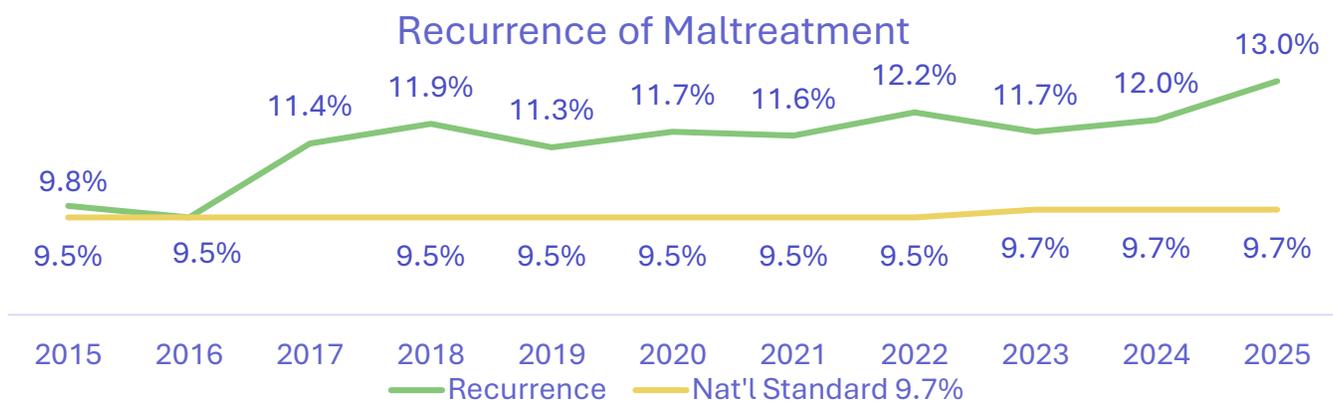
implemented these “third party” investigations in 2021. No other state in the U.S. requires their child welfare system to investigate non-caregiver alleged perpetrators, which are already handled by law enforcement. In Oregon, these cases are included in recurrence of maltreatment data, even though Child Welfare does not have oversight of the person responsible. These cases may partially explain some of the increase in the maltreatment recurrence rate.

- Oregon has a lower threshold for defining maltreatment than other states, with a standard of proof of “reasonable cause to believe”, with many states using “preponderance of the evidence”.

### What we are doing

As noted above, ODHS is implementing a Safety Action Plan including multiple strategies. This includes reviewing the Oregon Safety Model and related safety practices with the workforce to ensure staff has foundational knowledge to make accurate safety decisions to improve safety outcomes for children and families.

**Figure 1.9 Recurrence of Maltreatment by Calendar Year**



Source: Data pulled Report SA-FD-7007 S Recurrence of Maltreatment on 2/9/2026

## PRIORITY 2: Improving services and results for children in foster care and families

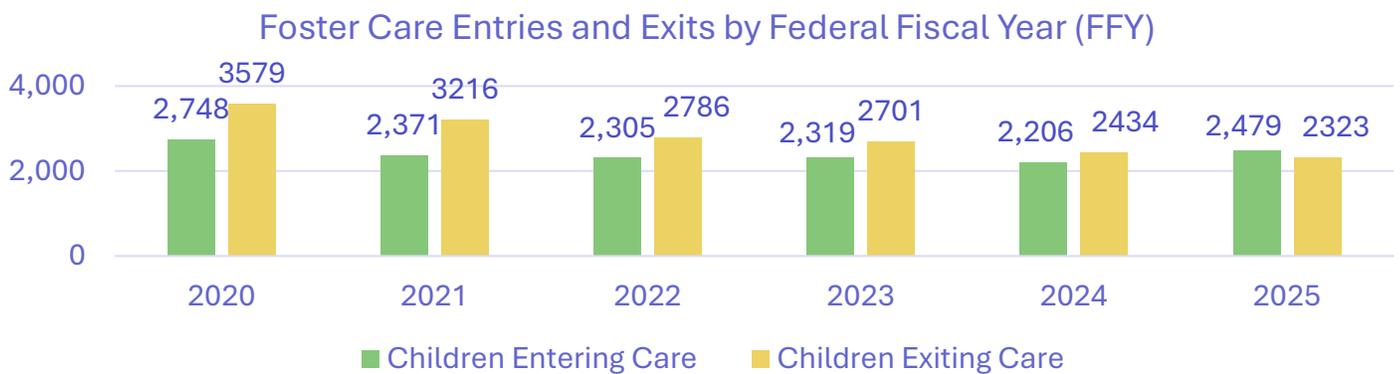
### Key Strategies

- Relative Pathway
- Timely case plans
- Permanency strategies

### 2A. Following years of declining numbers of children entering foster care, the number increased by 12% from 2024 to 2025

ODHS is currently conducting analyses to understand the drivers of the increase in foster care entries in 2025 and monitoring the data to determine if this is an ongoing trend or an anomaly for 2025.

Figure 2.1 Foster Care Entries and Exits



Note: Federal Fiscal Year (FFY) spans Oct. 1 – Sept 30, explaining slight discrepancies in this data point from other tables and charts reflecting the Calendar Year (CY). Data pulled from Foster Care Discharges (Exits) and Foster Care Entries public report on 2/9/2026.

### 2B. Oregon is increasing placement with relatives (broadly defined) for children in foster care

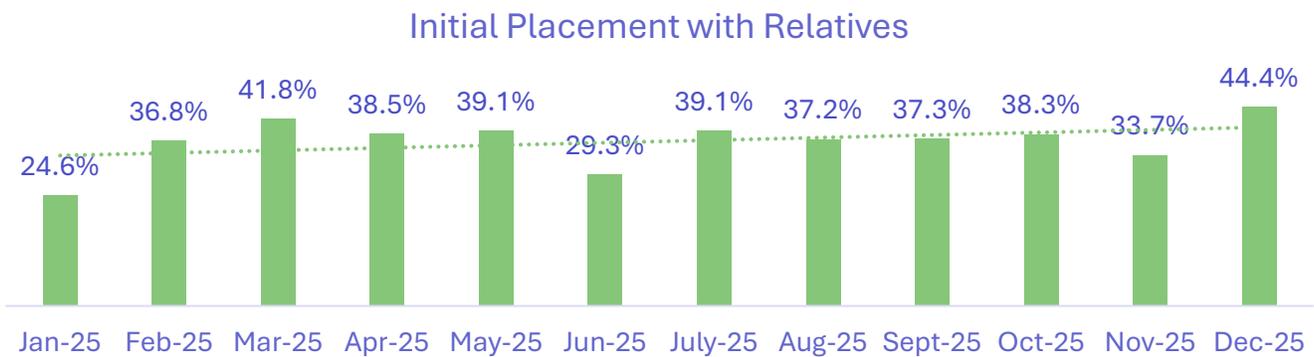
### What is the measure

The graph below shows the proportion of children initially placed with relatives upon entry to foster care.

### Why is it important

[Research shows](#) that children placed with relatives have better outcomes—including stronger community connections, less trauma from separation, and improved academic, mental, and physical health.

**Figure 2.2 Initial Placement with Relatives by Month**



Source: Data Pulled from Report FC 1032-S on 2/8/2026

Relative placement is a priority in Oregon, recognizing the importance of maintaining a child’s connection to family, culture, and community. Placing children with relatives supports continuity of identity and belonging while minimizing trauma associated with removal. Active efforts are required to identify, assess, and support relative caregivers early and throughout the life of the case.

**Figure 2.3 Relative Placement for ICWA Eligible Children**

Children Entering Foster Care in 2025	# Initial Placement w/ Relative	Total Entries	% Initial Placement w/ Relative within each group
ICWA Eligible & Enrolled and Not Enrolled Children	37	124	29.8%
In Progress	184	530	34.7%
No record or Not Eligible	662	1,756	37.7%
All Groups	883	2,410	36.6%

*Note: Data pulled from Report CW FC-1032-S Foster Care (FC) Removals (Entries) on 2/8/2026*

### What we are doing

- **Trained staff on Oregon's broad definition of "relative,"** which recognizes a wide range of close family and community ties.
- **Developed the Relative Pathway,** a certification process that reduces barriers and supports potential relative caregivers in becoming certified resource parents, while ensuring they meet all safety and home study requirements.
- Piloted the new approach in several districts.
- Scaled the Relative Pathway statewide in August 2025.
- **Partnering with** Greater Oregon Behavioral Health, Inc. (GOBHI) to operate [Oregon Kinship Navigator](#) and Every Child Oregon to provide access to furniture and clothing.
- Closely tracking relative placement statewide and by district.

## 2C. Performance on timely case plans improved over the last quarter

### What is the measure

Timely case plans are those completed within the federally required timeframe of 60 days.

### Why is it important

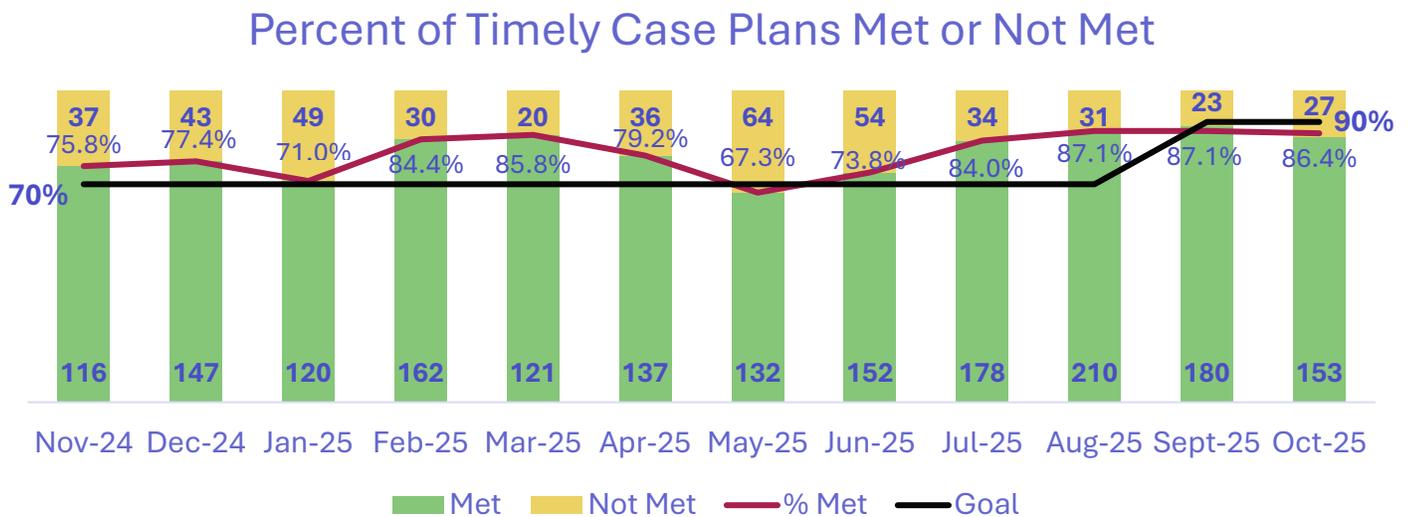
Each case plan provides the road map for families, their supports and Child Welfare staff. This plan identifies necessary steps for the family and staff to achieve safety, permanency, well-being, and case closure.

### What we are doing

ODHS Child Welfare is:

- Monitoring practice statewide
- Working closely with districts that are performing below the state average
- Identifying and addressing process, practice and management issues to improve the timeliness of case plans.

**Figure 2.4 Case Plans Completed within 60 Days**



*Note: Timeliness of case plans is measured in accordance with policy allowing up to 60 days to complete a family's case plan. For this reason, data for this measure will be reported with a 60-day lag. Top number (not completed case plans) + Bottom number (completed case plans) = total number of case plans due for that month. The chart above shows the previous target of 70% which was changed to 90% in September 2025.*

*Source: Data pulled from the Family Report Dashboard on 2/6/2025.*

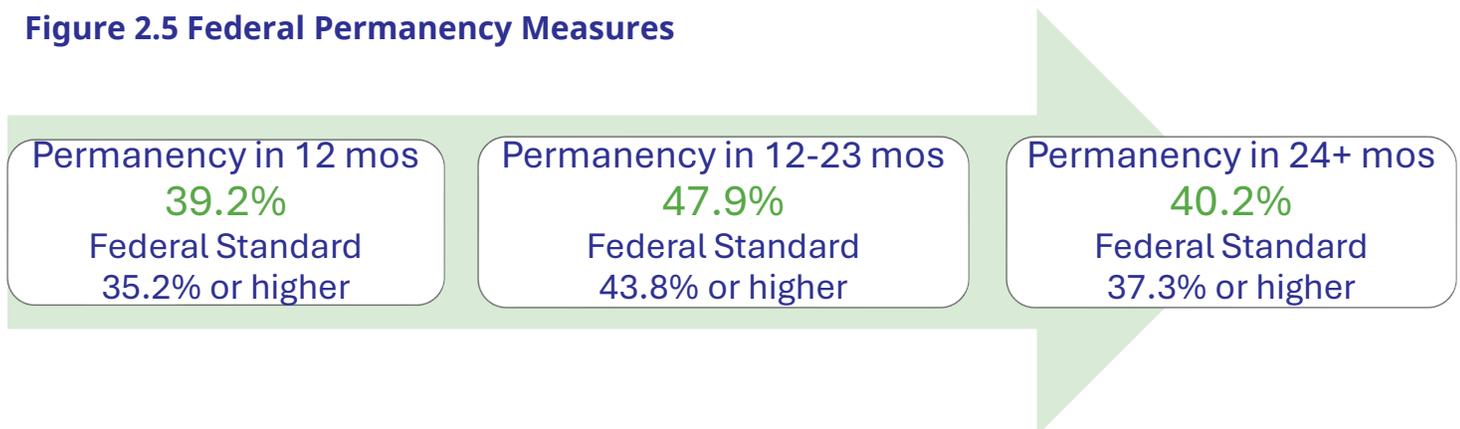
## 2D. Permanency performance exceeds federal standards

### What is the measure and why is it important

Permanency refers to a stable, long-term living situation where a child's family connections are maintained. Permanency planning begins as soon as a child enters the child welfare system. Reunification with the child's family of origin is the primary goal. Permanency can also be achieved through other court-approved options such as guardianship or adoption. [ODHS is among only a few states that are meeting or exceeding all three of the federal standards](#) (see visual below) for ensuring that children transition from foster care to permanent homes with families, either by reunifying with their parents or through kinship guardianship or adoption.

Figure 2.5 below was included in our last quarterly report. These data points reflect the Risk Standardized Performance (RSP) produced by the federal Children's Bureau which accounts for differences across states. ODHS will receive updated performance data from the Children's Bureau later this spring and will report that out once received.

**Figure 2.5 Federal Permanency Measures**



*Note: Data from October 2022 to September 2023 (FFY 2023). These data points reflect the Risk Standardized Performance (RSP) produced by the federal Children's Bureau which accounts for differences across states.*

### What we are doing

- Identifying and placing children earlier with relatives leads to timely reunification with parents because children maintain better connections with their community and parents and experience reduced trauma from being separated from their

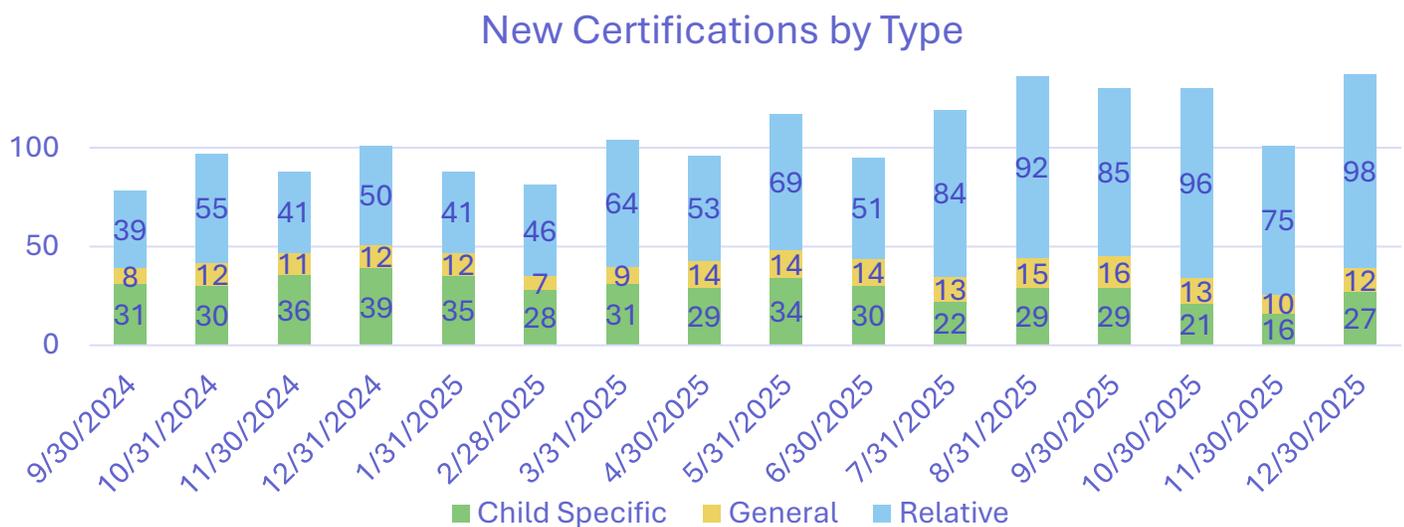
## Child Welfare Progress Report to the Governor

parents. This supports the transition back to their parents safely and timely and supports sustained permanency.

- Maintaining consistent and sustained focus on parent and child face-to-face contact and timely case plans to support increased family engagement, case progress and the development of strong teams supporting families getting what they need to keep their children safe.
- Improving supports for Family Time (visitation) is a proven key to timely reunification, including materials for parents explaining Family Time, how they can get support and what to expect. Innovations around transportation to visits are being developed with an eye toward statewide use and more trauma-informed spaces for families to be together.
- Streamlining processes for adoption and guardianship for relative and non-relative providers to align and match with the new Relative Pathway.
- Implementing procedure changes specific to guardianship to improve timeliness.

## 2E. Resource parent recruitment and support

**Figure 2.6 New Certificates by Type and Month**



Note: Data pulled from Report CW FC 1019-D each month.

## What is the measure and why is it important

The chart above shows the monthly number of new certified resource homes for children in foster care. Relative certifications are increasing, which is good for children and families (see **blue/top bars** above and Section 2B for additional information). In December 2025, relative certifications were 71% of all certifications for the month (see **yellow/middle bars** above). ODHS is identifying additional strategies on resource parent recruitment.

## What we are doing

Resource parent support strategies include respite care (see Section 2G), an evidence-based model called [KEEP](#), Child Specific Caregiver Services (CSCS) to support children at risk of disrupting from placement and a variety of supports from [Every Child](#).

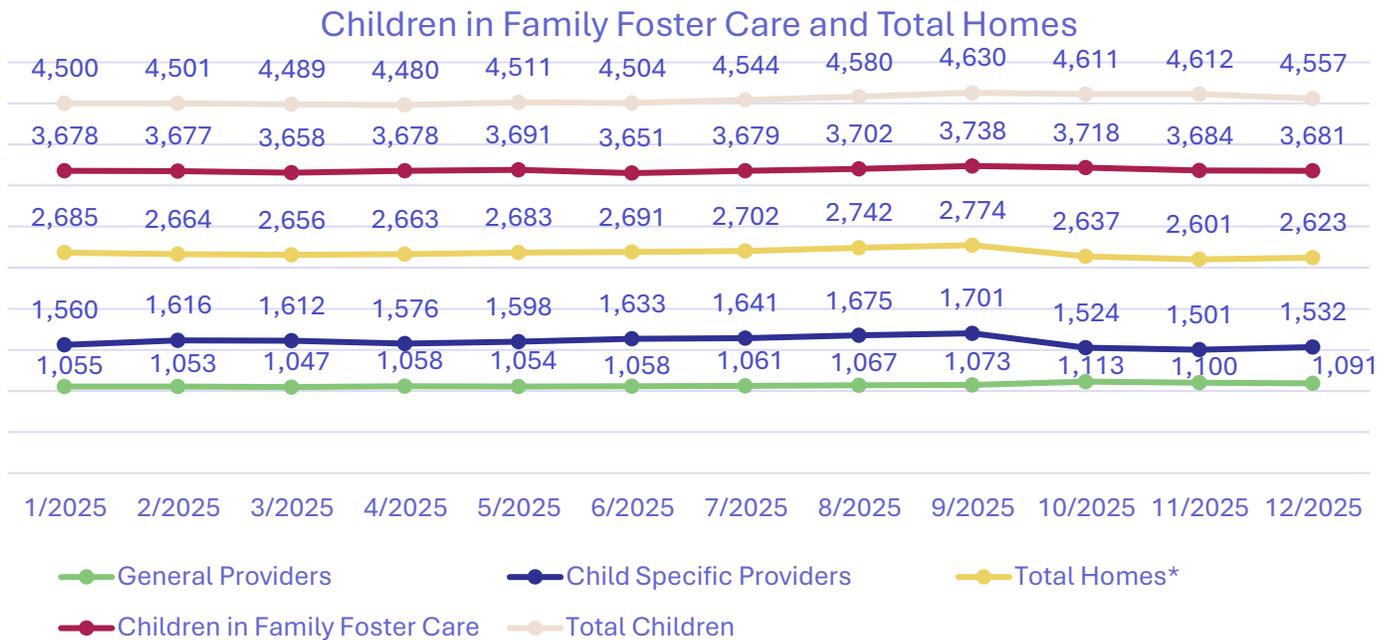
A new training series is designed to strengthen how child welfare professionals support resource parents through effective customer service. Each module builds skills and understanding to better engage, communicate with, and include resource families in meaningful ways. While the first four modules are currently available, the final module will be released in 2026.

## 2F. Placement capacity

### What is the measure

This graph shows the number and type of resource families in relation to the number of children in care. The total children (**tan/top line**) count does not match the children in family foster care (**plum/second line**) because some children are placed in other settings, such as those supporting individuals with developmental disabilities and those providing higher levels of care.

**Figure 2.7 Total Certified Providers by Type**



*Note: Total Homes data does not include Certified Respite Care providers. Data pulled from the Child Welfare Retention and Recruitment Dashboard in January 2026.*

**Why is it important**

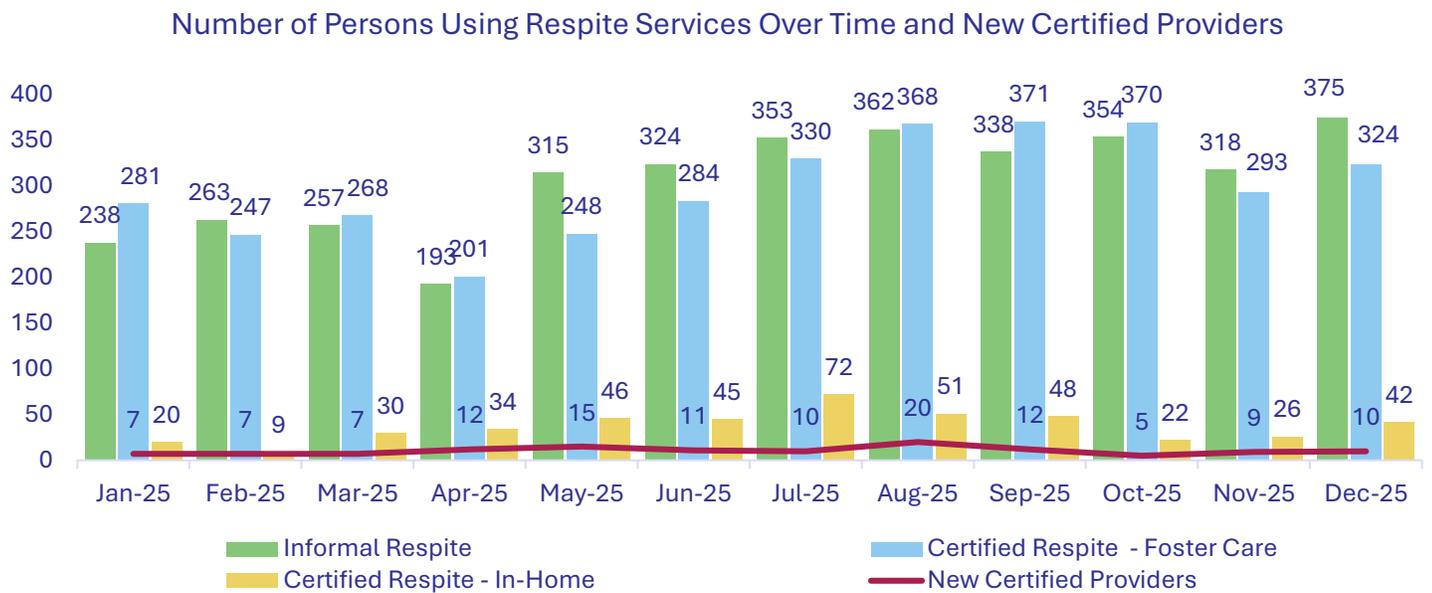
These data points help inform efforts to increase recruitment and retention of resource families.

**2G. Continued utilization of informal and certified respite for foster care**

**What is the measure**

This chart shows the total number of respite services paid by month across all respite service types (informal, foster care, in-home). The number of new certified respite care providers indicates providers who are certified within each month specifically to provide respite care services.

**Figure 2.8 Respite Services Utilization by Month**



Note: Data pulled from Report Respite Data Over Time 2/10/2026

### Why is it important

Respite care is the temporary relief of a primary caregiver’s responsibilities by another adult. It can be a planned or crisis-support arrangement, providing caregivers and parents with opportunities to take breaks, rest and renew, and avoid becoming overwhelmed by their many responsibilities.

### What we are doing

- To ensure that families are aware of this resource, ODHS staff offer respite care as a supportive resource during face-to-face and other contacts with families and resource parents.
- To recruit respite providers, ODHS district and branch offices develop and implement a local outreach plan to promote the need in their local community through a range of events including community meetings and cultural festivals as well as community gatherings organized by Every Child.

## 2H. ODHS has reduced the use of Temporary Lodging (TL)

### What is the measure

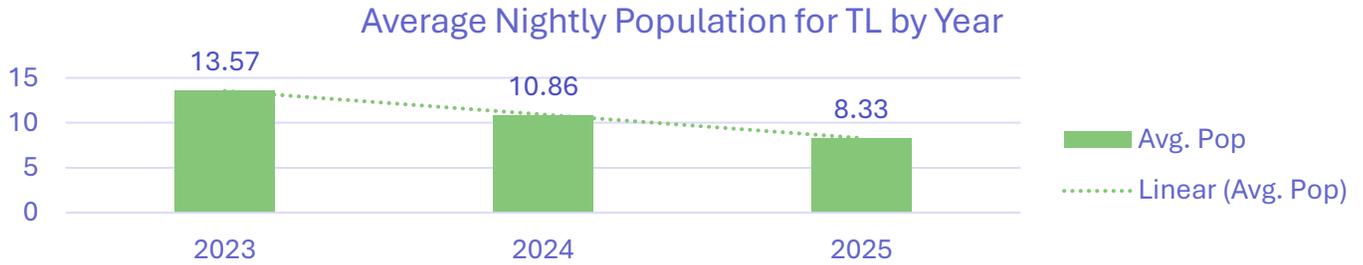
The charts below provide data regarding the numbers of youth who have experienced Temporary Lodging (TL). TL is utilized when an appropriate placement cannot immediately be found. TL is typically a child or young adult's overnight stay in a hotel with Child Welfare workers, while the team works to develop a solution for the placement need. ODHS is working to continually reduce utilization of TL.

Between 2023 and 2025, Oregon reduced its reliance on temporary lodging for children in foster care.

- As shown in Figure 2.9, the average nightly number of children in TL declined by nearly 40 percent, from approximately 14 to 8.
- As shown in Figure 2.10, during the same period, the average monthly number of children who experienced at least one TL stay decreased by 30 percent, from 27 to 19.
- As shown in Figure 2.11 the annual number of children experiencing TL dropped by 18% from 122 to 100.

This means that fewer children are experiencing TL, and those that do are having shorter stays in TL. Importantly, these improvements cannot be explained simply by changes in the size of the foster care population. The total number of children experiencing foster care declined by only about 6 percent over this same period, indicating that the reduction in TL use is driven by system capacity improvements and not merely fewer children in care.

**Figure 2.9 Average nightly population of children or young adults experiencing temporary lodging (TL) by calendar year (CY)**



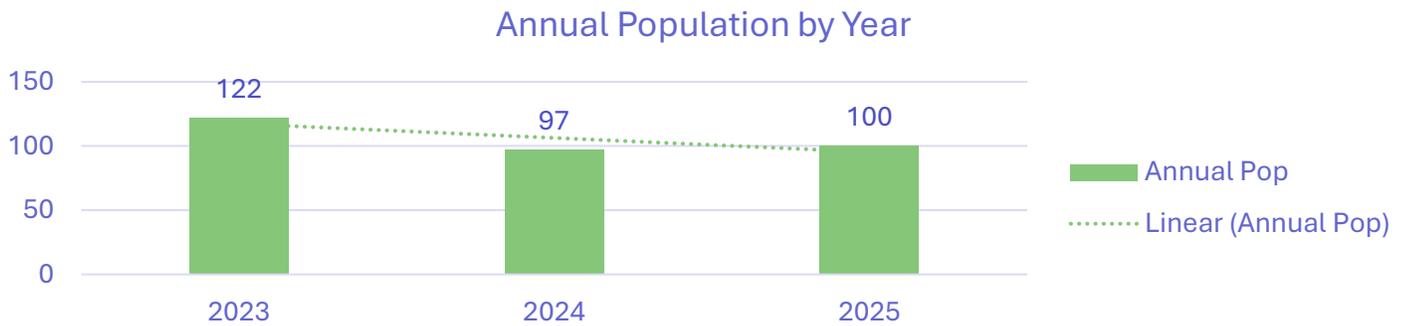
Source: Temporary Lodging Tracker

**Figure 2.10 Average monthly population of unique children or young adults experiencing temporary lodging (TL) by calendar year (CY)**



Source: Temporary Lodging Tracker

**Figure 2.11 Annual population of unique children or young adults experiencing temporary lodging (TL) by calendar year (CY)**



Source: Temporary Lodging Tracker

## Why is it important

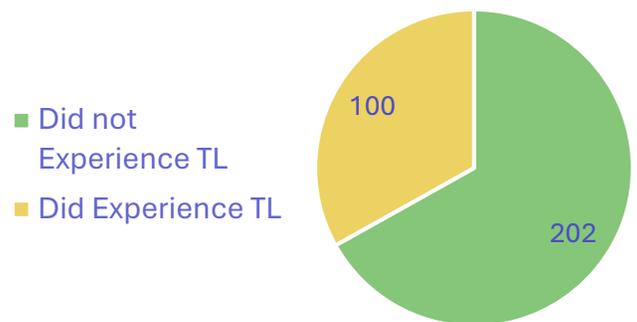
Child Welfare tracks the number of children in TL to monitor ongoing efforts to ensure it is only used as a last resort, as we are identifying appropriate placement options and supports.

## What we are doing

All children and young adults identified as being at risk of TL are staffed by a team of design and delivery staff who work to develop child-specific plans to prevent TL. As shown in Figure 2.12 right, among children identified as being at risk for TL, ODHS prevented TL in two-thirds of cases. Child Welfare general funds are often used to cover other supports to prevent temporary lodging.

**Figure 2.12 TL Prevention CY 2025**

TL Prevention Jan 2025 - Dec 2025



Source: Temporary Lodging Tracker

## 2I. Maltreatment in Care (MIC)

ODHS is implementing a range of strategies to reduce maltreatment in care. These strategies include but are not limited to:

- Enhancing staff skills pertaining to risk and safety assessment.
- Ensuring timely caseworker visits with children, parents, and resource parents.
- Increasing the frequency of resource home certifiers visiting resource homes.
- Conducting regular reviews of safety plans.
- Developing Enhanced Supervision Plans (ESPs) for children with higher needs.
- Supporting resource parents through KEEP (an evidence-based program).
- Providing respite care to assist resource parents.

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## Child Welfare Progress Report to the Governor

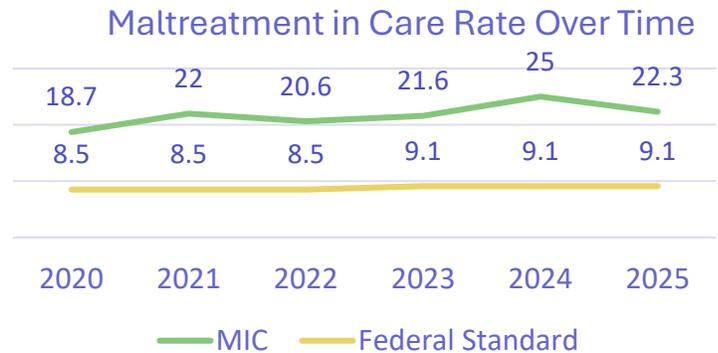
This chart, showing the MIC rate over time, was provided in our previous report issued in November 2025. Final data for 2025 is not available yet; as such, our next report will reflect the MIC rate for 2025.

As shared in our November 2025 report, according to a [report by the Bipartisan Policy Center](#), conducted as part of the work on Oregon HB 4086, Oregon applies lower thresholds for defining maltreatment than other states. Oregon Child Welfare also assesses third party perpetrators who are not caregivers, unlike all other states. As such, Oregon’s MIC rate is not comparable to other states and the federal standard which is an average across states.

A [September 2025 report prepared by external, independent consultants](#) as part of the requirements of Oregon HB 4086 recommends raising the standard of proof to substantiate child abuse and neglect from “reasonable cause to believe” to a “preponderance of evidence” and eliminating Child Welfare’s responsibility for investigating third-party cases, which they recommend should be investigated by law enforcement, as is the case across the country.

[House Bill 4059](#) would limit CPS investigations to adults with caregiving roles, authority, or ongoing access to children. Third-party abuse by strangers would go to law enforcement. The bill would also raise the evidentiary standard to “preponderance of evidence”. The bill also clarifies the term “Threatened Harm” to be “likely to occur in the near future” and severe (significant physical, sexual, or psychological injury).

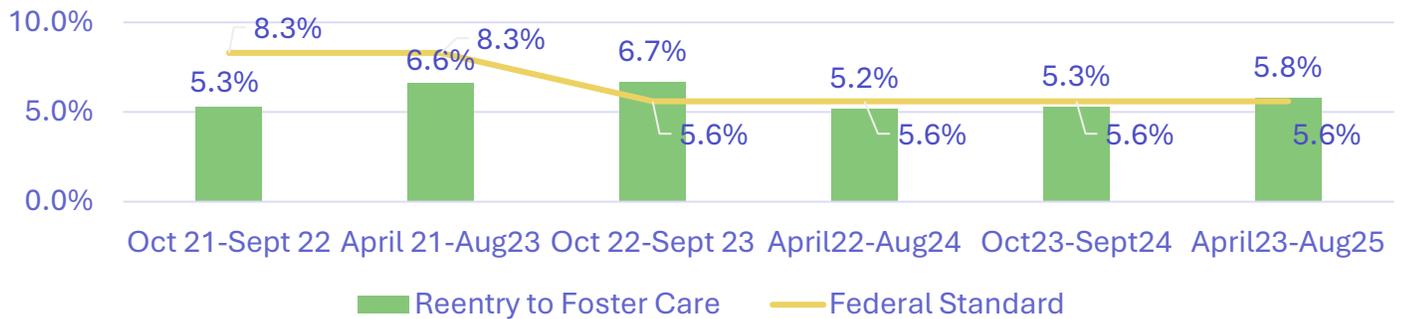
**Figure 2.14 Maltreatment in Care**



Source: Maltreatment in Care public report on 2/9/2026

## 2J. ODHS is meeting the federal re-entry standard

Figure 2.15 Re-entry to Foster Care by Overlapping Federal Periods



Note: The federal Children's Bureau reports the reentry data with overlapping Federal Fiscal Year (FFY) data periods, the overlapping data periods are noted at the bottom of the graph. These data reflect the Risk Standardized Performance (RSP) produced by the Children's Bureau which accounts for differences across states. Children's Bureau identified in the last statewide data indicator report that Oregon's 5.8% rate (April 2023 – August 2025) was statistically no different than national performance.

### What is the measure and why is it important

Re-entry refers to when a child who has been in foster care returns home and then later returns to foster care. Re-entry is an important measure of child safety, pertaining to children having permanency and stability in their living situations.

### What we are doing

The federal standard for re-entry is 5.6% (% of children who exited to permanency and re-entered within 12 months). The chart above was reported in our last quarterly report. As previously noted, in looking at observed performance (not Risk-Standardized Performance), Oregon's data shows an even lower observed rate than the table above of 4.8% (FFY 2022), 4.9% (FFY 2023), and 5.4% (overlapping FFY period of April 23-Aug 24).\* ODHS will receive updated performance data on re-entry later this spring and will report that out once received.

ODHS is implementing strategies to further reduce re-entry including the following:

## Child Welfare Progress Report to the Governor

- Enhancing staff skills pertaining to risk and safety assessment.
- Ensuring timely caseworker visits with children and families.
- Conducting regular reviews of safety plans.
- Conducting 90-day case plan review staffings.

*\*Note: ODHS Federal Performance dashboard previously reported re-entry rates around 8% because it included children who left care and re-entered within 6 and 12 months. The Federal definition includes children who left care and re-entered care within 12 months, excluding children who left and re-entered within 6 months.*

## PRIORITY 3: Ensuring a well-supported workforce and enhancing our infrastructure

### Key Strategies

- Recruitment/promotions
- Training and professional development
- Strategic partnerships

## 3A. Filled caseworker levels reached an annual high in December.

Figure 3.1 Filled Positions and Vacancies by Month in CY 2025



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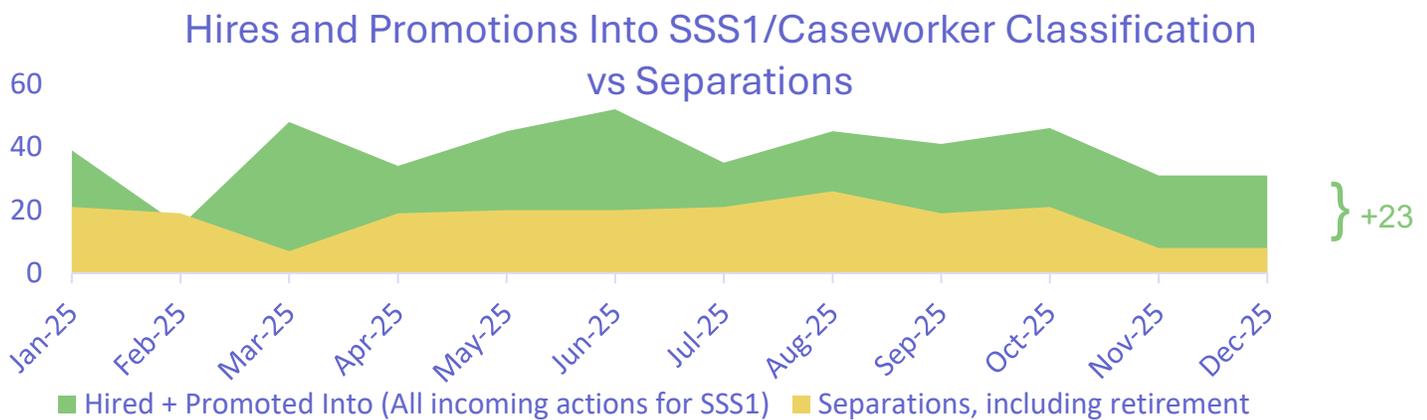
Note: These charts provide statewide data. There is variance in vacancies across districts and counties.

Source: Data is pulled from ODHS Human Resources each month from Workday.

### What we are doing and why it is important

Hiring and promoting staff into the SSS1 role has consistently outpaced separations, providing workforce stability and the ability to maintain caseloads within the identified standards, as shown in the next section.

**Figure 3.2 Caseworker Hires/Promotions vs. Separations CY 2025**



Note: These charts provide statewide data. There is variance in vacancies across districts and counties.

Source: Data is pulled by Human Resources each month from Workday.

## 3B. Caseworker caseload averages consistently meet standards

### What is the measure

Caseloads refer to the number of children, families, assessments or resource homes assigned to workers.

### Why is it important

Workers need manageable caseloads to provide effective services for children and families. Manageable caseloads are also critical for job satisfaction and help improve staff recruitment, retention and vacancy rates.

### What we are doing

## Child Welfare Progress Report to the Governor

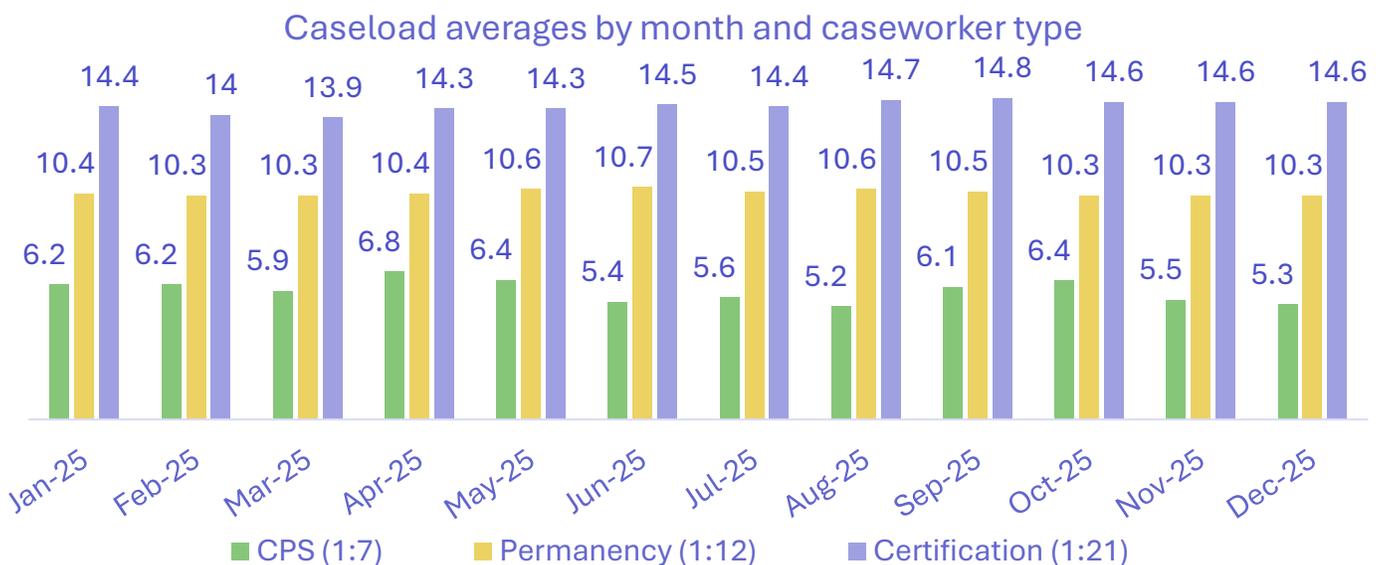
ODHS consistently maintains appropriate caseloads because of success in staff recruitment and retention efforts and due to close monitoring of workloads by management and supervisory staff.

### Background

ODHS Child Welfare caseload standards were informed by the Child Welfare League of America (CWLA) Standards of Excellence, studies of time spent on case practice activities conducted in Oregon in 2008 and 2017, and literature and research reviews. Caseload standards are outlined below:

- CPS: One caseworker per seven new assignments assigned in the last 30 days.
- Permanency: One caseworker per 12 children and young adults served.
- Certification: One caseworker per 21 certified resource homes.

**Figure 3.3 Caseload Averages in CY 2025**



Note: Data pulled from the Caseload Dashboard on 2/2/2026

### 3C. Staff training and professional development

In the fourth quarter of 2025, the Equity, Training and Workforce Development Program launched numerous training courses and have many more in development.

The first iteration of the Regional New Worker Training Academy was launched and completed, and representatives from Child Welfare and University of Oregon are currently reviewing feedback and evaluation data to adjust for the next iteration.

### **New Training Implemented**

The following new training courses were finalized and launched:

- Safe Sleep for CPS and Permanency Workers
- Safe Sleep for Certification and Adoption Workers
- Non-Violent Crisis Intervention with Trauma
- Generations in the Workforce
- Fair Housing Informational Webinar
- Engaging Youth
- Customer Service
- Supporting Children with Complex Needs to achieve Permanency
- Interstate Compact for the Placement of Children
- Treatment Services Referral Form
- Youth Transitions Toolkit

### **Content in Development**

Specialized training courses are in development to inform and support child welfare staff knowledge, skill and abilities including but not exclusive to:

- Human Trafficking 101
- Commercial and Sexual Exploitation of Children
- Rural and Urban Considerations in Child Welfare
- Maltreatment in Care Notification
- Substance Use Disorder (SUD) for Child Welfare Professionals
- Indian Child Welfare Act / Oregon Indian Child Welfare Act
- Chronic Neglect
- Anti-Bias training
- Reflective Supervision

- Court and legal skills

### Training Infrastructure

Ongoing professional development spaces including monthly calls and quarterly meetings have been launched to support Social Service Specialist 2, Child Welfare Supervisor 2, and Operations & Policy Analyst positions who are responsible for the coaching and consultation of Child Welfare staff.

These are specialized by position, and provide opportunities for refresher and advanced training, program updates and communications, peer mentoring, and networking.

### 3D. Strategic partnerships

**Health and Wellness:** ODHS Child Welfare and Oregon Health Authority (OHA) are partners in ensuring that children in care receive timely and appropriate medical and mental health services. ODHS and OHA have made progress together, including the following examples:

- As of October 2025, Child Welfare began providing daily notifications to Coordinated Care Organizations (CCOs) when a child enters care. Previously, these notifications were provided weekly. This ensures CCOs can begin providing more timely services to children without a delay of up to a week.
- The ODHS Child Welfare Medical and Mental Health Assessments strategy team is co-led by Child Welfare Nursing Manager Heidi Beaubriand and OHA Health Policy and Analytics Transformation Analyst Karolyn Campbell. The agencies partnered on a two-part webinar series in Fall 2025 for CCOs and OHA is kicking off six-part technical assistance learning series for CCOs beginning in Spring 2026. The engagement aims to enhance best practices and address barriers CCOs experience to providing appropriate and timely care for children in foster care.
- Child Welfare meets twice per month with OHA to collaborate on challenges and priorities regarding children's intensive services. The [2025 Annual Report on Children's Psychiatric Residential Treatment Facility \(PRTF\) Capacity](#) provides an update on Oregon's efforts to expand and stabilize intensive psychiatric care for

youth. Prepared jointly by the Oregon Health Authority (OHA) and the Oregon Department of Human Services (ODHS), the report highlights progress, ongoing challenges, and future priorities for delivering timely, high-quality care.

## **PRIORITY 4: Utilizing data for accountability and continuous quality improvement**

### **Key Strategies**

- Continuous Quality Improvement (CQI) Program
- Child and Family Services Review Federal Round 4
- Collaborative Agreement

### **4A. Statewide Continuous Quality Improvement (CQI) program updates**

#### **What is the Continuous Quality Improvement (CQI) program**

Child Welfare's statewide approach to improvement includes the workforce, system partners, community and Tribes to gather feedback throughout the improvement cycle using qualitative and quantitative data to inform areas of focus. All districts are implementing CQI plans; below is one example from a district of CQI work being implemented to improve services and outcomes for children and families.

#### **What is the measure**

In October during the District 13 (Union, Baker, and Wallowa Counties) Continuous Quality Improvement kickoff meeting, the site selected sufficient information gathered for Child Protective Services (CPS) assessments as its lead measure. This measure looks at whether CPS staff collect, analyze, and document enough relevant information across the six required assessment domains to make sound safety decisions within ODHS Child Welfare. The six domains include the extent of maltreatment, the circumstances surrounding the

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## Child Welfare Progress Report to the Governor

maltreatment, child functioning, adult functioning, parenting practices, and disciplinary practices. This measure focuses on the quality and completeness of information gathering, not simply whether required contacts occurred. Information should be gathered through interviews, observations, collateral contacts, and records, and then clearly analyzed to show how the information informs safety decisions for each child. The measure is evaluated annually through the CPS Fidelity Review, a quality-assurance process used by ODHS Child Welfare to evaluate alignment of Child Protective Services assessments with policy, practice models, and statute.

### **Why is it important**

Accurate safety determinations depend on having a full and balanced understanding of the child, caregiver, and family context. When sufficient information is gathered across all six domains, CPS staff are better able to identify real safety threats, assess protective capacities, reduce bias and assumptions, and make consistent, defensible decisions about intervention or closure. Insufficient information can lead to missed safety concerns or unnecessary system involvement, both of which undermine child safety, family trust, and the integrity of the assessment process.

### **What they did**

District 13 CQI Strategy meeting identified opportunities to improve how sufficient information is gathered during Child Protective Services (CPS) assessments, with input from both internal staff and external community partners. They identified that important questions were sometimes missed during interviews with families and community members, relevant collateral contacts were not always made, and gathered information was not consistently documented. When information was collected, it often lacked sufficient analysis and clear connections to child safety.

To address these concerns, the district implemented a multi-layered improvement strategy:

- The district launched an ongoing training series focused on gathering sufficient information during assessments. Trainings were led by the Site Safety Consultant and included the Certified Training and Coaching Specialist and supervisors.

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- Staff conducted a mid-cycle review of their own work that mirrored the CPS Fidelity Review process, allowing workers to assess their practice against established standards.
- Monthly supervisor calibration meetings were implemented using a tool that mirrored the CPS Fidelity Review. Supervisors, managers, consultants, and the training specialist reviewed pending assessments across the district. Feedback was documented and provided directly to the assigned worker to strengthen analysis, address gaps, and move assessments toward approval. These sessions also supported consistent expectations regarding the level of work being approved.
- Dedicated time during CPS huddles, unit meetings, and supervision was carved out to focus specifically on gathering sufficient information and contacting and documenting collaterals.
- The district worked with staff across all three offices to establish best practices that allow workers uninterrupted time to complete assessment-related tasks.
- Group supervision agendas were updated to include regular sharing of successful strategies for gathering and documenting information in CPS assessments.
- The district reviewed its case transfer process at the branch level and identified opportunities to better integrate information-gathering expectations into meetings. The prep meeting was enhanced with an additional checklist to support this focus.

Community partner collaboration was strengthened through work with Parent Peer Mentor service providers. The mentor team shared Redacted CPS assessment, and it was followed by a mini-training and question and answer session. Mentors then reviewed additional redacted assessments and provided feedback. This feedback elevated the parent voice within the assessment process by providing ODHS staff with direct insight into how assessments are experienced from a parent perspective. The feedback also supported trauma-informed practice by highlighting how language, tone, and engagement can impact families' understanding, trust, and participation, while still maintaining a clear focus on child safety.

## **4B. Child and Family Services Review (CFSR) and Collaborative Agreement**

## Child and Family Services Review Federal Round 4

- Program improvement partner workgroups concluded in October 2025. Workgroups met over the course of several months to develop program improvement recommendations for five key areas of practice: safety, family engagement, workforce development, service array, courts and legal.
- Meetings with Tribal partners during November and December provided valuable feedback and considerations for the development of program improvements that improve the treatment of, and services provided to, Tribal families involved in the child welfare system.
- ODHS is expecting a Performance Improvement Plan (PIP) to be issued by the federal Children's Bureau. Once the Final Results Letter is issued, ODHS will have 90 days to submit its plan to address the PIP.
- The Federal Administration has offered states to pilot a new PIP. Details are noted in [Technical Bulletin 14](#). Oregon is currently reviewing information about the new option.

In last quarter's report CFSR Case Review Items 2, 10, and 14 were highlighted. In January Oregon received a draft version of their CFSR Round 4 Final Report. In addition, several other jurisdictions received annual reports, providing more state data to compare Oregon's performance to. Figure 4.1 highlights CFSR Case Review Items 3, 7, and 13.

### Figure 4.1 CFSR Preliminary Case Review Performance (Items 3,7, and 13)

## CFSR Round 4 Case Review Item Examples

**CFSR Case Review Item 3** - Did the agency make concerted efforts to **assess and address the risk and safety concerns** relating to the child(ren) in their own homes or while in foster care?

- National\* - 57.9%
- Oregon – 69.4%

**+11.5% pts.**



**CFSR Case Review Item 7** - Did the agency make **concerted efforts to ensure that siblings in foster care are placed together** unless separation was necessary to meet the needs of one of the siblings?

- National\* - 83.5%
- Oregon – 94.6%

**+11.1% pts.**



*Note: This area was rated a "Strength" for Oregon*

**CFSR Case Review Item 13** - Did the agency make **concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process** on an ongoing basis?

- National\* - 54.3%
- Oregon – 67.14%

**+14.9% pts.**



*\*Note: The national average strength rating comes from averaging strength scores for the 25 states or territories (as of Feb. 2026) with final [Round 4 CFSR Final Reports](#) and Oregon's Round 4 draft final report. While this makes this figure preliminary until Round 4 is complete, with half of the states/territories reviewed (from all regions of the country), it is not anticipated that the national performance will change significantly through the end of Round 4.*

Source: [CFSR Round 4 Final Reports](#) and Oregon Draft Round 4 Final Report

### Collaborative Agreement

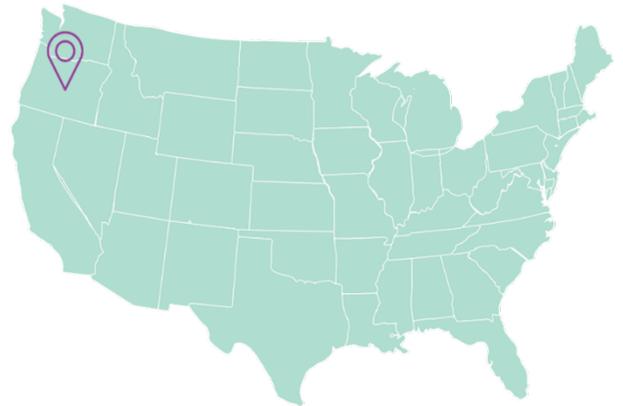
A [settlement agreement in the Wyatt B. v. Kotek case](#) was finalized in September 2024. Court-appointed Neutral, Kevin Ryan, produced his [Initial Review on July 29, 2025](#). Beginning in 2026, ODHS will produce progress reports to the Neutral by May 1 and Nov. 1 of each year. These reports will be posted on the ODHS website.

## 4C. Data and Performance Dashboards

Extensive data are available on the ODHS website.

ODHS Child Welfare has a public [Data and Reports](#) page. It includes a [Federal Performance Measures Dashboard](#) that provides quarterly updates on an array of trends across the state for these Federal Performance measures:

- Maltreatment in foster care
- Recurrence of maltreatment
- Re-entry to foster care
- Permanency in 12 months
- Permanency in 12 to 23 months
- Permanency in 24+ months
- Placement stability



The [Child Welfare Public Data Reports](#) include data points over time in safety, permanency, and well-being.

Adoption, safety, and Critical Incident Response Team (CIRT) reports are also published on this page.

The [U.S. Department of Health and Human Services prepares an annual report](#) of state performance in the seven categories listed above. The report includes findings of analysis conducted on performance across states over time.

## 4D: ODHS Programmatic Assessment for Child Welfare

Programmatic Assessments are part of the ODHS [Unified Equity Framework](#) and are culturally responsive analyses designed to identify system improvements and address disparities. The [Office of Equity and Multicultural Services](#) (OEMS), through Service Equity Managers, supports implementation within assigned programs and by partnering with program leaders.

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## Child Welfare Progress Report to the Governor

In Child Welfare, the Service Equity Manager has led capacity building and strategic planning for nearly two years. The strategic plan was approved in early 2025, and an Advisory Group was formed, including diverse internal staff and external community with lived experience and Tribal members.

The Advisory Group helps:

- Define the scope of the assessment
- Co-design survey questions
- Support foundational elements of the process

Collaboration occurs with various councils, committees, Child Welfare employees, and community members. [The Child Welfare Service Equity Council](#) is actively involved.

Additionally, engagement with The Nine Federally Recognized Tribes of Oregon, following the Oregon Department of Human Services and Oregon Health Authority Tribal Consultation Policy, is occurring.

Child Welfare's Programmatic Assessment is expected to launch in early 2026, with an Equity Plan drafted by late Fall/Winter 2026. The Equity Plan will be co-created using the assessment's findings. Community partners, Tribes, CW workforce will be invited to complete the Programmatic Assessment survey.

## Questions and feedback

For questions or feedback about this report, please email:

[childwelfare.directoroffice@odhs.oregon.gov](mailto:childwelfare.directoroffice@odhs.oregon.gov)

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