

Progress Report to the Governor

Quarter One 2026

(Data includes January, February, and March 2026)

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OREGON DEPARTMENT OF
Human Services

Child Welfare

Quarter 1 2026 Progress Report to the Governor

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(Data January to March 2026)

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

Across the country, April is Child Abuse Prevention Month and May is recognized as Foster Care Month. At the Child Welfare Program of the Oregon Department of Human Services (ODHS), we see this work as a year-round responsibility: safeguarding children while strengthening and supporting families.

We cannot—and should not—do this work alone. Protecting children requires a strong community infrastructure. We envision this as a shared prevention radar that includes neighborhood centers, schools, places of worship, hospitals and health care providers, law enforcement, local businesses, and partner agencies across health, housing, and human services. More helping hands surrounding children and families, the more likely they are to be safe and thriving.

Thanks to the support of our state legislature, Oregon Child Welfare has critical tools to take a family-centered approach and work in close partnership with communities. But like any system committed to children’s well-being, we must continue to grow and improve. Prevention means more than responding. It means reducing the need for foster care placements by helping families stay safely together whenever possible.

We know from research and lived experience that removing children from their families can cause lasting emotional trauma. That’s why prevention and early support are essential. Today, when abuse or neglect is reported, Child Welfare often serves as first responders, making high-stakes decisions during families’ most difficult moments. These may include new parents learning to care for an infant, families navigating disability, or parents facing challenges such as mental health conditions, substance use, domestic violence, poverty or housing instability.

When children do need foster care, our priority is to place them with relatives or trusted adults in their lives. At the same time, we work toward safe reunification whenever possible, because strong family connections are fundamental to healthy child development. Our

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partnership with the Oregon Health Authority is also vital to ensuring children receive the health and mental health care they need.

Families need all of us. A strong, responsive safety net, one that delivers the right support at the right time, depends on meaningful collaboration between public agencies and communities. In Oregon, these partnerships have never been more important.

ODHS recently released the [results from our federal Child and Family Services Review \(CFSR\)](#) and our [first report to the Neutral in the Wyatt B. Collaborative Agreement](#). This report to the Governor details additional information. We are proud of the progress we have made and there is more work to do. We are committed to continually measuring and sharing the results of our work and where we need to adjust to improve.

Sincerely,

Rolanda Garcia, ODHS Interim Child Welfare Program Director



PRIORITY 1: Keeping children safe and supporting families

Key Strategies

- Safety Action Plan
- Upstream and secondary 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 in 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 from the previous report.

Figure 1.1 Safety Action Plan

Focus Area & Expected Timeline Calendar Year	Expected Outcomes	Key Actions	Status Updates & Progress from CY 2026 Quarter 1
High-Quality Screening Q3 2025 – CY 2026	<ul style="list-style-type: none"> • Timely and accurate screening decisions • Equity in screening¹ • Improved data accuracy • Consistent decisions 	<ul style="list-style-type: none"> • Develop a quality assurance tool • Develop, review, evaluate, direct (RED) teams • Update structured decision-making (SDM) tool • Improve data accuracy (Tribal citizenship/heritage identification and racial data) • Improve operational efficiency 	<ul style="list-style-type: none"> • QA Tool Development: Development is complete. • RED Teams Implementation: Implementation is about 85% complete. • Structured Decision-Making Updates: Currently at about 50% complete. • Decision Interrater Reliability: Initial work has begun. • Data Accuracy: Tribal notifications report complete as of March.

¹ 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.

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Focus Area & Expected Timeline Calendar Year	Expected Outcomes	Key Actions	Status Updates & Progress from CY 2026 Quarter 1
Timely Child Protective Services (CPS) Assessments Q3 2025 – CY 2026	<ul style="list-style-type: none"> Increased % of assessments completed within 60 days Improved coordination with system partners Improved timeliness and workload balance 	<ul style="list-style-type: none"> Implement overdue assessment plan Require real-time documentation Reduce technical barriers Decrease calls on open assessments Update multi-disciplinary team charter 	<ul style="list-style-type: none"> Overdue Assessment Plan Development: complete. Safety Assessment Pathways: Early implementation is about 10% complete. Assessment Modernization: Initial modernization work is underway, about 20% complete. Real-Time Documentation Requirement: Implementation complete. Decrease Calls on Open CPS Assessments: Root cause analysis and case review conducted in Q1. Results and next steps will come in Q2. Statewide Multi-Disciplinary Coordination: 50% complete.
Safety Decision-Making Q3 2025 – CY 2026	<ul style="list-style-type: none"> Improved quality and timeliness of case plans Better safety planning Risk and safety concerns addressed effectively 	<ul style="list-style-type: none"> Develop calibration tool to support supervisor knowledge Finalize selection of tools to help with safety decisions Create a process for continuing education Statewide assessment to confirm safe environments 	<ul style="list-style-type: none"> Consistent Safety Management Using Current Spaces & Roles (SAP/CA): Work has progressed to approximately 20% completion. Supervisor Support for Sound Safety Decisions (SAP/CA): Calibration tool finalized. Implementation will start in Q2, and overall progress is 25% completed. Improve Utilization of Safety Decision Tools (SAP/CA): Aligning work with Service Delivery experience and collecting feedback from CW staff. Based on this analysis it will guide the workgroup's goals. This overall activity is 40% complete.
Act on Safe Systems Analysis Q3 2025 – CY 2026	<ul style="list-style-type: none"> Increased parent knowledge regarding safe sleep Increased workforce knowledge in identifying substance dependence early on while connecting families to resources before issues escalate. 	<ul style="list-style-type: none"> Launch statewide safe sleep education needs assessment Launch UNCOPE – an early engagement screening tool to identify risk for substance dependence Elevating Father's Engagement through 	<ul style="list-style-type: none"> Father's Engagement Workgroup: Workgroup development and engagement activities are underway, with about 33% completion. UNCOPE Substance Dependence Screening Tool: Tool launch and early adoption have progressed to approximately 30% completion. Substance Use Disorder was added to CW Procedure Manual.

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	<ul style="list-style-type: none"> Improved teamwork and reduced bias specific to fathers' engagement and substance use Improved data sharing and tracking 	training, policy & ORKIDS enhancement. <ul style="list-style-type: none"> Develop a CIRT trend data dashboard. 	<ul style="list-style-type: none"> CIRT Data Dashboard: Dashboard development is about 95% completed. Safe Sleep Education Campaign: Campaign launch activities are still in exploration stage.
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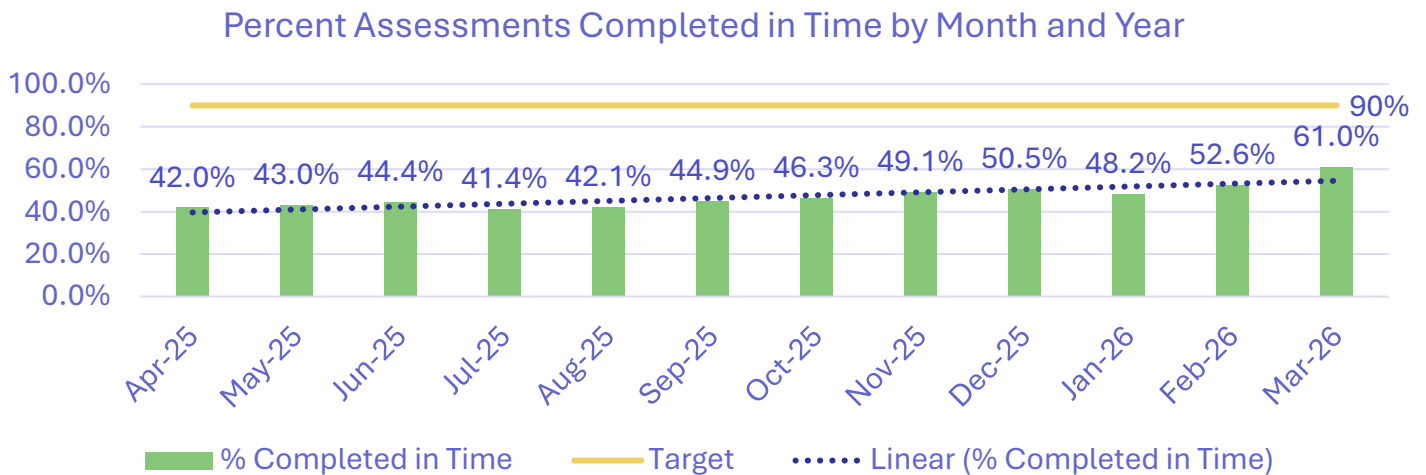
1B. Focused efforts have reduced overdue assessments

What is the measure and why is it important

Overdue assessments are cases that have remained open to a Child Protective Services (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 48.3% in January 2026 to 61% in March 2026.

Figure 1.2 Timely Assessment Completion

Source: Data pulled from CW-SA-2029-S Assessments Completed in Time of Those Due report as of 05/3/2026.



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

Three districts made significant improvements from January 2026 to March 2026 (improvement means a decrease in percentage overdue): District 8's overdue assessments dropped from 42.1% to 19.5%; District 2 went from 52.2% to 38.1%, and District 12 went from 64.9% to 36.6%.

Figure 1.3 below presents another way of measuring performance. This table provides the proportion of all open assessments that were overdue on March 30, 2026.

Figure 1.3 Overdue % by Oregon Department of Human Services Districts

This represents a statewide decrease (improvement) of 10 percentage points since the last report (Statewide was 42% in the February Report)

District	% Overdue as of 03/2026	District	% Overdue as of 03/2026
District 01	26.6%	District 09	19.8%
District 02	38.1%	District 10	10.2%
District 03	60.2%	District 11	7.0%
District 04	21.9%	District 12	36.6%
District 05	12.1%	District 13	34.2%
District 06	13.8%	District 14	15.5%
District 07	34.3%	District 15	19.4%
District 08	19.5%	District 16	21.9%
Statewide: 32.0%			

Note: The district data reflects the current percentage of all open assessments that are overdue by district, as of 03/30/2026. Source: Data pulled from OR-Kids report SA-2001-5 Open Assessment Summary weekly.

What we are doing

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

- **District-level oversight:** Service Delivery leadership is now managing the ongoing maintenance of this work. They will look at staffing ratios to better support CPS caseloads, use data to understand their operational efficiencies and move towards a goal of functional zero goal (20% overdue).
- **Real-time documentation:** Supervisors are supporting staff in documenting case activity as close to the time of contact as possible, ideally on 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.

- **Reducing technical barriers:** We are streamlining data entry systems to make documentation more efficient and adding alerts to prompt staff about upcoming deadlines.
- **Decreasing reports on open assessments:** A root cause analysis is underway to determine how to reduce additional reports on open assessments through improved safety management. Results will be shared in April.
- **Aligning multi-disciplinary team charters:** 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

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**).

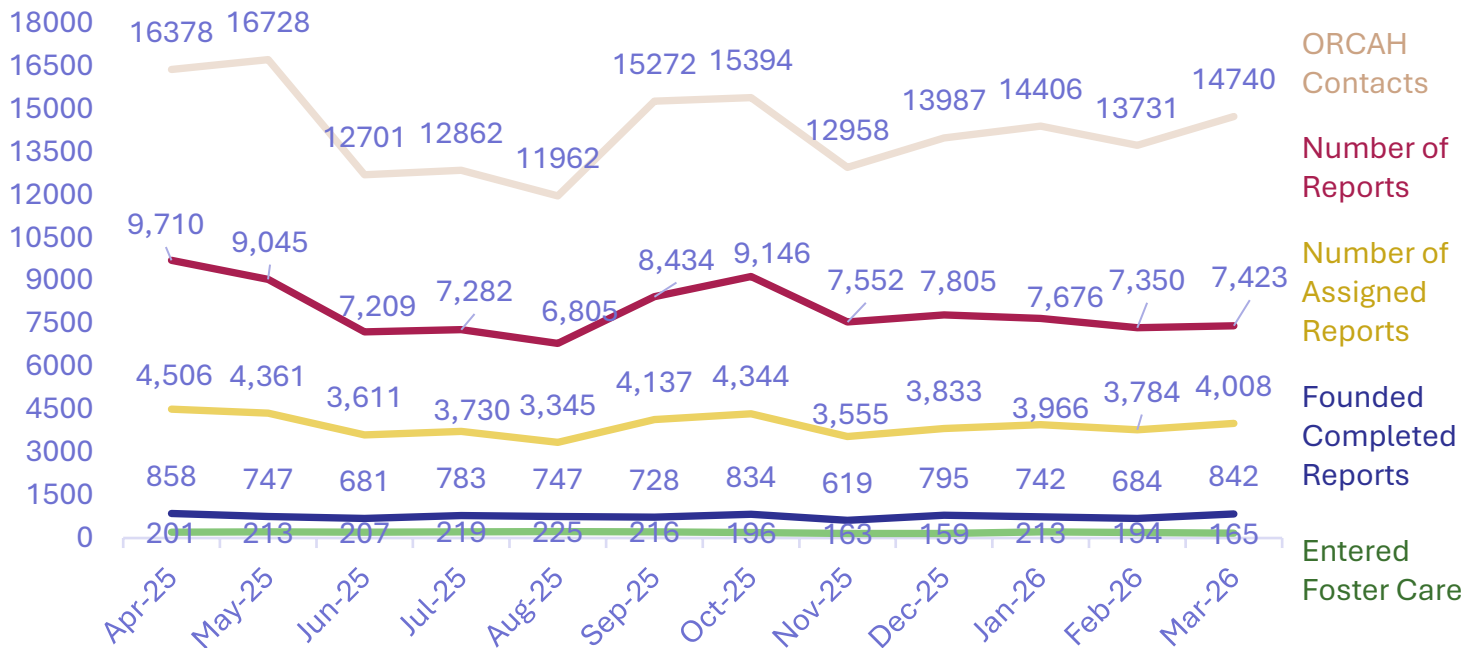
Why is it important

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

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care over the course of a full year, please see the chart below, which demonstrates the volume of assessments compared to the percentage of reports founded or children entering foster care each month.

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



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

1D. Less than 4% of alleged child victims entered foster care in 2025

In 2025, approximately 96% of reports to the hotline did NOT result in a child entering foster care.

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

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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.
- 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 the Portland metropolitan area in five zip codes with the highest percentage of screened out calls and around 240 families a year in the Klamath area.

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.

In the first quarter of 2026, all three resource hubs continue to support identified families with navigation and access as well as distributing flexible resources. According to one of the technical assistance providers, the Harvard Kennedy School's Government Performance Lab, "Oregon's hubs have some of the highest rates of reaching and supporting families with CAS [closed at screening] reports across the U.S." The Lived Expert Advisory for this initiative continues to meet monthly and receive project status updates, troubleshoot challenges and plan for expansion and sustainability.

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:

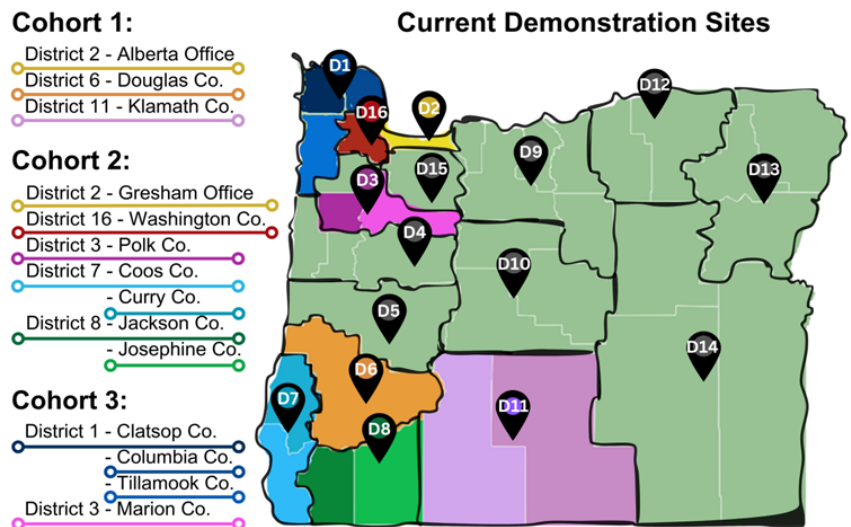
- **Operationalizing values** through concrete behaviors, supervision language, and shared accountability.
- **Co-case management** between Child Welfare and Self-Sufficiency Programs.
- Reframing **economic and concrete supports** as core safety interventions.
- Using **shared data dashboards** for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

Figure 1.5 Family Preservation Demonstration Sites

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.

One of the elements of family preservation is more frequent face-to-face contact, with a goal of seeing both children and parents/caregivers every 14 days versus the federal standard of monthly visits.



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

Over the last quarter, Oregon made steady progress in implementing its Title IV-E Prevention Plan, with a clear focus on helping families stay together safely and get support earlier, before challenges escalate. The plan updates included defining families who qualify for services as at “imminent risk”, strengthening coordination with Tribes, and refining evaluation methods to help ensure that families who need support are identified sooner and connected to the right services. Recent federal guidance also opened the door for including Medications for Opioid Use Disorder (MOUD). This will allow States and Tribes to more quickly provide proven treatments for opioid use disorder, helping parents recover and maintain stable, healthy homes for their children. Faster access to these FDA-approved services can reduce delays in care, strengthen family stability, and lower the risk of children becoming involved in the child welfare system.

Efforts to partner with Tribes are also expanding, with a new Tribal Liaison helping strengthen relationships and support Tribes in designing and implementing their own prevention plans. This work helps ensure that services are culturally responsive and better aligned with the needs of Tribal families. In addition, a new data dashboard will allow the state to more effectively track which children and families qualify for Family First services, making it easier to connect them with support quickly and consistently.

Progress also continued across several evidence-based programs that directly support parents and caregivers. Parent-Child Interaction Therapy and Functional Family Therapy are moving toward broader availability, giving families access to proven tools that improve parenting skills, reduce conflict, and strengthen relationships. Parents as Teachers continues to serve families in participating counties, offering guidance on early childhood development and helping parents build confidence. At the same time, the state is preparing systems that will allow more funding to flow into these services, helping sustain and expand them over time.

Additional efforts, like expanding kinship support through the Oregon Kinship Navigator Program and preparing to implement Motivational Interviewing within Self-Sufficiency

Programs are designed to meet families where they are, whether they are caring for relatives' children or working through economic or personal challenges.

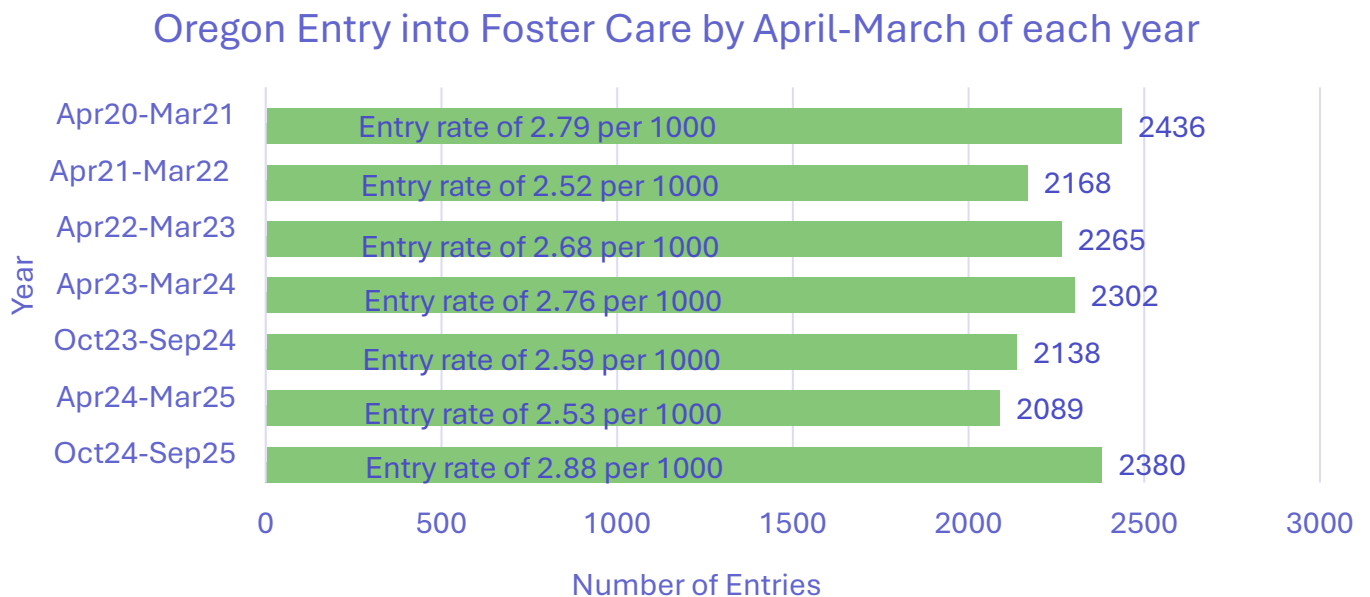
Across all of this work, Oregon is building a stronger, more coordinated system that helps families access support earlier, stay together safely, and build long-term stability.

1H. Rate of foster care entry

What is the measure

In 2024, the [national rate of entry into foster care](#) was 2.3 per 1,000 children, a decrease from 2.8 per 1,000 in 2021. 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 declined in a similar way between 2021 and 2024. However, as noted in the previous quarterly report, Oregon saw an increase in foster care entries in 2025. While it is too soon to know if this recent increase is a trend, ODHS is closely monitoring this data point to better understand root causes and contributing factors.

Figure 1.6 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 1/10/2026.

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:

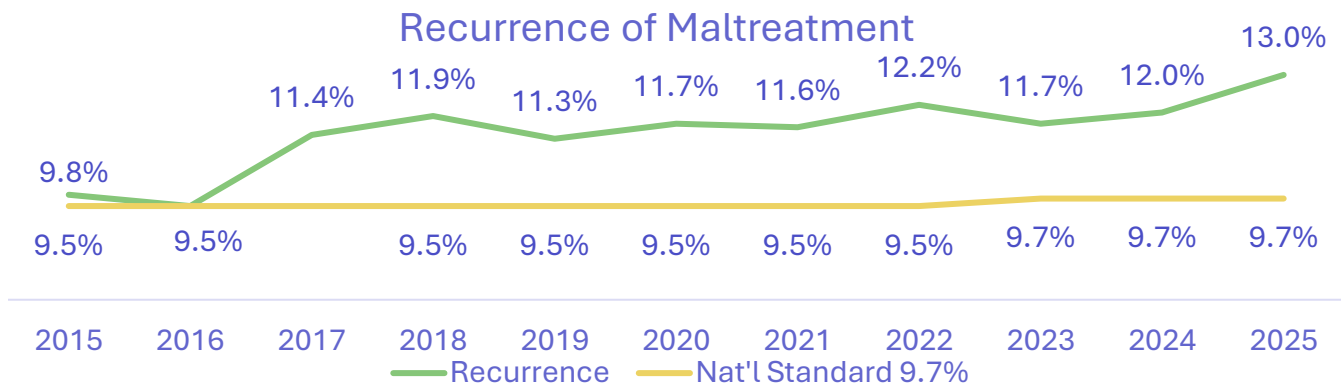
- Law changes in 2016 added separate and new child abuse definitions specific to "children in care" contributing to the perceived increase in recurrence of maltreatment. These changes added new definitions that applied specifically to "children in care," such as verbal abuse, willful infliction of pain, 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 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 1.7 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

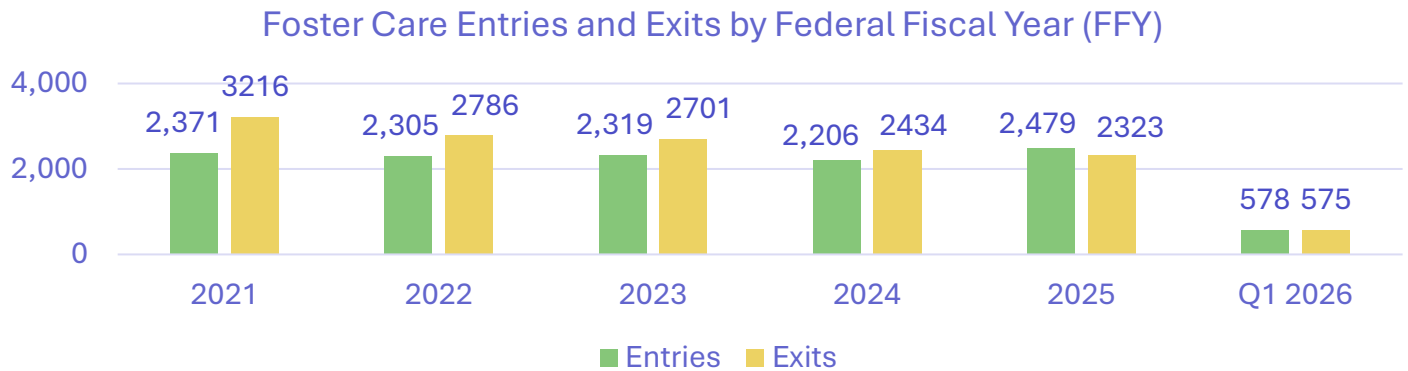
Key Strategies

- Relative Pathway
- Timely case plans
- Permanency strategies

2A. Children entering foster care increased by 12% from 2024 to 2025

ODHS is currently conducting analyses to understand the drivers of the increase for entries into foster care 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 3/9/2026.

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

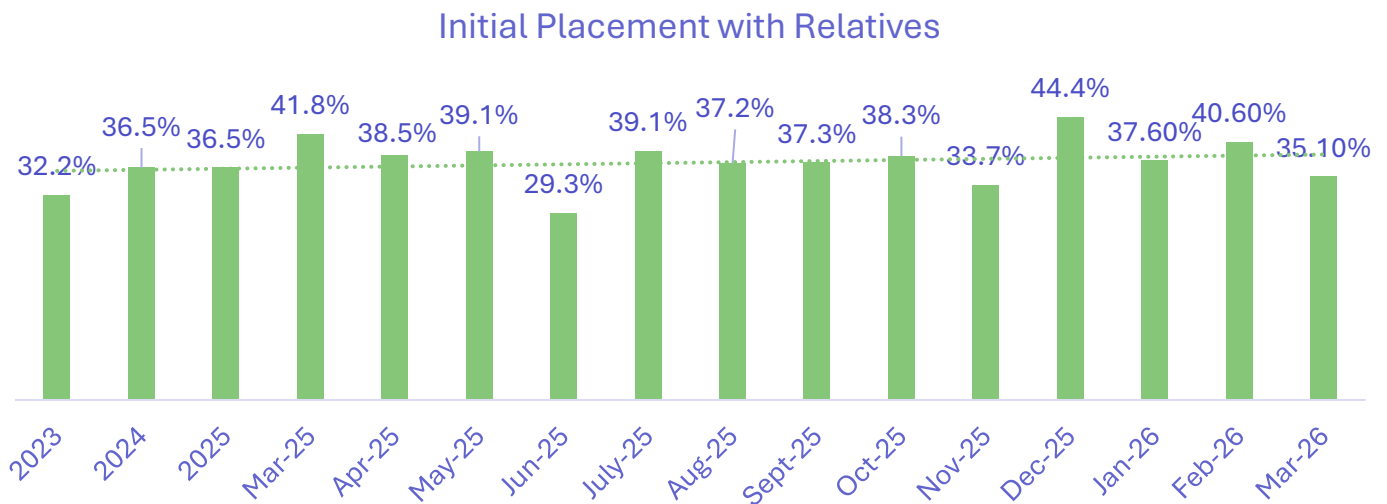
What is the measure

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 5/3/2026

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 Q1 2026	# Initial Placement w/ Relative	Total Entries	% Initial Placement w/ Relative within each group
ICWA Eligible & Enrolled and Not Enrolled Children	7	27	25.9%
In Progress	48	115	41.7%
No record or Not Eligible	164	436	37.6%
All Groups	219	578	37.9%

Note: Data pulled from Report CW FC-1032-S Foster Care (FC) Removals (Entries) 5/3/2026

What we are doing

Completed

- **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 and scaled the Relative Pathway statewide in August 2025.

Ongoing

- **Partnering with** Greater Oregon Behavioral Health, Inc. (GOBHI) to operate [Oregon Kinship Navigator](#) and Every Child Oregon to provide access to furniture and clothing.
- **Tracking** relative placement statewide and by district closely.

2C. Performance on timely case plans slightly declined in 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 a 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.

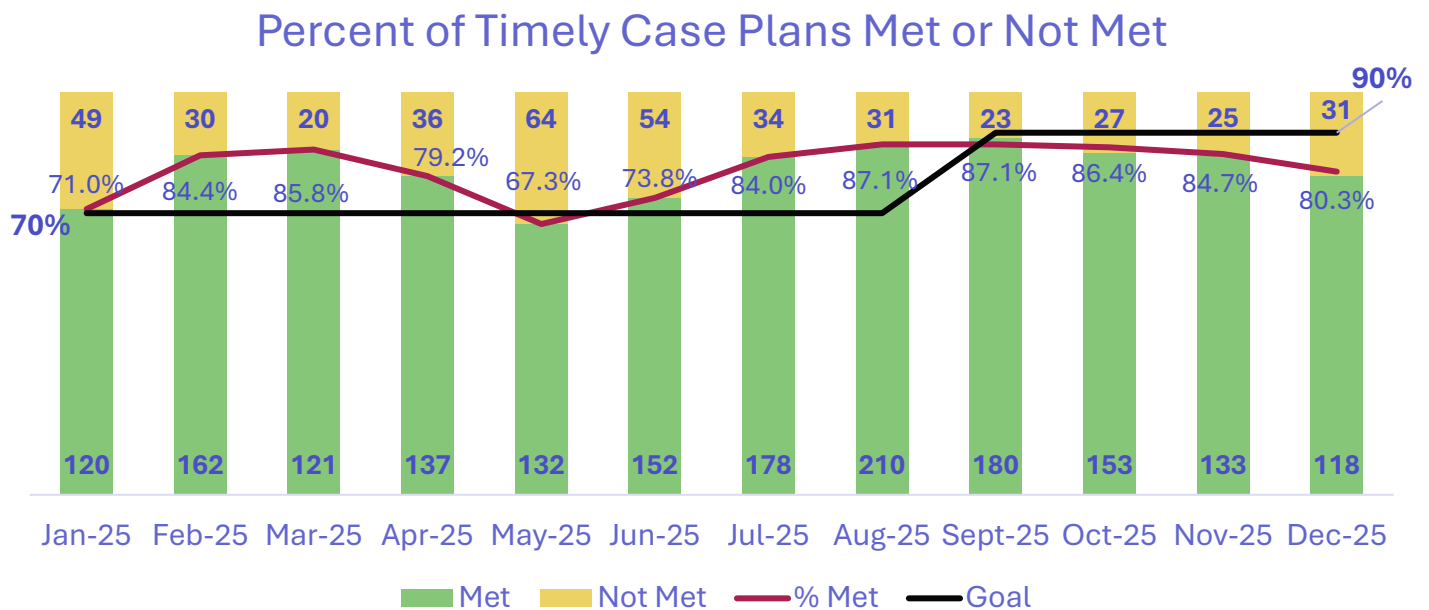
What we are doing

ODHS Child Welfare is:

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- 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 5/3/2026.

2D. Permanency performance exceeds federal standards

What is the measure and why is it important

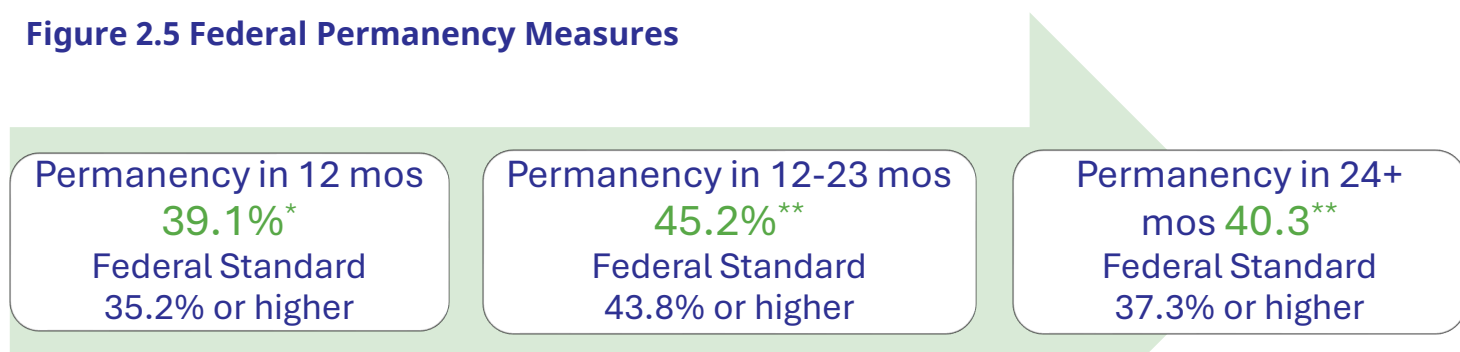
Permanency refers to a stable, long-term living situation where a child's family connections are maintained. Permanency planning begins as soon as a child enters the child welfare system. Reunification with the child's family of origin is the primary goal. Permanency can also be achieved through other court-approved options such as guardianship or adoption. [ODHS is among only a few states that are meeting or exceeding all three of the](#)

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[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: These data points reflect the Risk Standardized Performance (RSP) produced by the federal Children's Bureau which accounts for differences across states. Source: Data from Child and Family Services Review (CFSR 4) Data Profile Context from AFCARS and NCANDS Submissions timeframes:

**April 2023-March 2024 for Permanency in 12 months or less*

***Permanency 12-23 months and Permanency in 24+ months are from October 2024-September 2025.*

What we are doing

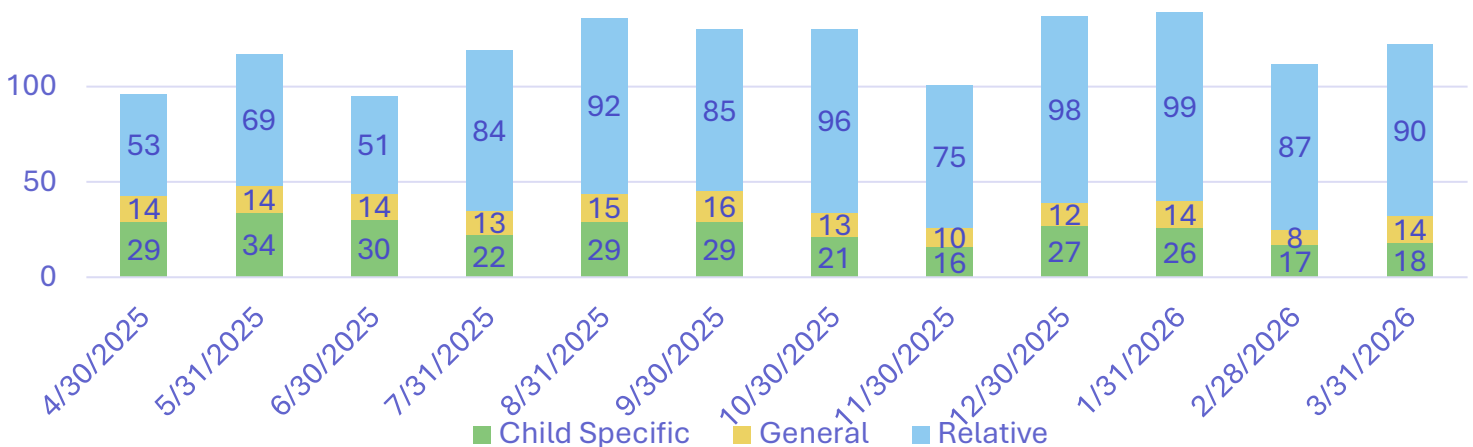
- Identifying and placing children earlier with relatives leads to timely reunification with parents because children maintain better connections with their community and parents and experience less trauma from being separated from their parents. This supports the transition back to their parents safely 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 2.5 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). For January, February, and March 2026 – Quarter 1, relative certifications were 74% of all certifications. General

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applicants are **yellow/middle bars** above. ODHS is identifying additional strategies for 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 late-2026.

KEEP is now offering a support group for relative and non-relative Native resources families caring for Native youth ages 2 and up. The Native American Youth and Family Center is a community based non-profit organization that has served the Native Community in Oregon for over 43 years. They provide culturally specific programs and services that guide families in the direction of personal success and balance through cultural empowerment.

General Resource Parent Retention Rates

Retention of resource families is important because children do best when they can stay in one stable, caring place rather than moving from home to home.

When families who open their doors continue in this role, children are more likely to stay in their own schools, keep their friendships, and build trusting relationships with the adults caring for them. It also strengthens the whole community: experienced resource families help support children and they are able to remain close to their neighborhoods, cultures, and support networks. Keeping resource homes means giving children the steady foundation they need to feel safe and to thrive.

Oregon uses the [New York Retention Calculator](#) to determine retention rates.

Figure 2.6 Yearly Retention Percentage

The average number of years a home is certified is 3.5 years.

Year	Number of homes certified on December 31	Number of homes certified between Jan 1 and December 31 in CY	Number of open homes on January 1	Annual Retention Percentage
2023	1183	215	1245	78%
2024	1082	195	1155	77%
2025	1074	170	1092	83%

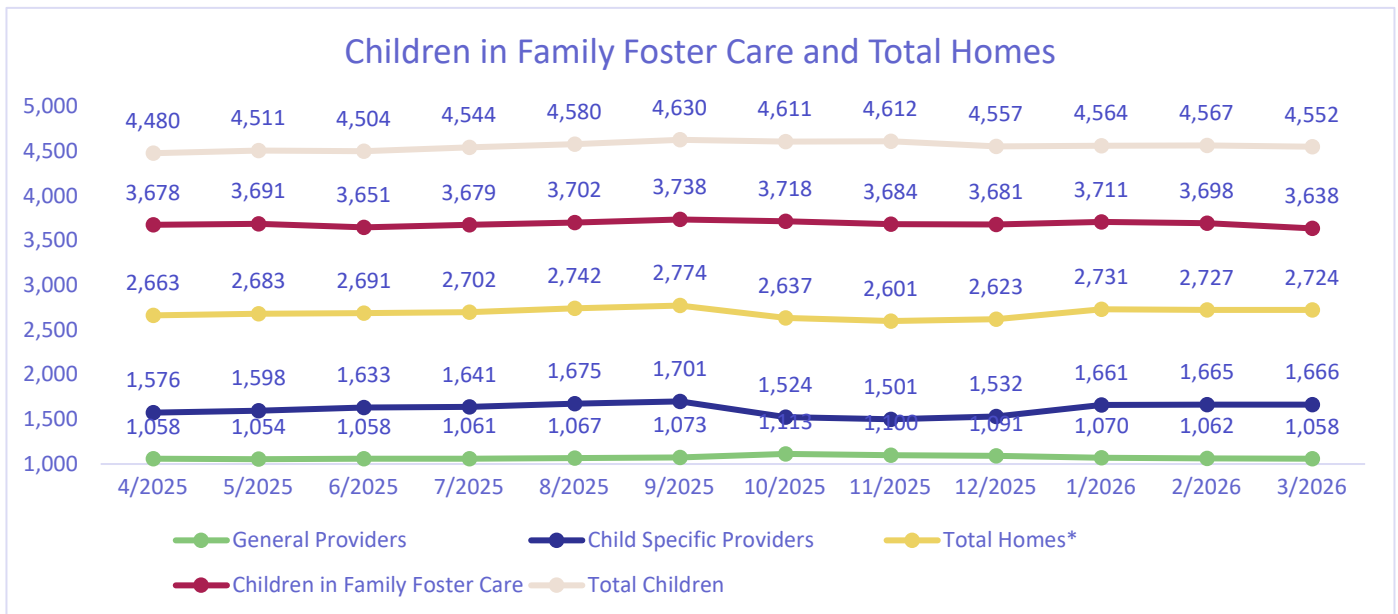
Note: Data pulled from Resource Homes Dashboard

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 March 2026 on the last day of each month.

Why is it important

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

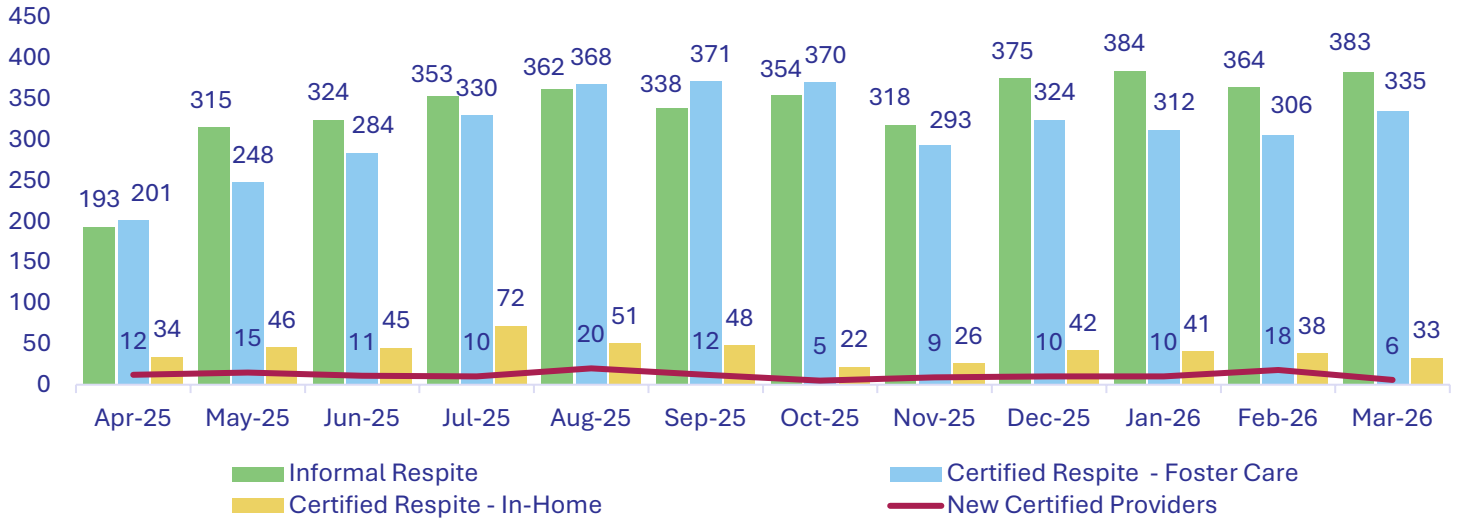
2G. Continued utilization of informal and certified respite for foster care

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

Number of Persons Using Respite Services Over Time and New Certified Providers



Note: Data pulled from Report Respite Data Over Time 5/4/2026

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.

Fewer children are experiencing TL. For those that do enter, stays are shorter.

Why is it important

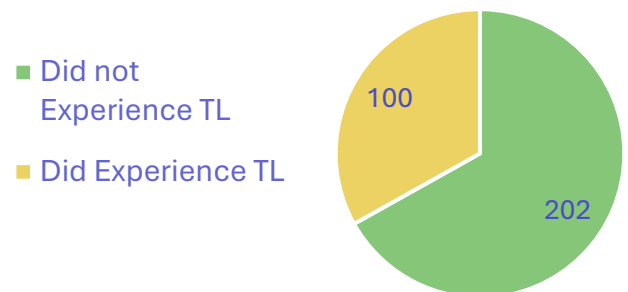
Child Welfare tracks the number of children in TL to monitor ongoing efforts to ensure it is only used as a last resort while finding appropriate placement options and supports.

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 prevention plans. 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 2.9 TL Prevention CY 2025

TL Prevention Jan 2025 - Dec 2025



2I. Maltreatment in Care (MIC)

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

- Enhancing staff skills pertaining to risk and safety assessment

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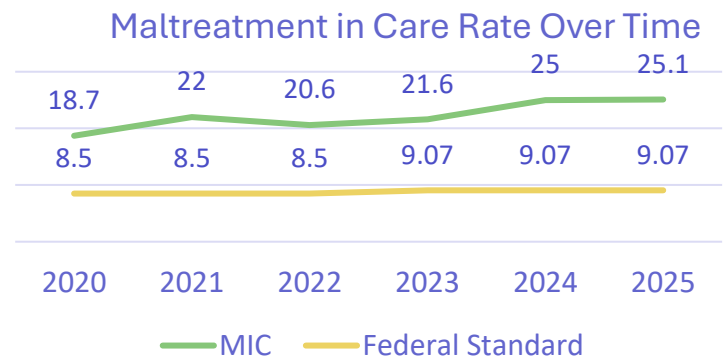
- Ensuring timely caseworker visits with children, parents, and resource parents
- Increasing the frequency of resource home certifiers visiting resource homes
- Conducting regular reviews of safety plans
- Developing Enhanced Supervision Plans (ESPs) for children with higher needs
- Supporting resource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

This chart, showing the MIC rate over time, was provided in our previous report issued in February 2026 and updated in this report to include all of 2025 which was unavailable at that time due to the time to complete assessments.

As shared in our November 2025 report, according to a [report by the Bipartisan Policy Center](#) published 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.

Figure 2.10 Maltreatment in Care

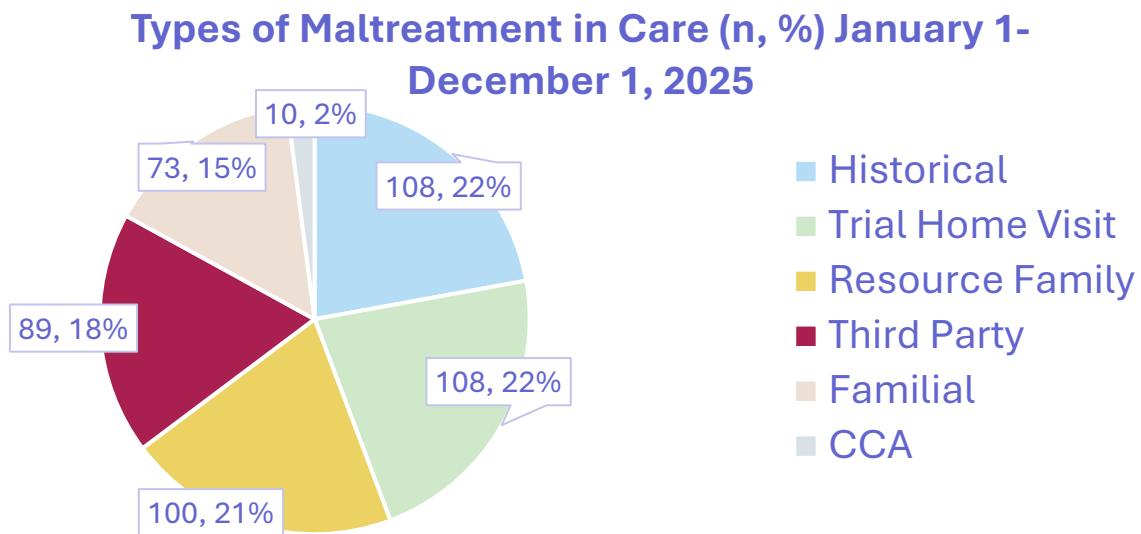


Source: Maltreatment in Care public report on 5/21/2026

What we are doing

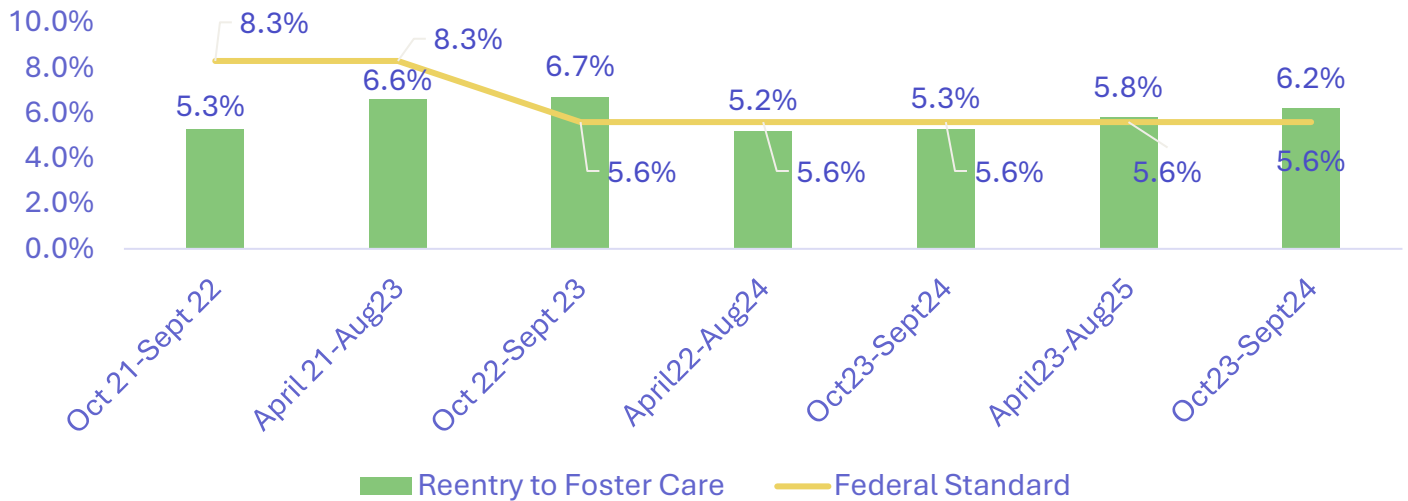
The Continuous Quality Improvement team completed a review of 488 MIC incidents recorded from January 1 to December 31, 2025. The results show that 40% of cases involved either third-party perpetrators or "historical" incidents (cases in which maltreatment occurred prior to the current foster care episode). The figure below details the types of maltreatment in care. Further analysis of the different types of maltreatment will help determine the right strategies to lower the occurrence.

Figure 2.11 Qualitative Case Review Analysis of Maltreatment in Care Types



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

Figure 2.12 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 6.2% rate (October 2023 – September 2024) was statistically no different than national performance. Source: Data from Child and Family Services Review (CFSR 4) Data Profile Context from AFCARS and NCANDS Submissions from October 2023 to September 2024 (FFY 2024) as of 1/10/2026.

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), 5.4% (overlapping FFY period of April 23-Aug 24), and 6.2% (FFY 2024).*

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ODHS will receive updated performance data on re-entry two times a year (Spring and Fall) and will report that out once received.

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

- 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 April 2025 – March 2026



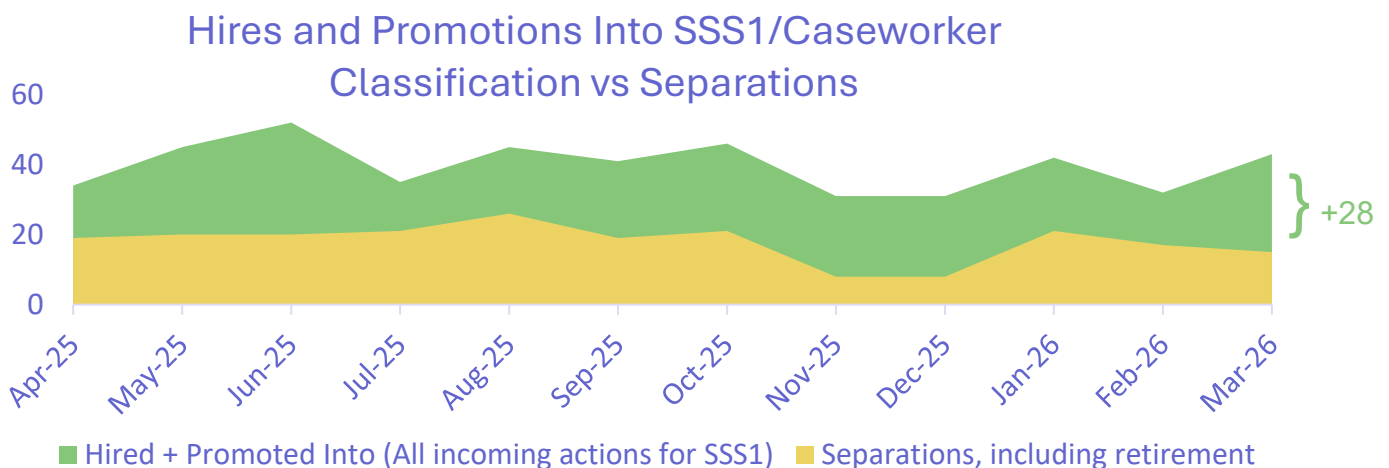
Note: These charts provide statewide data. There is variance in vacancies across districts and counties.

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 April 2025 – March 2026



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

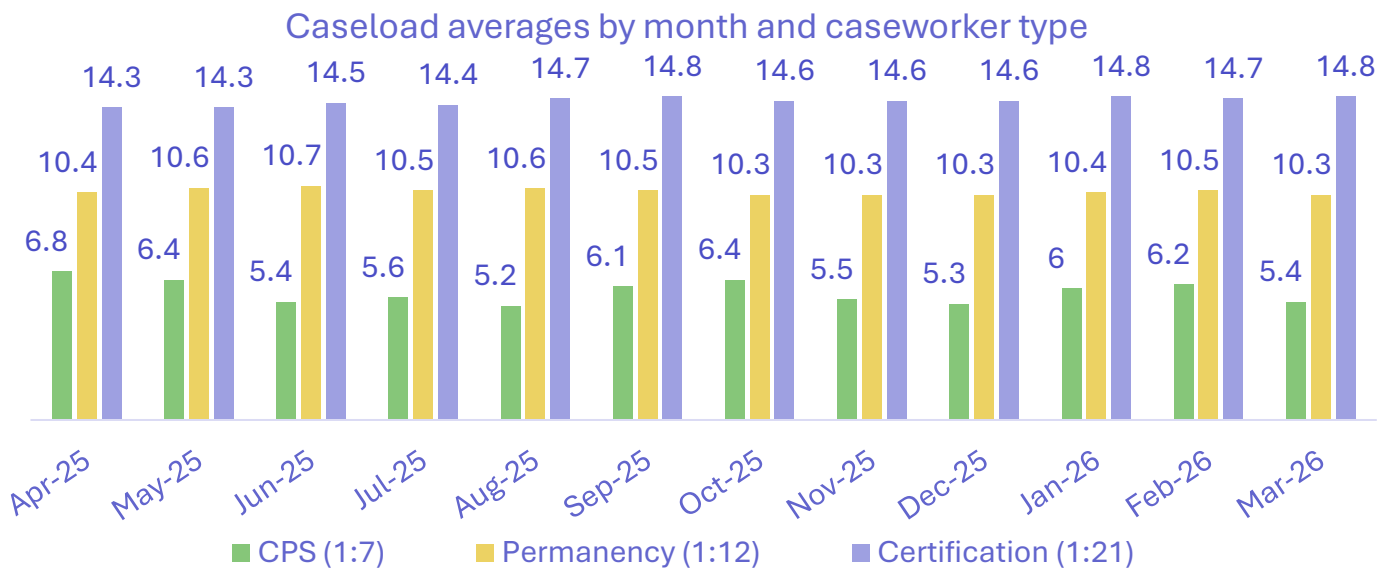
ODHS consistently maintains appropriate caseloads because of success in staff recruitment and retention efforts and close monitoring of workloads by management and supervisory staff.

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 Monthly Averages



Note: Data pulled from the Caseload Dashboard on 4/10/2026

3C. Staff training and professional development

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:

- Indian Child Welfare Act / Oregon Indian Child Welfare Act
- Chronic Neglect
- Anti-Bias training
- Reflective Supervision
- Court and legal skills

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:

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- The ODHS Child Welfare Medical and Mental Health Assessments strategy team and Oregon Health Authority Health Policy and Analytics team partnered on a two-part webinar series in Fall 2025 for Coordinated Care Organizations (CCOs) and OHA kicked off a six-part technical assistance learning series for CCOs in March 2026. The engagement is designed to strengthen best practices and reduce the barriers CCOs face in delivering appropriate, timely care for children in foster care.
- Child Welfare continue to meet 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.

Expanding Services for Teens

The Rosebud Supportive Living Program is a new supportive group home for foster youth aged 16–18, is opening in North Portland as of March 30, 2026, developed by New Narrative to offer mental health support and peer mentoring. This program will give teens extra stability and support as they complete high school and before they age out of the system. The group home will have space for nine people and have 24-hour staff to assist with schoolwork, meal preparation, and community building. The staff are mental health clinicians, peer support mentors, and direct support staff.

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
- CIRT

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 district's example of using CQI to improve services and outcomes for children and families.

What is the measure

Over their last two Continuous Quality Improvement cycles, District 1, Columbia County, has worked on a measure titled Preserving Connections and Accuracy of Application of the Safety Threshold Criteria.

- **Preserving Connections** comes from the Child and Family Services Review (CFSR) and looks at if the caseworkers are working to keep children connected to their Tribe, church, school, friends, neighborhood and natural supports prior to their placement in care.
- **Accuracy of Application of the Safety Threshold Criteria** comes from the Child Protective Services (CPS) Quality Assurance review. This measure evaluates throughout

the assessment if the CPS caseworkers collected information to correctly identify whether children are safe or unsafe specific to each identified safety threat. If the identified safety threat does not meet the threshold for all five criteria (Severity, Out of Control, Observability, Vulnerability of the Child, and Imminence), the child is not unsafe. However, if all five criteria are met, the agency must intervene. Safety Threats can change throughout the life of a child, however this measure specifically looks at what safety threat(s) were occurring at the time of the assessment.

Why is it important

- **Preserving Connections** helps to remind children of who they are, gives them a sense of familiarity, and offers networking and connection to others in their culture of origin. Preserving these connections adds a protective factor as children remain supported by their natural community.
- **Accuracy of Application of the Safety Threshold Criteria** when caseworkers correctly apply the safety threshold criteria, they are better able to identify real safety threats, assess protective capacities, reduce bias and assumptions, and make consistent, defensible decisions about intervention or closure. Incorrect application of the safety threshold criteria 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

In their second CQI cycle, District 1, Columbia chose to focus on **Preserving Connections**. During their CQI Strategy meeting, Columbia identified that staff don't know how and when to ask and talk about culture with families to identify as strengths and that when connections are identified, they are not being preserved, documented and discussed. During the strategy session, they also identified that families are not connected enough to community support and resources to support connections.

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

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- Adding to all meeting agendas a space to intentionally talk about connections and a family's culture to help build comfort around this topic and a built in reminder to ask for this information
- Adding to the form caseworkers use to collect information and prompt discussions about their connections and culture as a family
- Their Permanency Consultant started weekly trainings about culture. This helped to talk about their own culture and connections, work through biases, and gain skills in how and when to talk and talk about culture with families.
- Blocked protected time on the whole county's calendars as a reminder.
- Building a better relationship with community providers across the county through attending events, outreach and including them in CQI meetings.

Through focused trainings and dedicated time to discussing Preserving Connections, staff strengthened their ability to talk about culture, engage families around maintaining natural supports, and approach these conversations with greater confidence. This commitment was consistently demonstrated across meetings and team spaces. Workers agreed that this measure not only improved their day-to-day practice but also positively shifted the overall culture surrounding it. In addition, collaboration with community partners grew stronger, building greater trust and shared partnership.

In their third CQI cycle, District 1, Columbia chose to focus on **Accuracy of Application of the Safety Threshold Criteria**. During their CQI Strategy meeting, Columbia identified that there is a lack of understanding of the safety threshold criteria and communication of the safety threats (both internally/ externally), how to apply it to all the children, and additional information is needed to document the safety threshold criteria.

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

- Mini training sessions were developed in partnership with the Safety and Permanency Consultants to allow one CPS worker and one Permanency worker to review a case in depth, focusing on identified safety threats and the safety threshold criteria.
- Each session included a brief survey completed before and after the meeting to assess how useful and impactful the training was for staff.

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- Distribution of the *16 Safety Threats Guide* and the *Criteria Questions for Critical Thinking, laminated* to ensure these tools are easily accessible reference guides during staffings and decision-making discussions. Both CPS and Permanency staff are expected to use these guides actively during meetings to support consistent practice.
- In addition, the team set up a joint monthly supervision between CPS and Permanency to create dedicated time to discuss identified safety threats and determine whether the safety threshold is met throughout the life of a case. These conversations also help clarify who gathers information, when and how that information is collected, and what is needed to better understand family conditions and ensure high-quality, relevant collateral contacts.

Positive impacts

During their work on **Preserving Connections** in 2024, Columbia staff felt there was a cultural shift amongst their teams through their commitment to this measure. On their next kickoff they increased from 43% to 67%. We often talk about slow incremental change, and how small changes can have a larger and more sustainable impact. We saw the representation of this through 2025, and the increase went from 67% to 100%. This is a great example of what the power of CQI can do when our teams not only commit to improvement plans but change the culture of their district. Other outcomes from working on this measure include:

- Needs Assessment and Services to Children has slowly increased from 60% to 75% over the last two years.
- Needs Assessment and Services to Parents also increased from 43% to 67%. As well as an increase from 43% to 67% for Needs Assessment and Services to Parents.
- Stability of Substitute Care Placement went from 83% to 100% and remained at this level for two years.

The impact of children staying connected to their Tribe, church, school, friends, neighborhood and natural supports prior to their placement in care is immense. This means children are being reminded of who they are, given a sense of familiarity, and are having an added protective factor as they remain supported by their natural community.

During their work on **Accuracy of Application of the Safety Threshold Criteria**, Columbia's commitment and hard work around this measure showed through the increase from 10% to 60% at the end of the cycle. Other outcomes from choosing and working on this measure include

- Risk and Safety Assessment and Management increased from 20% to 70%.
- Impending Danger Safety Threat Identification increased from 50% to 80%, which hasn't seen a percentage higher than 50% for this measure.
- Our big picture measure of Family Report Approved within 60 Days increased from 30% to 45%, meanwhile our deep dive measure of Permanency Goal for Child increased from 33% to 67%.

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

Child and Family Services Review Federal Round 4

- The Federal Administration has offered states to pilot a new Performance Improvement Plan (PIP). Oregon shared the two PIP options with ICWA Advisory in February.
- The federal Children's Bureau sent Oregon's [CFSR Round 4 Results Letter](#) the on March 12. ODHS has 90 days to submit its plan to address the PIP. The letter will be posted on the ODHS website.
- On March 12, ODHS sent a Dear Tribal Leader Letter to the Nine Federally Recognized Tribes in Oregon to have formal consultation on the pilot PIP option.
- ODHS will inform Children's Bureau after the Tribal Consultation period has ended in April, if they will be staying with the traditional PIP or moving forward with pilot PIP.

Collaborative Agreement

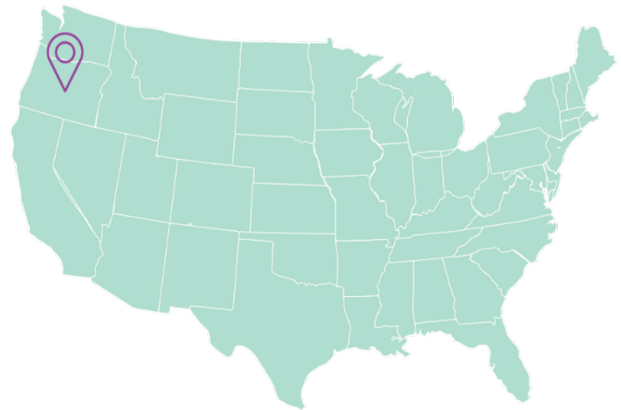
A settlement agreement in the Wyatt B. v. Kotek case was finalized in September 2024. Court-appointed Neutral, Kevin Ryan, produced his Initial Review on July 29, 2025 which was amended on April 15, 2026. [The first progress report to the Neutral was submitted May 1, 2026](#), establishing a baseline as well as documenting efforts to achieving the identified outcomes and measurements. ODHS will produce efforts reports to the Neutral by May 1 and November 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.

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 the Service Equity Council 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

The Service Equity Manager and Service Equity Council collaborate with various councils, committees, and Child Welfare employees as part of the ODHS and OHA Tribal Consultation Policy. Child Welfare's Programmatic Assessment 2026 will inform the Equity Plan. It will be drafted by late Fall/Winter 2026. The Equity Plan will be co-created using the assessment's findings. Community partners, Tribes, and CW workforce will be invited to complete the Programmatic Assessment survey.

5D: Data Informed Decision-making in CW Programs

Highlight: Child Fatality and Prevention Review Program (CFPRP)

The ODHS Critical Incident Review Team (CIRT) participated in the first annual Oregon Fatherhood Summit on March 20 at Self Enhancement Inc.'s Tony Hopson Sr. Center for Self Enhancement in Portland. More than 150 community members, Tribal representatives, partners, fathers, and practitioners participated in panel discussions, heard from local and national speakers, and joined breakout sessions focused on strengthening programs for children and families by honoring fathers as equal partners in parenting. ODHS CIRT data has shown that fathers are not always contacted or included in assessing their child's safety or in case planning. The findings highlight a clear opportunity and responsibility for child welfare to better engage fathers in our work. ODHS remains committed to improving father engagement across programs and strengthening partnerships that support the safety, well-being, and belonging of every child and family in Oregon.

ODHS Child Fatality Prevention and Review program staff, legislators and partners gathered for an in-depth CIRT training session designed to strengthen understanding of Oregon's (CIRT) Critical Incident Review Team process. The session provided a detailed walk-through of CIRT purpose, structure, and Safe Systems principles. Participants received a high-level orientation to CIRT data, timelines, and statutory requirements, viewed a Safe Systems debriefing video, and learned how critical incidents are evaluated and assigned. The training also included a mock CIRT meeting, giving attendees an opportunity to observe case review dynamics, explore system-level improvement opportunities, and engage in recommendation development. This session supported a deeper understanding of how CIRTs promote transparency, shared learning, and improved child safety across Oregon's child welfare system.

Questions and feedback

For questions or feedback about this report, please email:

childwelfare.directorsoffice@odhsoha.oregon.gov

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Child Welfare

500 Summer St. NE

Salem, OR 97301

Email: childwelfare.directorsoffice@odhsoha.oregon.gov

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