Progress Report to the Governor

Quarter Two 2026

(Data includes April, May, and June 2026)

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OREGON DEPARTMENT OF
Human Services
Child Welfare

Quarter Two 2026 Progress Report to the Governor

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(Data April to June 2026)

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

In September we will recognize National Kinship Care Month. At the Oregon Department of Human Services (ODHS), we see this as an opportunity to lift up something we witness every day: when children cannot safely remain with their parents, the people best positioned to keep them safe, connected, and whole are often the people who already know and love them. This could be a child's grandparents, aunts and uncles, older siblings, godparents or close family friends.

Kinship care is not a fallback option. It is the first choice. Research and lived experience tell us the same thing: children placed with relatives and family friends experience less trauma, stronger continuity of identity and culture, and better outcomes across education, mental health, and physical well-being. They keep their schools, their neighborhoods, their pets, their traditions and the small, ordinary things that make a difficult moment feel a little less like the whole world has changed. This is why relative placement has been a top priority for ODHS Child Welfare, and why we have worked to broaden how we define "relative." By doing this we reduce the barriers families face in the Relative Pathway certification process.

We are continuing to build on that commitment. ODHS has opted in to A Home for Every Child, the federal Children's Bureau's new approach to the Child and Family Services Review (CFSR) Program Improvement Plan (PIP) process. This new pathway is built around a single unifying metric: a ratio of available, appropriate homes that exceeds the number of children who need one in every community across the state.

To meet this metric, we are first and foremost focusing on reducing the number of children entering care by providing preventive services. But when children do need to enter care, kinship families are central to reaching our goals. Oregon is committed to streamlined kinship licensure, better identification of people who are closest to the child at the earliest points of a case, and stronger support for relative caregivers once they step forward.

We believe this is the right direction. It will mean fewer children experiencing the trauma of removal. When removal is necessary, more children can be in the arms of someone they already know.

Our work is making a difference. In May, we saw the highest monthly percentage of initial placement with relatives in the last six months, at 44.5%. In the second quarter of 2026, April through June, children entering foster care who are Indian Child Welfare Act (ICWA) eligible and enrolled and ICWA Eligible and Not Enrolled were placed with relatives first at 48.7%.

None of this happens without the family members, resource parents, and communities who open their homes and hearts to a child in crisis. As we mark Kinship Care Month, we want relative caregivers across Oregon to know they are seen and they are valued. They are essential partners in this work. Relative caregivers make possible this core strategy for keeping children safe and families whole.

We are proud of the progress reflected in this report, and we recognize there is more work ahead. We remain committed to measuring what matters, sharing what we learn, and adjusting where we fall short, in partnership with the families, Tribes, and communities who make this work possible.

Sincerely,

Rolanda Garcia
ODHS Interim Child Welfare Program Director

PRIORITY 1: Keeping children safe and supporting families

Key Strategies

- Safety Action Plan
- Upstream (preventing child abuse) and secondary prevention (preventing entry into foster care)
- Family First Prevention Services Act

1A. Safety Action Plan (SAP)

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 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 (CA). Figure 1.1 includes the plan and status on key actions from the previous report.

Figure 1.1 Safety Action Plan

Focus Area and Expected Timeline Calendar Year	Expected Outcomes	Key Actions	Status Updates and Progress from CY 2026 Quarter 2
Ensure high-quality screening practice Q3 2025 – CY 2026	• Timely and accurate screening decisions • Equity in screening[1] • Improved data accuracy • Consistent decisions	• Develop a quality assurance (QA) 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	• QA Tool Development: Development is complete. • Review, Evaluate, and Decide (RED) Teams Implementation: Implementation is about 85% complete. • SDM Updates: Currently at about 75% complete. • Decision Interrater Reliability: Initial work is paused until 2027. • Data Accuracy: Tribal notifications report completed 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.

Focus Area and Expected Timeline Calendar Year	Expected Outcomes	Key Actions	Status Updates and Progress from CY 2026 Quarter 2
Ensure timely Child Protective Services (CPS) Assessments Q3 2025 – CY 2026	• Increased % of assessments completed within 60 days • Improved coordination with system partners • Improved timeliness and workload balance	• Implement overdue assessment plan • Require real-time documentation • Reduce technical barriers • Decrease calls on open assessments • Update multi-disciplinary team charter	• 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 is complete. • Decrease Calls on Open CPS Assessments: Root cause analysis results were presented and next steps are mapped. • Statewide Multi-Disciplinary Coordination: 75% complete.
Improve the quality of safety decision-making for children in care Q3 2025 – CY 2026	• Improved quality and timeliness of case plans • Better safety planning • Risk and safety concerns addressed effectively	• 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	• Consistent Safety Management Using Current Spaces and Roles (SAP/CA): Work has progressed to approximately 20% completion. • Supervisor Support for Sound Safety Decisions (SAP/CA): Calibration tool finalized. Implementation will move to 2027 due to competing priorities. • 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.
Strengthen implementation of Safe Systems Analysis and Critical Incident Review	• Increased parent knowledge regarding safe sleep • Increased workforce knowledge in identifying substance dependence early on while connecting	• Launch statewide safe sleep education needs assessment • Launch an early engagement screening tool to identify risk for	• Safe Sleep Education Campaign: Campaign launch activities are still in exploration stage. • UNCOPE Substance Dependence Screening Tool: Tool launch and early adoption have progressed to approximately 30% completion.

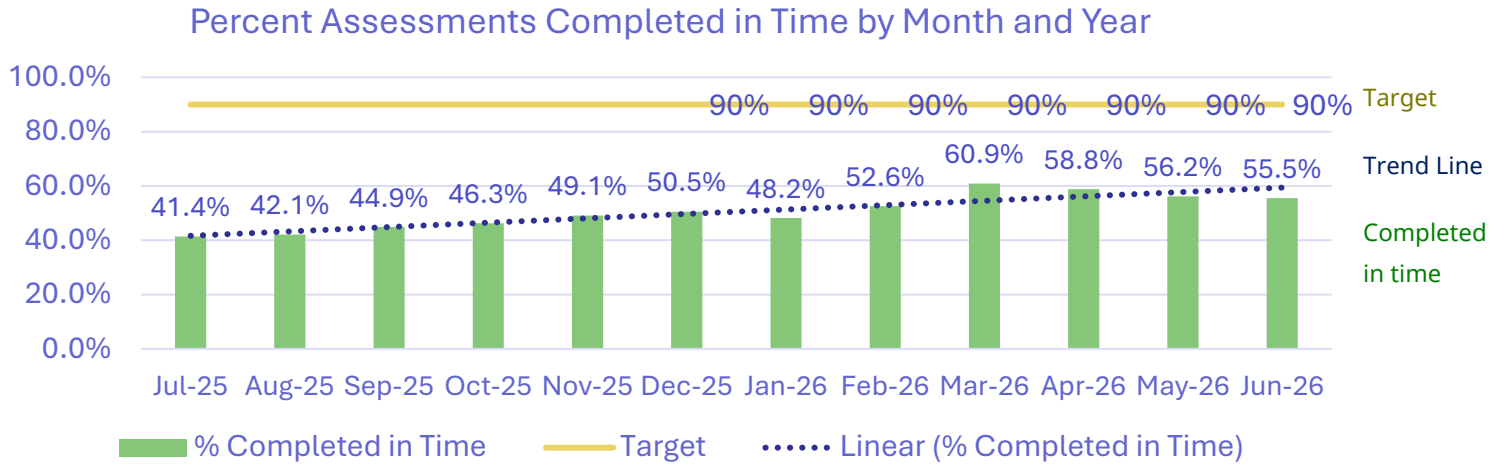
Q3 2025 – CY 2026	families to resources before issues escalate. • Improved teamwork and reduced bias specific to fathers' engagement and substance use • Improved data sharing and tracking	substance dependance • Elevating Father's Engagement through training, policy and ORKIDS enhancement. • Develop a Critical Incident Response Team (CIRT) trend data dashboard.	Substance Use Disorder was added to CW Procedure Manual. • Safe Sleep Education Campaign: Campaign launch activities are still in exploration stage. • CIRT Data Dashboard: Dashboard development is completed.

1B. Focused efforts have reduced overdue assessments

What is the measure and why is it important

Overdue assessments are cases that have not been completed by 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 average from Quarter One (53.9 %) to Quarter Two (56.8 %) improved almost by three percent.

Figure 1.2 Timely Assessment Completion



Source: Data pulled from CW-SA-2029-S Assessments Completed in Time of Those Due report as of 07/2/2026.

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 April 2026 to June 2026 (improvement means a decrease in percentage overdue):

- District 2 (Multnomah) dropped from 38.1% (March) to 29.2% (June)
- District 11 (Klamath and Lake) dropped from 7% (March) to 3.7% (June)
- District 13 (Wallowa, Union, and Baker dropped 34.3% (March) to 11.5% (June)

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

Figure 1.3A Percent of overdue assessments by ODHS Districts

This represents a statewide decrease (improvement) of 2.3 percentage points since the last report (Statewide was 32% in the Quarter One 2026 Report)

District	Percent Overdue as of 06/2026	District	Percent Overdue as of 06/2026
District 01	32.4%	**District 09**	24.2%
District 02	29.2%	**District 10**	9.4%
District 03	51.1%	**District 11**	3.7%
District 04	25.4%	**District 12**	36.8%
District 05	15.9%	**District 13**	11.5%
District 06	24.1%	**District 14**	9.1%
District 07	30.0%	**District 15**	23.0%
District 08	22.6%	**District 16**	26.8%
Statewide: 29.7%			

Note: The district data reflects the current percentage of all open assessments that are overdue by district, as of 07/2/2026. 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 oversight:** Service Delivery leadership continues to manage this work. Data is sent weekly and monthly to district leaders. Leaders look at staffing ratios to better support CPS caseloads, use data to understand their operational efficiencies and move towards a 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. See Figure 1.3B for an example of the data being shared with district leaders.
- **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 are used to choose the right strategies.
- **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.

Figure 1.3B Average Days to Document by Oregon Department of Human Services Districts for June 2026

District	Case Note Count	Case Count	Average Days to Document	District	Case Note Count	Case Count	Average Days to Document
District 01	1246	154	6.0	**District 02**	6226	907	4.45
District 03	5465	601	4.87	**District 04**	2784	368	4.02
District 05	4869	656	4.05	**District 06**	1859	207	4.55
District 07	1535	163	2.08	**District 08**	4581	468	3.96
District 09	1133	84	5.18	**District 10**	3440	297	2.46

District	Case Note Count	Case Count	Average Days to Document	District	Case Note Count	Case Count	Average Days to Document
District 11	1101	114	2.80	**District 12**	2058	180	1.32
District 13	1130	67	2.11	**District 14**	2148	155	3.78
District 15	2908	322	3.63	**District 16**	3745	458	6.14
				Total	**46,228**	**4,895**	**3.92**

Note: The district data is from June 2026 from the internal ODHS Real-Time Documentation Dashboard. Data pulled 8/24/2026.

1C. Many reports are screened out or unfounded

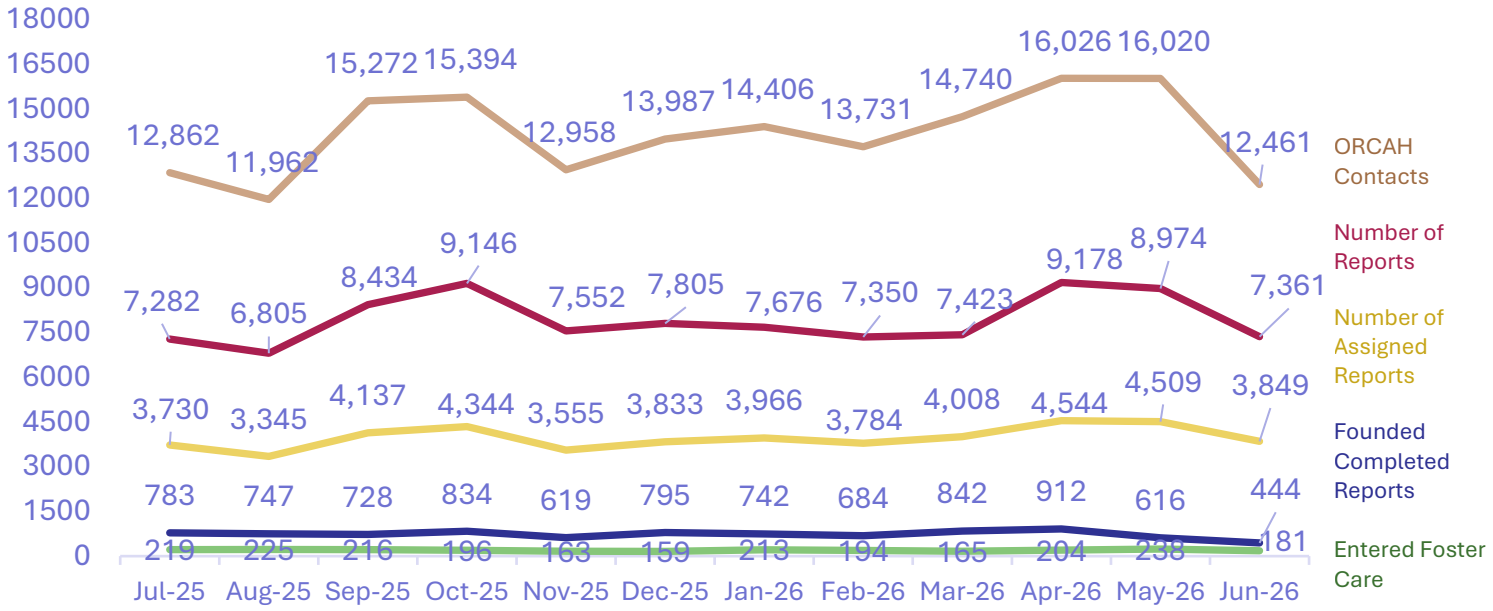
What is the measure

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 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 Openscape (Hotline program) and CW-SA-2010-D Screening Report monthly.

1D. ODHS upstream prevention partnership with Doris Duke Foundation is showing high levels of engagement from 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 initiative focuses on providing engagement, navigation and flexible resources to 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 serving families through Self-Sufficiency Programs' Family Coaches
- In the Portland area, referrals for support are going to Lifeworks and SE Works, two community-based organizations

Family engagement with the Opt-In Resource Hubs is strong in both communities. The availability of flexible funds is a key to meeting immediate and longer-term needs of families. The table below shows the number of families served in each district and the amount of flexible funds distributed from January through June 2026 in District 2 (Multnomah County) and District 11 (Klamath and Lake Counties). It also indicates the top family-identified needs for the same period for each District.

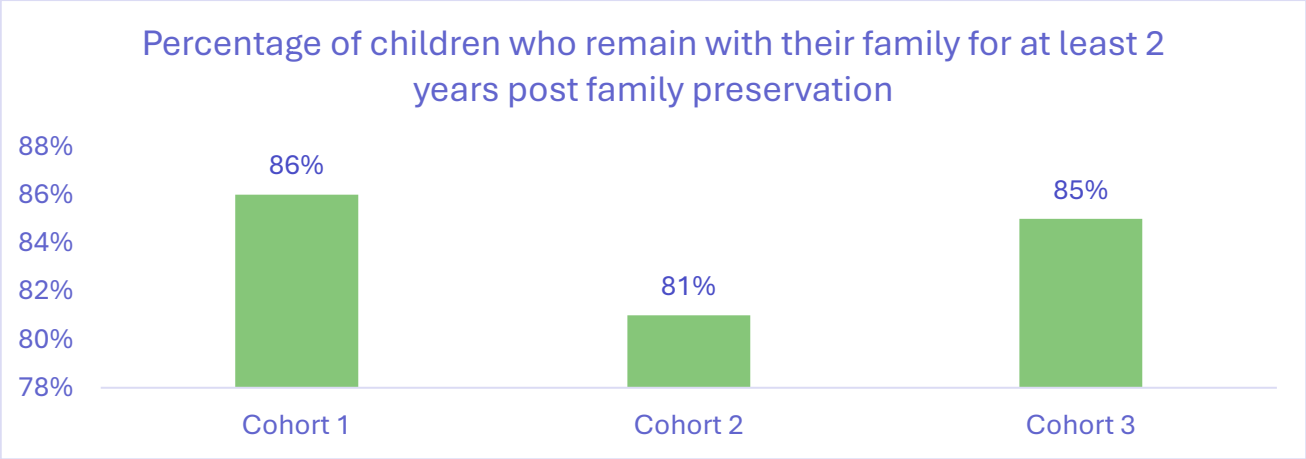
Figure 1.5 Oregon Flexible Funds and Top Family Needs for District 2 and District 11

	District 2		District 11	
Families Served and Top Needs	96 families	1) Concrete Goods (83) 2) Utilities (68) 3) Housing (56)	79 families	1) Utilities (43) 2) Housing (39) 3) Concrete goods (36)
Total Distributed	**$198,154**		**$142,927**	

1E. Family Preservation demonstration sites are showing improved longer-term 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 cases in demonstration sites have positive outcomes once their case closes. Once the case closes, families who participated are staying together at a higher percentage than those not in demonstration sites. Figure 1.6 below shows the most current 2 years of data for the percentage of children who remain with their families for 2 years following the in-home episode by each Family Preservation Cohort.

Figure 1.6 Family Preservation Demonstration Sites Outcomes*



Cohort 1 (launched in Spring 2022): District 2 Alberta Office, District 6 Douglas Co., District 11 Klamath Co.
Cohort 2 (launched in summer 2023): District 2 Gresham Office, District 3: Polk Co., District 7 Coos/Curry Co., District 8 Jackson and Josephine Co., District 16 Washington Co.
Cohort 3 (launched in spring 2025): District 1 Clatsop, Columbia, Tillamook Co., District 3 Marion Co.

Note: Data pulled from Family Preservation
**Cohort 1 launched in spring 2022, Cohort 2 launched in summer 2023, and Cohort 3 launched in spring 2025.*

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

Over the last quarter, Oregon continued strengthening its Family First system, which helps families access support earlier and reduce the need for foster care. Progress remained steady as the state advanced key components of the federally required Title IV-E Prevention Plan and expanded the infrastructure needed for long-term sustainability.

Oregon continued updating its revised prevention plan based on federal feedback, including refining evaluation methods, improving data strategies and clarifying the role of Tribal Prevention Plans. These refinements are on track for submission later this year and will help ensure Oregon can expand its use of federal funding for preventive services.

Quarter Two Family First highlights:

- Collaboration with Oregon Tribes continued this quarter, focusing on relationship-building, coordination, and support as Tribes move forward with their own Title IV-E prevention activities. Increased communication is helping ensure statewide prevention efforts are culturally responsive and aligned with Tribal plans.
- ODHS completed a statewide dashboard used to determine eligibility for Family First services.
- A pilot time study, an important step toward future federal claiming that helps determine the amount of time spent on families. The study was completed and results are now being analyzed to support next steps.
- Evidence-based parent and caregiver supports expanded across the state. Parents as Teachers will now be available in Douglas, Coos, and Curry counties, offering more families early-childhood and parenting guidance. Functional Family Therapy continues to move with new interest from potential providers and ongoing development of statewide processes.
- Parent-Child Interaction Therapy advanced as implementation plans moved through review and preparation continued for future reporting and claiming requirements.
- Motivational Interviewing within Self-Sufficiency Programs also continued to move forward with charter approval, expanded planning support, and development of long-term implementation structures.
- Support for kinship caregivers progressed as Oregon adopted the Nevada evidence-based model for its Kinship Navigator Program and began planning to ensure continued service availability during future transitions.

Overall, Oregon continued building a stronger, more coordinated Family First system, expanding evidence-based services, deepening partnerships with Tribes, and strengthening the infrastructure needed to connect families with support earlier and reduce the need for foster care statewide.

1G. 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.

Any harm inflicted on a child, especially those who have already endured abuse, is a significant cause for concern. However, when looking at national rates of maltreatment recurrence it's important to note that 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 were not the child's caregiver, such as a stranger who assaults 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 over 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 coaching staff using the Oregon Safety Model and related safety practices to ensure staff make accurate safety decisions. Additional activities are slated for the next quarter.

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

Key Strategies

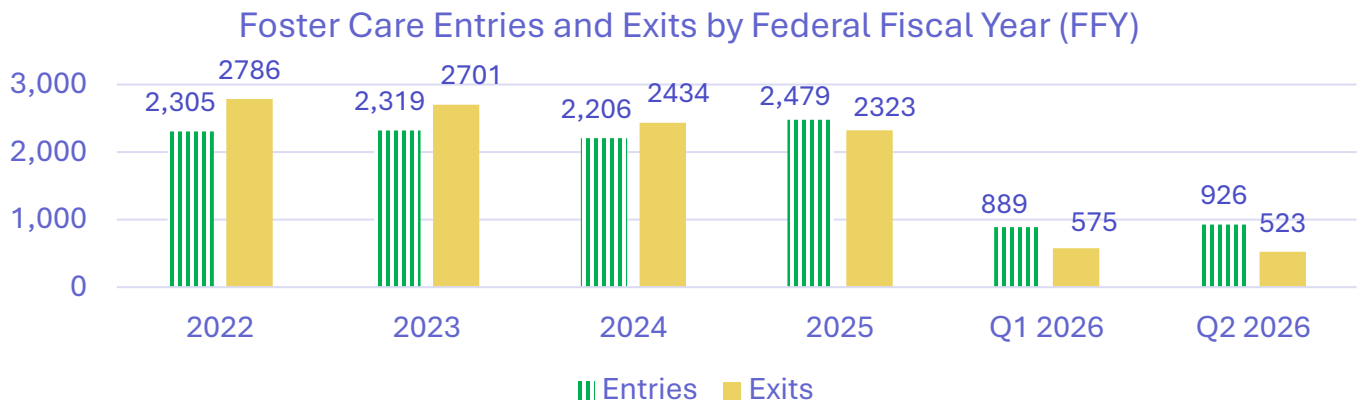
- Relative Pathway
- Timely case plans
- Permanency strategies

2A. Children entering care continues to rise through the first two quarters of 2026

ODHS is still looking closely at the data to understand why entries into foster care rose in 2025 and whether this rise is continuing as a long-term trend or if 2025 was unusual. Federal data from FFY 2025 (Oct. 1, 2024-Sep. 20, 2025) also shows a slight increase nationally in both entries into foster care and the number of children in foster care in 2025, after years of declining numbers. This could be an indication that Oregon is not unique in seeing the numbers increase. Determining the exact causes for the increase is complicated because many different things can lead a family to become involved with Child Welfare.

When families face more stress, they may reach a crisis point that results in a call to the Child Abuse Hotline. These stressors can come from larger issues such as financial problems or difficulty getting basic supports like food, transportation and housing. As financial resources and options across the state decrease, families may struggle more, which can lead to more Child Welfare involvement.

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 7/10/2026.

2B. Oregon's placement with relatives (broadly defined) for children in foster care continues to increase over time

What is the measure

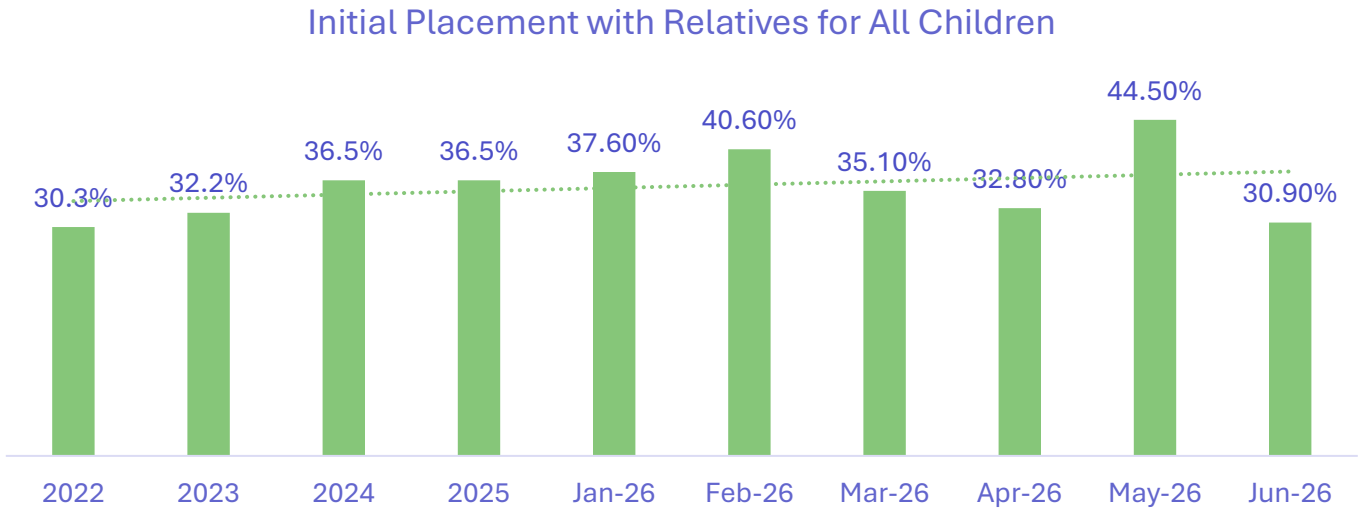
Figure 2.2 below shows the proportion of children initially placed with relatives upon entry to foster care.

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.

In the first half of 2026, Oregon had their highest percentage of initial placement at 48.7% ICWA-Eligible and Enrolled and ICWA-Eligible and Not Enrolled children.

Figure 2.2 Initial Placement with Relatives by Month



Average for 2026 Quarter One and Quarter Two 2026 = 36.92%

Source: Data Pulled from Report FC 1032-S on 7/14/2026

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 based on ICWA Status

Children Entering Foster Care in Q2 2026	# Initial Placement w/ Relative	Total Entries	% Initial Placement w/ Relative within each group
ICWA-Eligible and Enrolled and Not Enrolled Children	19	39	48.7%
In Progress	33	10	30.6%
No record or Not Eligible	177	476	37.2%
All Groups	229	619	36.8%

Note: Data pulled from Report CW FC-1032-S Foster Care (FC) Removals (Entries) 8/28/2026

What we are doing

To increase the number of relative placements in Oregon, Child Welfare completed the following activities:

- **Statewide implementation of the Relative Pathway was successfully completed in August 2025.** All 16 districts have received full training, and rules, procedures, and processes are formally in place.
- **Development of the Relative Pathway:** the Relative Pathway is a certification process that aligns Oregon with federal rule and the national Kin-Specific Model Standards. The Relative Pathway provides flexibility to respect the unique circumstances of relatives of children in need of foster care by reducing barriers, supporting relatives in becoming certified resource parents, and accelerating the placement of children with their families. The relative certification process prioritizes child safety by ensuring relatives meet all safety and home study requirements.

Additionally, there are ongoing efforts by Child Welfare to sustain and support relatives caring for children experiencing foster care, such as:

- **Partnering with:**
    - Greater Oregon Behavioral Health Inc. (GOBHI) to operate Oregon Kinship Navigator, which provides statewide resource navigation, tangible-needs assistance, and caregiver support;
    - Every Child Oregon, With Love Oregon, and Project Lemonade to ensure relatives have timely access to essential items such as furniture and clothing.
- **Tracking** monthly data on relative placements, including the percentage of children initially placed with a relative upon entering foster care, and, of total children in care, the percentage in relative placements. This includes monitoring month-to-month trends and identifying notable patterns, disparities, or anomalies in placement practices.

2C. Performance on timely case plans slightly declined in the last quarter

What is the measure

Timely case plans are 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.

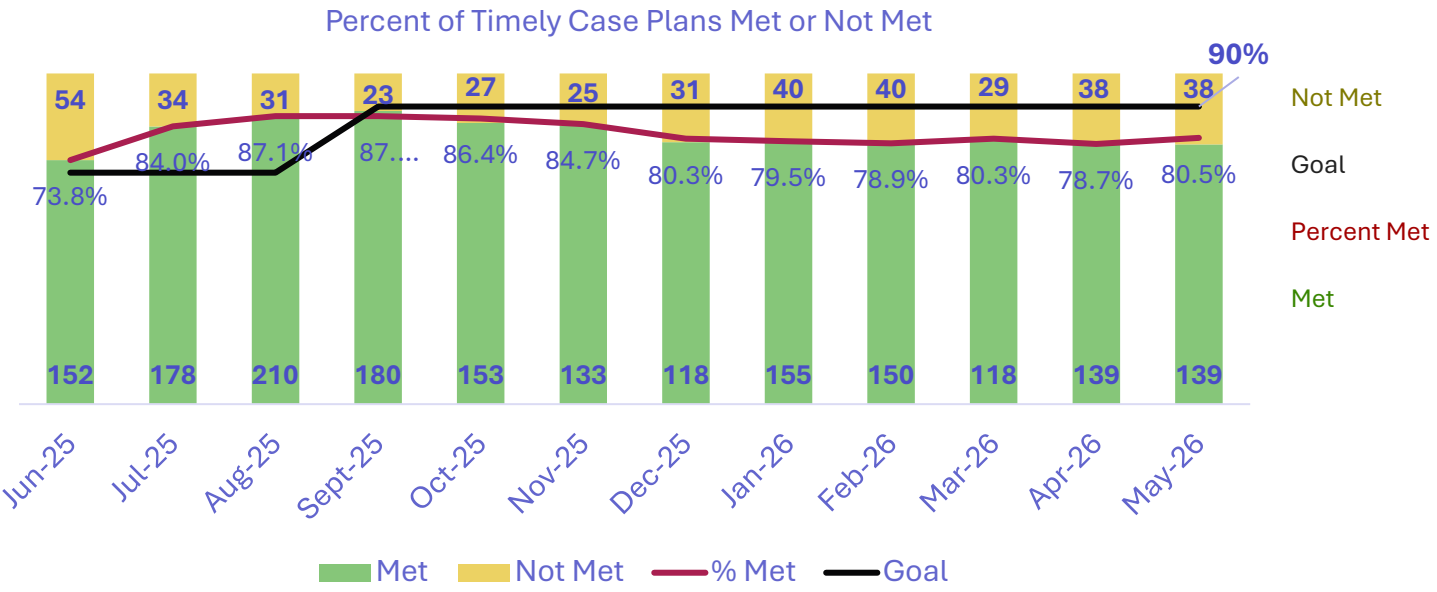
What we are doing

ODHS Child Welfare continues to:

- Monitor practice statewide
- Work closely with districts that are performing below the state average
- Identify and address process, practice and management issues to improve the timeliness of case plans

In May, 13 of the 16 districts had 100% of case plans completed within 60 days.

Figure 2.4 Case Plans Completed within 60 Days hover around 80%



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. Source: Data pulled from the Family Report Dashboard on 8/4/2026.

What we continue to do:

- **Placing children with relatives as early as possible** helps them reunify with their parents sooner. Being with family keeps them connected to their community, reduces trauma from separation, and makes the return home safer and more stable.
- **Keeping steady attention on regular in-person visits** between parents and children, along with timely case planning, increases family engagement and keeps cases moving forward. It also helps build strong support teams that make sure families get what they need to keep their children safe.
- **Strengthening support for Family Time (visitation)** is a proven way to help children return home sooner. This includes giving parents clear information about Family Time, what to expect, and how to get help. New ideas for improving

transportation to visits and creating more trauma-informed spaces for families are being developed.

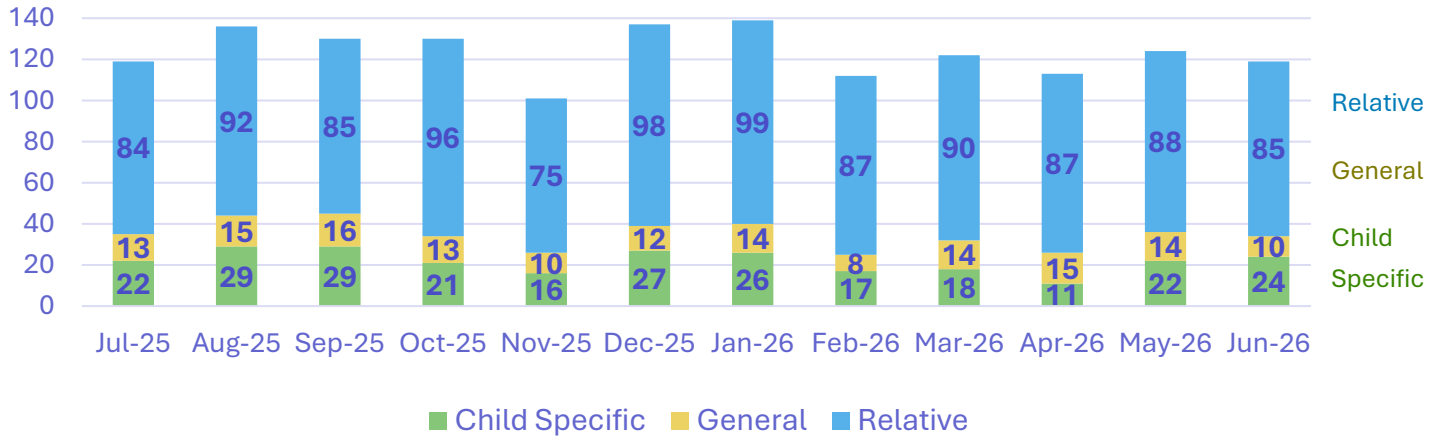
- **Improving timeliness to adoption and guardianship** by continuing to ensure our delivery staff are following updated process for relative and non-relative providers to align with the Relative Pathway.
- **Implementing changes** to our guardianship processes in order to improve timeliness, including updates to forms and policy updates.

2D. Resource parent recruitment and support

What is the measure and why is it important

The chart below 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). General applicants are the **yellow/middle bars** above. ODHS is identifying additional strategies for resource parent recruitment.

Figure 2.5 New Certificates by Type and Month



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

What we are doing

Resource parent retention remains a central priority for our agency. Sustaining a strong network of resource families requires a multifaceted strategy that examines both the day-to-day experiences of these families and the ways we demonstrate appreciation for their commitment.

May marked National Foster Care Month, offering an important opportunity to recognize and celebrate resource families across Oregon. Communities and agency partners came together to host celebrations, distribute gift baskets, and create meaningful moments of appreciation. These events reinforce the critical role resource families play and highlight the collaborative spirit that supports them.

Internally, the Foster Care Program continues to advance the training series "Using Customer Service Concepts to Enhance the Retention and Recruitment of Resource Families." This four-part, on-demand series explores how staff interactions, support systems, and communication practices influence the experience of resource families. While staff can take the trainings individually, many districts have hosted local "watch parties," generating rich discussions and fostering shared ownership of retention efforts.

Recruitment efforts also remain a focus statewide. Districts continue to promote targeted recruitment strategies aimed not only at increasing the number of resource families but at identifying families best suited to meet the specific needs of children in foster care. District action plans outline measurable goals and detailed steps for achieving them. Research consistently shows that current resource families play a vital role in successful recruitment, and we are actively exploring ways to elevate their voices throughout these efforts.

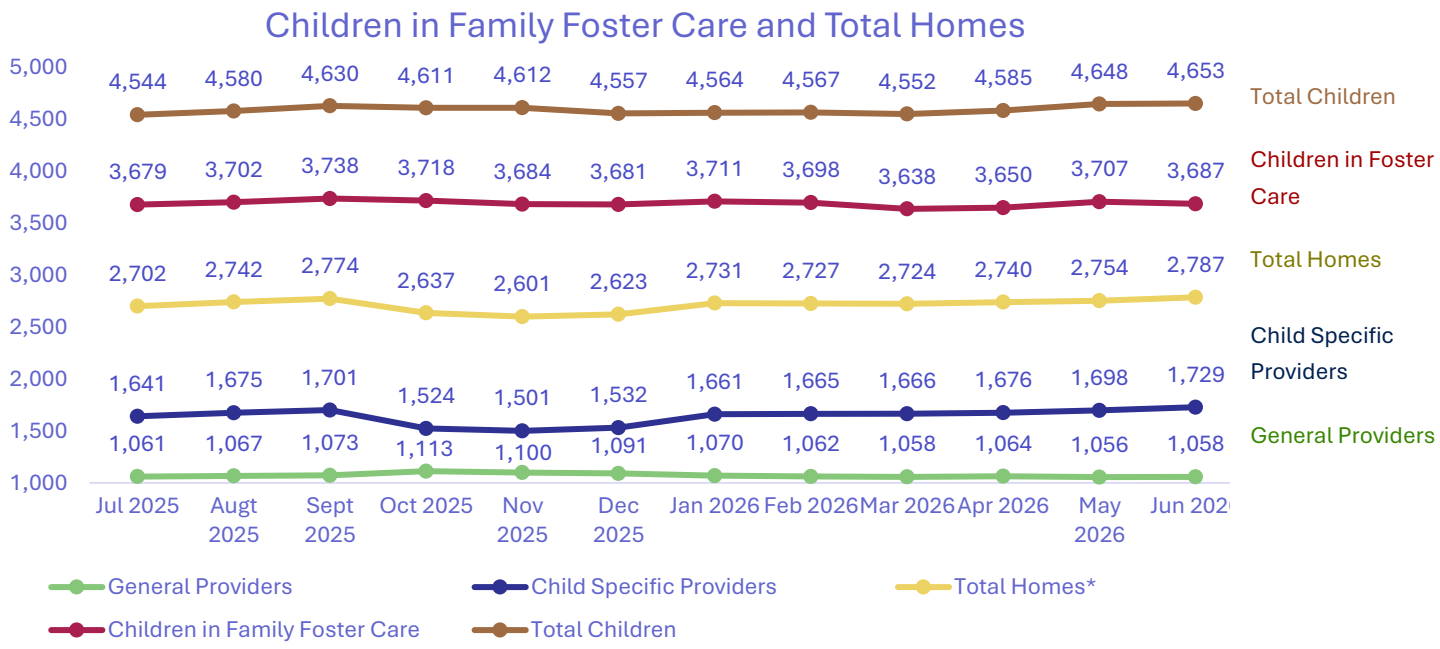
2E. Placement capacity

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 2.6 Total Certified Providers by Type



Note: Total Homes data does not include Certified Respite Care providers. Data is pulled from the Child Welfare Retention and Recruitment Dashboard in June 2026 on the last day of each month.

Why is it important

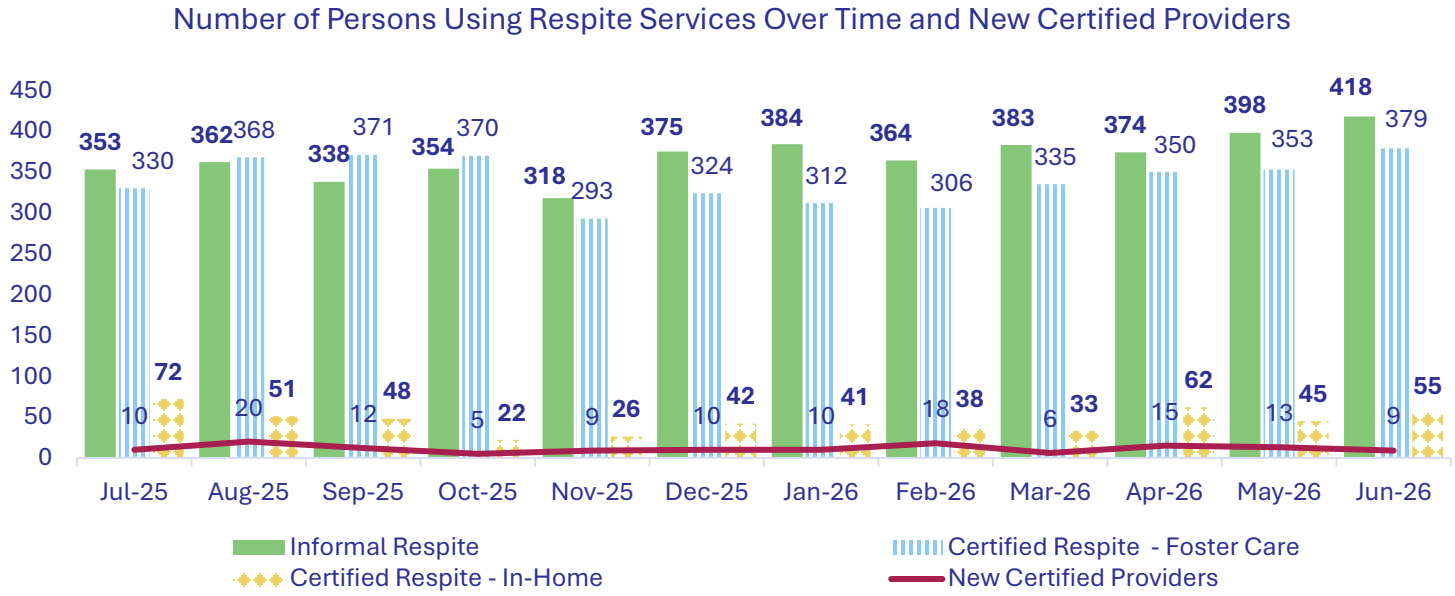
These data points help inform efforts to increase recruitment and retention of resource families.

2F. 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 2.7 Respite Services Utilization by Month



Note: Data pulled from Report Respite Data Over Time 7/14/2026

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 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.

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

What is the measure

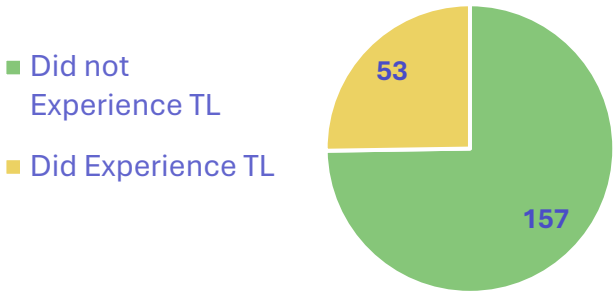
The charts below provide data regarding the numbers of youth who have experienced Temporary Lodging (TL). TL is utilized when an appropriate placement cannot immediately be found. TL is typically a child or young adult's overnight stay in a hotel with Child Welfare workers, while the team works to develop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

Figure 2.8 TL Prevention CY 2026



Source: Temporary Lodging Tracker

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 2.8, among children identified as being at risk for TL, ODHS prevented TL in 75% of cases. Child Welfare General Funds are often used to cover other supports to prevent temporary lodging.

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 continue to hover around 92% filled

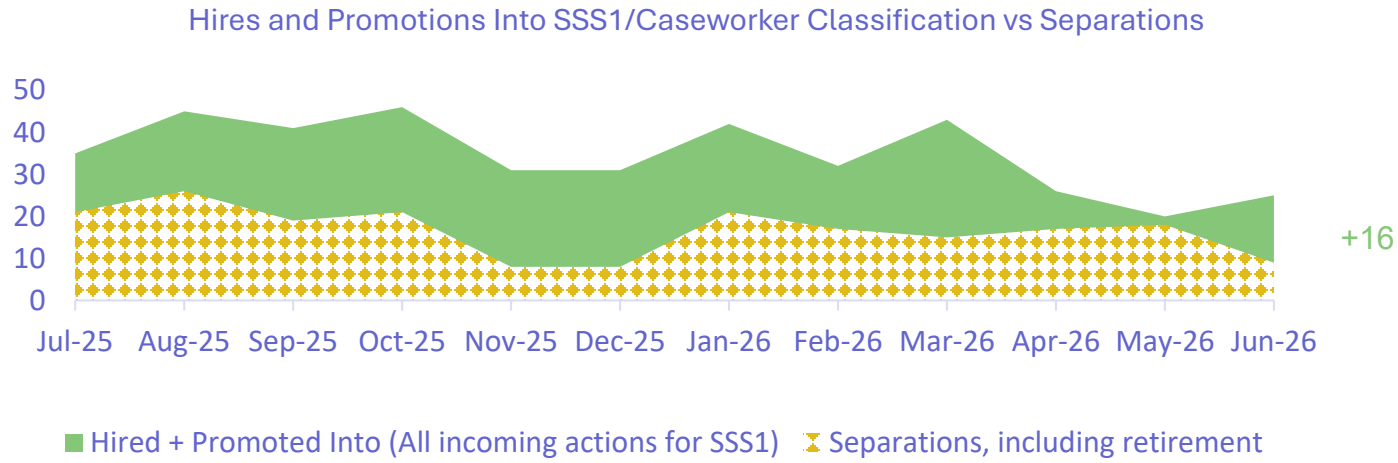
Figure 3.1 Filled Positions and Vacancies by Month in July 2025 – June 2026

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 July 2025 – June 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

Caseload refers 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

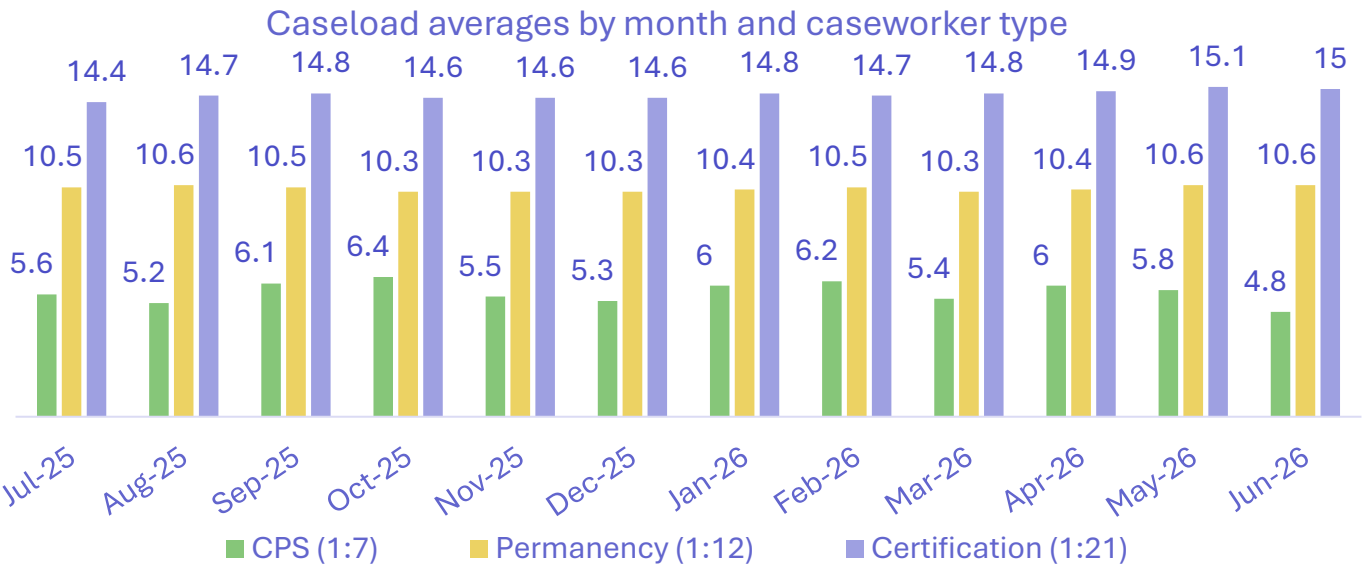
ODHS consistently maintains appropriate caseloads because of success in staff recruitment and retention efforts and close monitoring of workloads by management and supervisory staff.

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 8/28/2026.

3C. Staff training and professional development

Specialized training courses were developed and delivered to support child welfare staff and resource parents' knowledge, skill and abilities including but not exclusive to:

New Courses Delivered

- ICWA: Qualified Expert Witness

- Discovery Best Practices
- Commercial Sexual Exploitation of Children
- Updated Resource Adoptive Family Training
- Non-Violent Crisis Intervention

Content in Development

- ICWA / Oregon Indian Child Welfare Act (ORICWA)
- 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:

- The ODHS Child Welfare Medical and Mental Health Assessments strategy team and Oregon Health Authority Health Policy and Analytics team partnered on six-part technical assistance learning series for coordinated care organizations (CCOs) which kicked off 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. In June, Child Welfare engaged CCOs in a presentation and discussion about the importance of and process to achieve timely health assessments, exploring how to clarify and strengthen collaboration
- Child Welfare continues to meet twice per month with OHA to collaborate on challenges and priorities regarding children's intensive services. Efforts in 2026 have centered on collaboration to support onboarding providers and prioritization of the Legislative investment related to expansion of Psychiatric Residential

Treatment Facility (PRTF) capacity in Oregon with an emphasis on Secure Inpatient Program settings.

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

Oregon Child Welfare's CQI program brings together staff, system partners, Tribes, and communities to use qualitative and quantitative data to identify improvement priorities and strengthen outcomes for children, youth, and families. The CQI team partners with districts across the state to foster continuous learning, improve practice, and support data-informed decision-making.

CQI integrates two complementary initiatives**: Data Literacy** and **Learning Collaboratives**. These two initiatives build staff capacity and promote a culture of learning, accountability, and continuous improvement.

The **Data Literacy Program** equips staff with the knowledge and skills to access, interpret, and apply data in their daily work. Through training, practical resources, and the *Data Bytes* newsletter, staff learn to use data to assess performance, identify improvement opportunities, and monitor progress toward better outcomes for children and families.

The **Learning Collaboratives Program** provides opportunities for staff statewide to share successful practices through in-person, virtual, and hybrid learning events. These sessions

highlight district CQI efforts, showcase lead measures and action plans, and promote cross-district collaboration to improve consistency, reduce duplication, and accelerate the spread of effective practices.

Together, these programs strengthen Child Welfare's ability to use data meaningfully, support evidence-informed decision-making, and improve service delivery. Recent collaborative learning has focused on family engagement, action planning, safety decision-making, and consistent practice across districts.

One example is the fifth statewide Learning Collaborative, jointly led by the Learning Collaborative and Data Literacy programs. Facilitated by a Senior Data Analyst and the CQI team, the session helped staff understand where Child Welfare data comes from, how it is collected, and how it informs practice. Participants learned to access and interpret internal and external data sources, understand the connection between data quality and performance measures, and use data to support continuous improvement. By linking data to everyday practice, the training demonstrated how data can strengthen safety, family engagement, permanency, and service quality across Oregon.

Through these efforts, Oregon Child Welfare advances its goals of improving the experiences of children and families, elevating family voice and self-determination, supporting children to remain safely with their families whenever possible, and promoting equitable outcomes for all communities.

4B. Child and Family Services Review (CFSR)

Child and Family Services Review Federal Round 4

- Oregon’s Performance Improvement Plan (PIP) was approved by The Children’s Bureau on June 1, 2026.
- The PIP is posted on Oregon’s website. You can review other states’ PIPs listed in the Child and Family Services Official Reports and Results website.
- A progress report is due two times a year, September and February. It will also be posted on Oregon’s website when it is submitted.

4C. Collaborative Agreement (CA) 2024

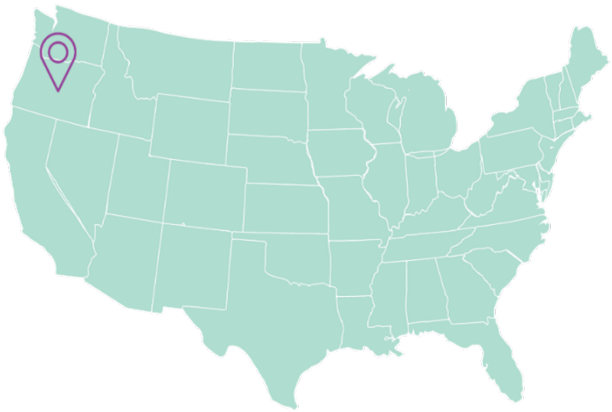
A settlement agreement in the Wyatt B. v. Kotek case was finalized in September 2024. Court-appointed Neutral, Kevin Ryan, produced his Initial Review on July 29, 2025 which was amended on April 15, 2026. The first progress report to the Neutral was submitted May 1, 2026, establishing a baseline as well as documenting efforts to achieving the identified outcomes and measurements. An amendment was added on June 18, 2026. ODHS will submit reports to the Neutral by May 1 and November 1 of each year. These reports will be posted on the ODHS website.

4D. 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 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.

4E: 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 over two years. The Child Welfare Programmatic Assessment has been occurring in phases, with the first being a survey. This survey was launched in January 2026 and concluded in February. It was sent to all Child Welfare staff and leaders, ICWA Advisory Council members, Social Service Directors at The Nine Federally Recognized Tribes in Oregon, along with members from other councils, advisories and committees.

The survey, along with other processes within the assessment, was co-designed with people with lived experience, Tribal members or citizens, staff and leaders. A total of 799 fully completed surveys were received, resulting in a 20.56% response rate.

The second phase involves qualitative data collection, and this has been occurring since February 2026. Phase three, involving preliminary data analysis and feedback sessions, began in March 2026. All phases and data will be used to develop a Programmatic Plan to address the findings from the assessment.

Currently, there are conversations and sessions occurring to gather feedback and potential strategies for the Programmatic Plan. It will be drafted by late fall/winter 2026. The Equity Plan will be co-created using the assessment's findings with community partners, Tribes, and CW workforce.

4F: Data Informed Decision-making in CW Programs

Across the second quarter, the Child Fatality Prevention and Review Program advanced several key initiatives that strengthen Oregon's child safety system. As part of the ODHS 100-Day Plan, the new CIRT Dashboard and System Improvement/Prevention Efforts launched on May 8, 2026, offering a view of patterns identified through critical incident reviews and helping ODHS and community partners better understand risks, strengthen policies, and support child abuse prevention.

The program also implemented an Internal System Improvement Dashboard to give staff real-time visibility into progress on recommendations stemming from CIRT findings. In June,

ODHS introduced the new, twice-yearly Shared Practice, Analysis, Reflections, and Knowledge (SPARKS) Learning Collaborative, bringing together Child Welfare, Self-Sufficiency Programs, University and Tribal partners to learn from statewide themes and risk factors identified in critical incident reviews. Together, these efforts reinforce ODHS's commitment to continuous learning, prevention, and improved safety outcomes for Oregon's children and families.

Questions and feedback

For questions or feedback about this report, please email:
childwelfare.directorsoffice@odhsoha.oregon.gov

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Child Welfare at childwelfare.directorsoffice@odhs.oregon.gov or 800-282-8096. We accept all relay calls.

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