

For instructions on how to use this tool, please visit the Equity, Training and Workforce Development (ETWD) OWL site: [Child Welfare Race and Equity Leadership Team \(CWRELT\) and RESJ](#)

Have you reviewed the Tribal Consultation Policy to see if your proposal qualifies as a Critical Event?

[ODHS Tribal Consultation Policy](#)

Questions about the policy can be sent to CWTribalConsultation@odhs.oregon.gov.

For more information and resources, please visit the [ODHS Tribal Consultation OWL](#).

Contact name(s) and information (position, email address) for this submission:

Names and affiliations of other participants:

Title of Proposal:

What does the Proposal seek to accomplish, and how does it reflect the [Vision for Transformation](#), [ODHS Equity North Star](#), [RiSE](#), [Trauma Informed Care](#), and our commitment to anti-racism/discrimination?

Describe which populations, including Tribal families may be impacted by this Proposal. How have these potentially affected communities or The Nine Tribes of Oregon been informed, involved, and represented in this Proposal's development? Are there any communities that are missing in the creation of this Proposal to which you need support with outreach?

How will impacts be documented, evaluated, and shared with those impacted? What are the progress/success metrics and benchmarks? You may link your road map here:

If this Proposal is community-facing, what are suggestions and steps to make it accessible for varying learning styles, abilities, and languages?

What focus area(s) will the Proposal impact?

- | | |
|---|---|
| <input type="checkbox"/> Business Safety | <input type="checkbox"/> Screening/Reporting - ORCAH |
| <input type="checkbox"/> Child Safety | <input type="checkbox"/> Substitute Care/Resource Care |
| <input type="checkbox"/> Education | <input type="checkbox"/> Treatment Services |
| <input type="checkbox"/> Federal Policy | <input type="checkbox"/> CIRT |
| <input type="checkbox"/> FFPSA | <input type="checkbox"/> Children's Benefit Trust Accounting Unit |
| <input type="checkbox"/> Health & Wellness | <input type="checkbox"/> Transition Services |
| <input type="checkbox"/> Permanency | <input type="checkbox"/> ICPC |
| <input type="checkbox"/> OR-Kids | <input type="checkbox"/> Adoption |
| <input type="checkbox"/> Tribal Youth ICWA/ORICWA | <input type="checkbox"/> Reunification |
| <input type="checkbox"/> ETWD | <input type="checkbox"/> Family Preservation |

What geographic areas are impacted by this Proposal (district, county, statewide)?

Resources:

- [Community Engagement Framework and Office Hours](#)
- [ODHS Equity Glossary](#)
- [ODHS Writing Style Guide](#)
- [Accessibility and Branding Standards](#)
- [ODHS Language Services Overview](#)
- [ODHS Tribal Consultation Policy](#)
- [ODHS Tribal Affairs Consultation Policy – Understanding Consultation and Engagement](#)
- [ODHS DEIB Plan 2024-2026](#)

For more information about this tool and how it is used, please contact the Child Welfare Racial Equity and Social Justice (RESJ) team at: cw.resj@odhsoha.oregon.gov or the ETWD Operations Manager at chelsea.c.cappadona@odhs.oregon.gov.

Review Committee Notes: