



Oregon Department of Human Services  
Child Welfare Division

Annual Progress and Services Report  
2025

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## I. General Information

### A. State Agency Administering the Programs

The Oregon Department of Human Services (ODHS), Child Welfare Division is the state agency responsible for developing the Child and Family Services Plan and administering the Social Services Block Grant (SSBG – Title XX), Title IV-B, and Title IV-E programs under the plan. Throughout this document, the state agency is referred to as CW.

Oregon has a state-run child welfare system. CW design programs include Screening and the Oregon Child Abuse Hotline (ORCAH); Child Safety; Family Preservation and Reunification; Family First Integration; Child Permanency and Youth Transitions; Child Fatality Prevention and Review; Foster Care and Interstate Compact on the Placement of Children (ICPC); Treatment Services; Health & Wellness; Equity, Training, & Workforce Development; Federal Policy & Resources; Business Operations; OR-Kids<sup>1</sup>; Project Management Office; and Continuous Quality Improvement (CQI). Design programs provide the following:

- Infrastructure to support the Vision for Transformation.
- Rule, policy, and procedure development based on federal and state requirements.
- Consultation and technical assistance to local offices, direct service workforce, and Tribes in Oregon.
- Data to monitor outcomes and compliance.
- Quality assurance and continuous quality improvement processes.

Tribal governments and Oregon's local CW offices deliver services across the state in 16 districts, encompassing 36 counties (Attachment 1). Oregon has a centralized child abuse hotline (Oregon Child Abuse Hotline - ORCAH), which operates 24/7. ORCAH screens child abuse reports from the community and law enforcement. It also has policy, procedure, training, and CQI support integrated with the screening operation, which is unique in Oregon. Local offices provide direct services to the community. The rest of CW's policy, procedure, CQI, and administrative support is centralized, serving all the local offices. Local offices, ORCAH, and Tribal governments aim to deliver child welfare services to children and families according to the CW Vision for Transformation. Local offices are in continuous partnership with the design program to identify system strengths and growth opportunities, develop improvement plans, and implement new initiatives.

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<sup>1</sup> OR-Kids is Oregon's statewide CW information system.

Figure 1

## Child Welfare Division Areas of Work



### B. Oregon's Vision for Transformation

CW is guided by the Vision for Transformation (Attachment 2), which values the individual needs of families and seeks to best serve Oregon's children, young adults, and families.

- The Vision for Transformation is grounded in respect for Tribal sovereignty, brings an equity and anti-racist perspective to every aspect of our work and requires us to drive towards equitable outcomes for all families.
- The Vision for Transformation is the spirit of what we believe the child welfare system can and should be in Oregon.
- The Vision for Transformation envisions a child welfare system built on the mission, core values, and the belief that children do best growing up in their family and community.
- The Vision for Transformation was created through collaboration with the families we serve, workforce, community partners, and Tribes in Oregon.

The vision stands on three guiding principles:

1. **Supporting Families and Promoting Prevention:** Our transformation is built on trauma-informed, family and community-centered, and culturally responsive programs and services focused on engagement, equity, safety, well-being, and prevention.
2. **Enhancing our Staff and Infrastructure:** Our transformation depends on a diverse, supported, skilled, respected, and engaged workforce that reflects and embraces the communities we serve.

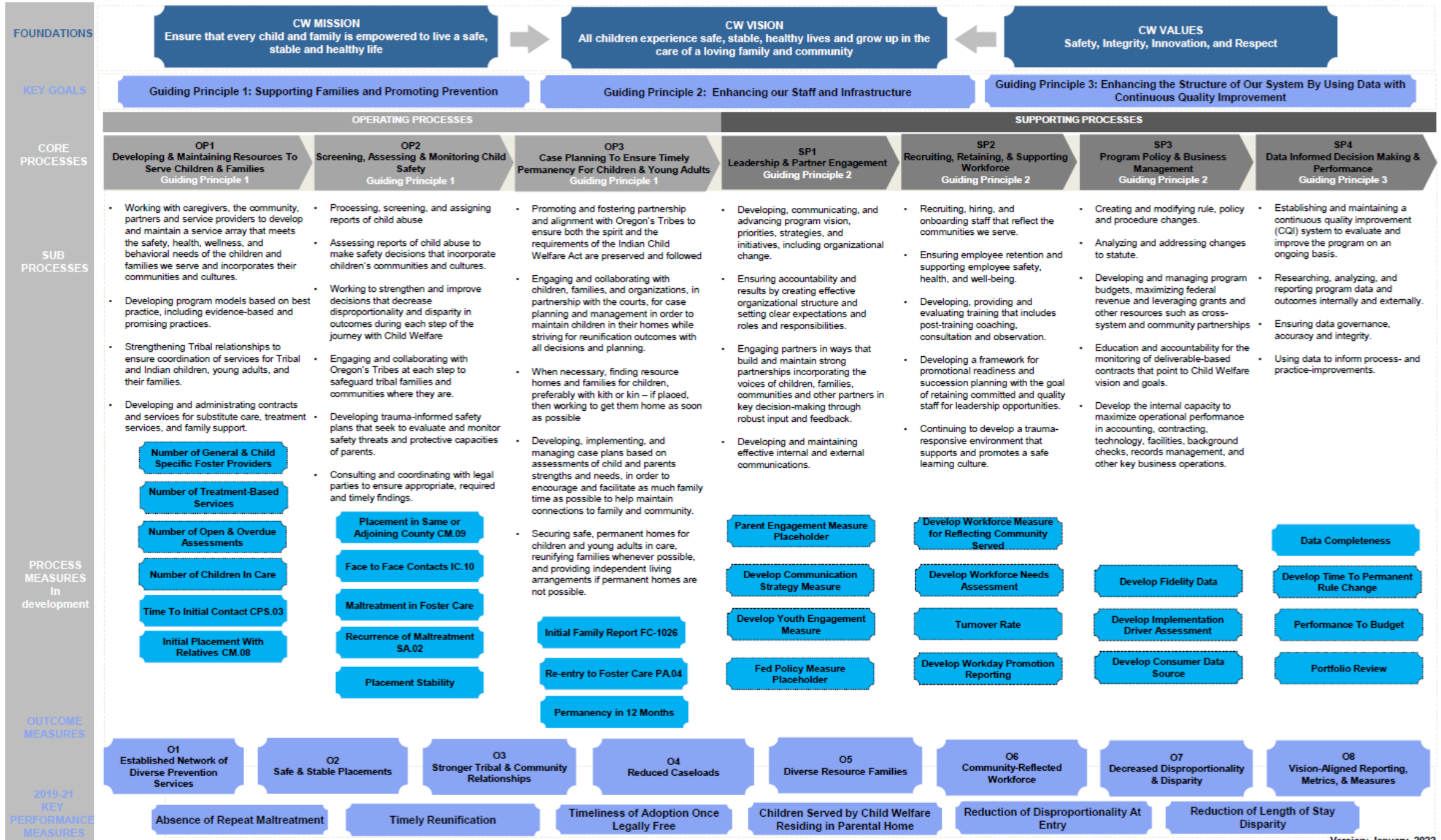
3. **Enhancing the Structure of our System by using Data with Continuous Quality Improvement (CQI):** Our transformation is built on data-informed practice and is supported by continuous quality improvement and modernized information technology systems and tools.

Figure 2 on the following page shows how Vision for Transformation maps to outcomes.



Figure 2

CHILD WELFARE FUNDAMENTALS MAP<sup>SM</sup>



## C. Collaborations

As indicated in the Vision for Transformation, CW values collaboration. We believe communities already have the wisdom and knowledge of resources to provide their children with safe, stable, and healthy lives. CW strives to partner with, listen to, and lift community voices and advance their decision-making powers.

Attachment 3 is an overview of most of CW's current collaborative relationships.

### 1. Collaboration in the Creation of this APSR

Equity is at the center of the Vision for Transformation. CW shares power with communities to ensure that every child and family has access to safe, stable, and healthy lives. Just as a building's construction requires people with different skills and materials to work together, child and family well-being depends on the community of child and family-serving systems. Oregon's CW agency is one member of this community.

As part of the community, CW supports children, families, and communities, anticipates problems, responds early, and focuses on outcomes, not just outputs. This means treating foster care as a last resort and aligning resources toward preservation and early intervention. Collaboration among staff, ODHS programs, community partners, Tribes, government agencies, resource parents, and those with lived expertise is necessary for prevention and family preservation.

CW executive leadership holds regular community forums to allow the community to hear about CW's work, ask questions, and provide feedback. Similar forums are provided to CW staff.

Three advisory councils provide CW with ongoing feedback, recommendations, and information. CW builds trust with these councils by developing intentional and continuous relationships. Each council, along with a summary of its work between July 2023 – June 2024, is described below.

CW developed a Service Equity Council this year, described in detail in the Child and Family Services Plan.

#### *Child Welfare Advisory Committee (CWAC)*

The Child Welfare Advisory Committee<sup>2</sup> counsels the agency on developing and administering policies, programs, and practices. Members represent other state agencies, representatives of professional, civic, or other private organizations, and private citizens. The committee meets every other month.

CW and ODHS staff regularly provide updates and solicit input from CWAC. Many of these updates are based on information and updates requested by CWAC members. CW provided regular updates to keep CWAC informed about 2023 legislation implementation, including Senate Bill (SB) 209, SB 865, and SB 556, as well as other rule, policy, and procedure changes. CWAC members have provided feedback regarding current practice and experience with different aspects of the

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<sup>2</sup> <https://www.oregon.gov/DHS/CHILDREN/ADVISORY/Pages/cwac.aspx>

child welfare system, including CW and the intersections with other systems and partners, like courts and providers, that affect families.

### *The Parent Advisory Council of Oregon*

The Parent Advisory Council of Oregon (PAC) is made up of parents from all over Oregon who have navigated the child welfare system and are in a successful parenting role. Many of them are also employed as parent mentors, partnering with parents currently navigating state agencies like ODHS Self Sufficiency and CW. The parents meet with the CW executive leadership every month to discuss current practice trends, long-term goals, and to raise any specific practice issues that exist. The main portion of the agenda alternates, with the parent advisors setting the agenda one month, and CW leadership setting the agenda the next.

Parent members on the PAC report every month on the practice they see in their local county, raising up both things that are going well and areas for improvement. This is an invaluable feedback loop for CW. Parent mentors provide examples of excellent caseworker practice, which can be passed on to staff in other counties and districts to emulate. They also provide examples of where practice is not meeting expectations so the issues can be addressed and corrected.

District 6, Douglas County, is the first to have a local Parent Advisory Council. It is comprised of five parents with lived experience and meets with the local office leadership from both CW and Self-Sufficiency Programs monthly. They have done panels for caseworkers and resource parents and are developing a manual on creating local PACs to encourage other districts in Oregon to do the same.

PAC members did an in-depth review of the new forms created to comply with SB 865 and provided feedback to make it more trauma-informed and improve its clarity for parents receiving the information at the time of removal. SB 865 required CW to provide written notice to parents and potential relative caregivers about placement practices that could impact future decisions around adoption, in the event that reunification is not achieved.

PAC and CW have also been collaborating to co-facilitate session seven of the Resource and Adoptive Family Training (RAFT) for new resource families. RAFT Session 7 begins with the theme "Foster Care: A Means to Support Families" and specifically focuses on understanding the experience of the child's parents interacting with the child welfare system and clear examples of ways resource parents can (and are encouraged to) interact with the child's parent(s). The parents who have reported back about this have really appreciated the opportunity to share their experience with resource parents. Survey results from participants in this session tend to remark on how much they appreciate the information shared, particularly the lived/living experience of the parent co-facilitators. Additionally, RAFT Facilitators particularly enjoy co-facilitating this with parent mentors, appreciating the conversation it provides with participants, and the partnership with parent mentors.

*Indian Child Welfare Act (ICWA) Advisory Council*

CW, ODHS Office of Tribal Affairs, and representatives from the nine federally recognized Tribes in Oregon meet every quarter to discuss CW practice, the experience Tribes and Tribal families have when receiving services from CW, and long-term policy and practice issues. See pages 67-72 of the CFSP for additional information.

## II. Assessment of Current Performance in Improving Outcomes

The data in this report is drawn from several different sources. Attachment 4 outlines data sources, relationships between sources, time periods, and other useful information about the data in this report.

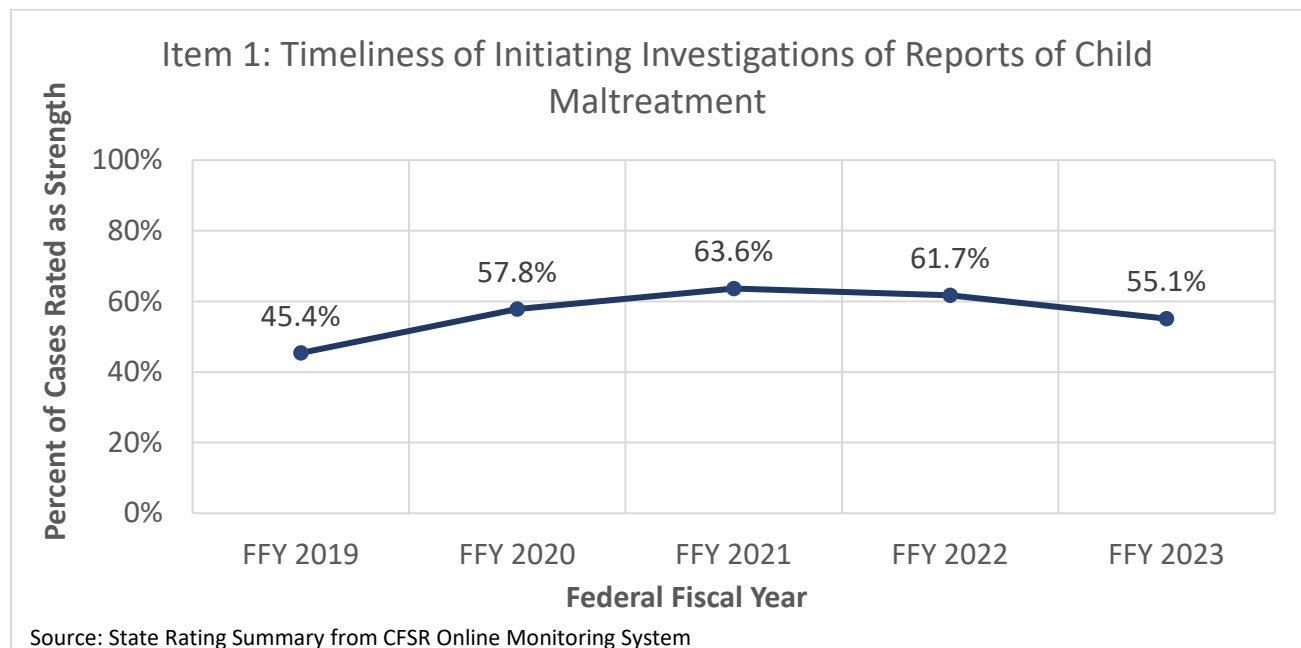
### A. Child And Family Outcomes

In Oregon, each local office undergoes an annual review of their performance on the Child and Family Outcomes of the CFSR. A permanent team reviews one or more local offices each month, and the CW Continuous Quality Improvement (CQI) team follows this cycle to facilitate their CQI cycles in each district and local office. Below you will read about district and local office initiatives, which are all in slightly different places in their CQI cycles depending on when they were last reviewed by the CFSR team.

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

*Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?*

Figure 3



In Oregon, child protective services (CPS) workers respond to assigned reports of child abuse within one of three possible timelines: 24 hours for present danger, 72 hours for impending danger, and 10 business days for no current danger.

### Oregon Child Abuse Hotline (ORCAH)

The Oregon Child Abuse Hotline (ORCAH) is a 24/7 centralized operation that handles all reports of suspected child abuse for the state. ORCAH just passed its fifth anniversary of centralizing all the various reporting systems in the state and has a fully implemented program in the maintenance stage, with internal training and continuous quality improvement structures. Please see ORCAH Annual Report 2023 (Attachment 5) for a full description of its operation, initiatives, and performance measures.

ORCAH affects CW's performance on Item 1 directly through one of its Key Performance Indicators, timely referral to CPS. When a report meets the criteria for assignment to a CPS worker for assessment, screeners are required to assign the report within ten hours. If the report required a 24-hour response time, they are required to assign the report "immediately." Though "immediately" is not defined, ORCAH's goal remains aligned with the pre-centralization goal of assigning it within three hours of receiving the report.

As shown on page 18 of Attachment 5 ORCAH met the overall ten-hour requirement 88% of the time in calendar year 2023. Also attached is the ORCAH Quarterly Report for Q3 2023 which breaks down the timeliness of assignment by month and includes three-hour and ten-hour detail (Attachment 6). Overall, timeliness of assignment has been holding steady over the past year at just under 90%.

#### Child Safety Program

Child Safety Program consultants have been working with local offices to identify practical barriers to timely contact, while also doing deep dives into the data to determine where changes might be made to document the work local staff are doing that is not captured. Consultants are using the closely related ROM (Results Oriented Management) data measure of timeliness to initial contact to track their progress in real time.

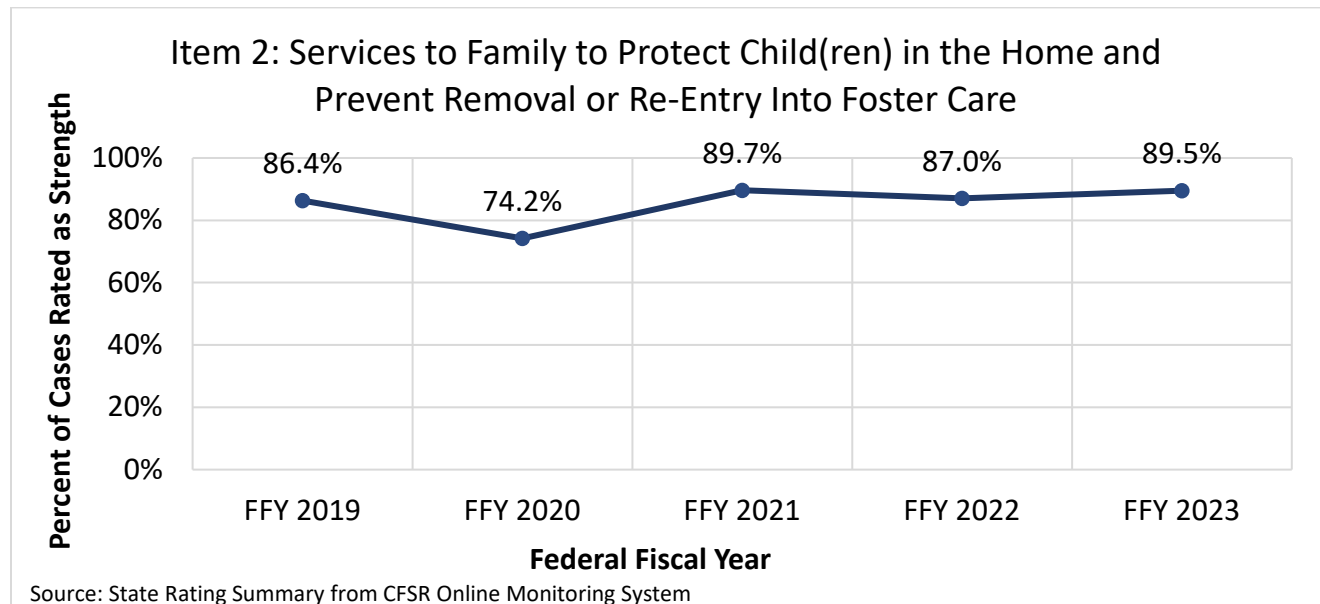
Consultants have identified that entering case notes describing the initial attempts at contact and initial contacts the same day the contacts occur is critical to ensuring they are documented in the case record and that the documentation contains enough information for the qualitative review that the CFSR requires. CPS workers often prioritize other work over entering complex narratives into the electronic case record day-to-day. Consultants have worked with local offices to provide support with workload prioritization, narrative reviews, and one-to-one narrative writing support to staff.

Timeliness to initial contact and timely completion of assessments are tightly linked and the consultants' analysis and strategies overlap between these two goals. One of the practical barriers to timely completion of assessments that consultants identified was that assigned reports increase near the end of the school year, reaching their 60-day deadline toward the end of the summer when workforce is reduced, and staff take family and vacation leave.

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

*Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?*

Figure 4



Item 2 measures how well caseworkers are working diligently to keep children at home with support instead of removing them whenever possible, including after they return home and then may face re-entry. Caseworkers are expected to focus on family engagement, strengthening and building the family's team and natural supports, and getting parents or children into services designed to support the family as quickly as possible.

See the following for work that positively impacts this measure:

- Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities (Attachment 7);
- Developing Oregon's Family Preservation Approach on page 54 of the APSR; and
- Local office efforts to improve safety plans on pages 17-19 of the APSR.



Figure 5

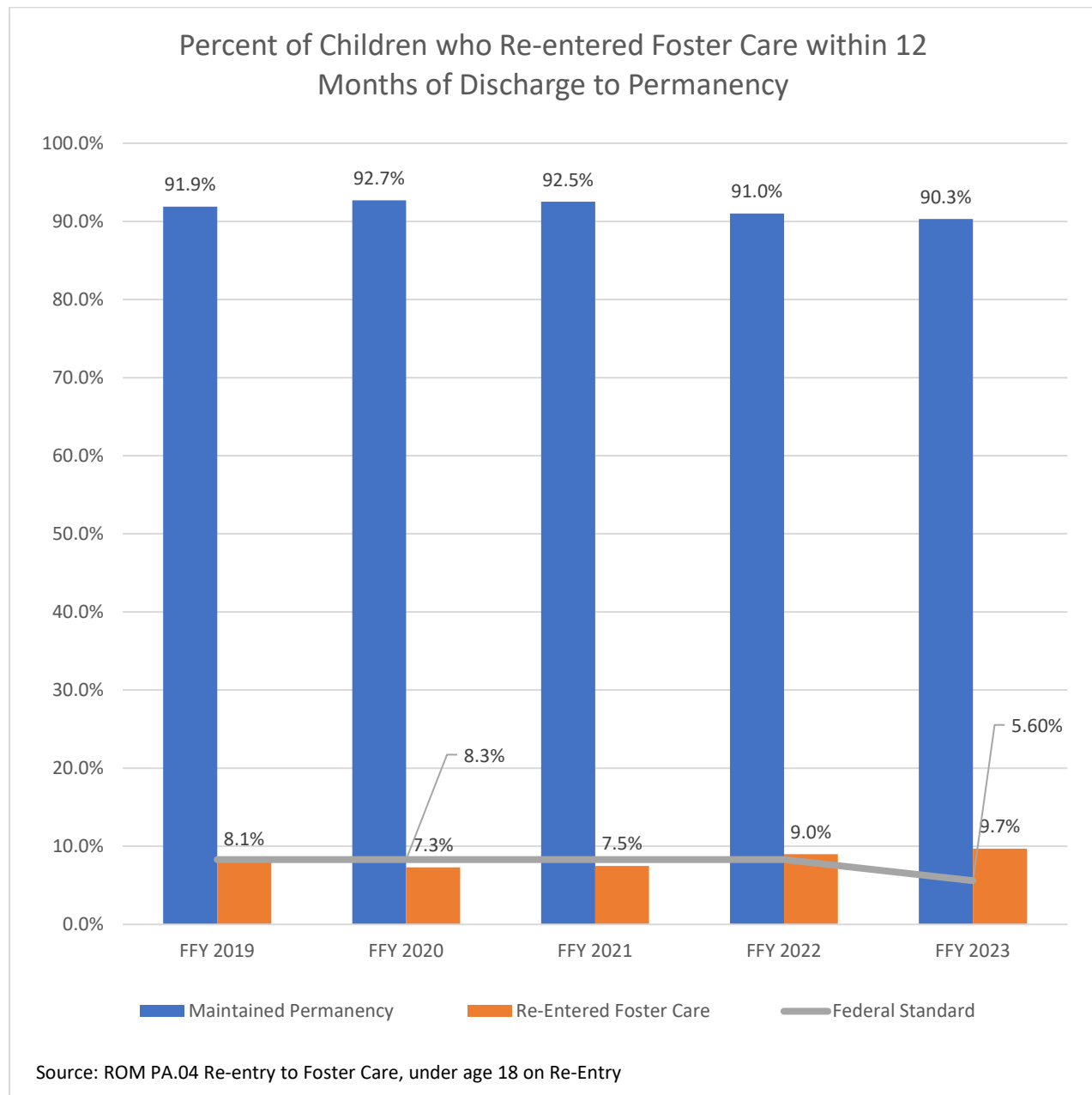
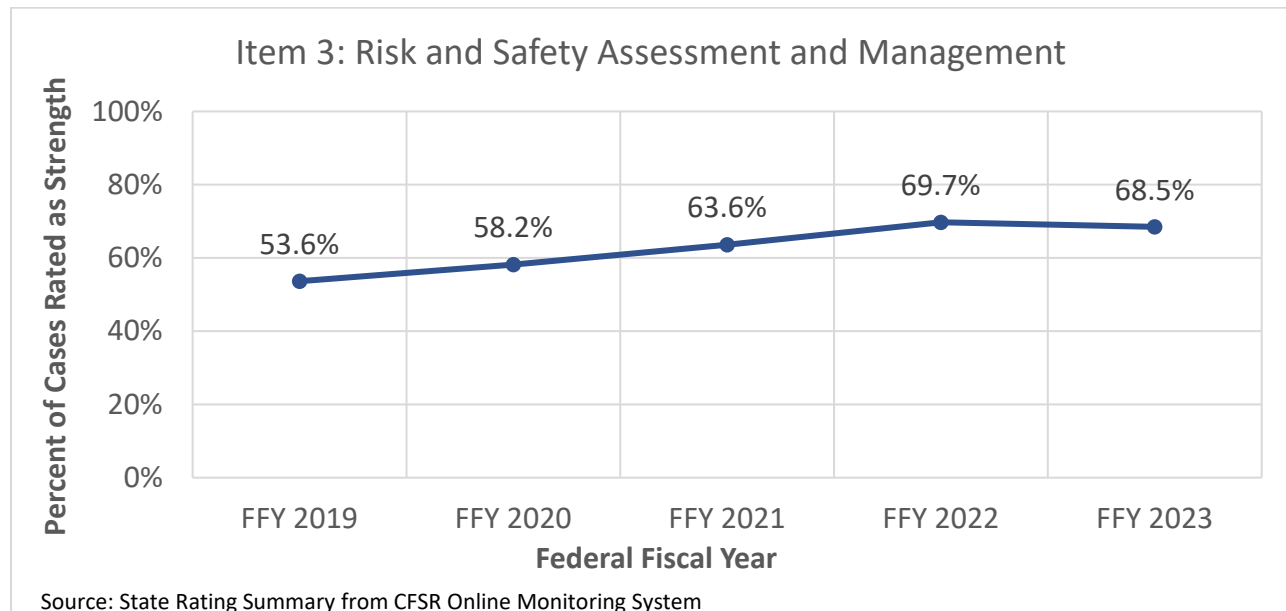


Figure 5 shows the percent of children who re-entered foster care within 12 months of exiting to permanency. The federal standard through FFY 2022 was 8.3%; it dropped to 5.6% in FFY 2023. Oregon's context data indicates that children under the age of one are re-entering at a higher rate than in the past. We anticipate that the work described below on accuracy and sufficiency of ongoing safety plans (Item 3, pages 17-19 of the APSR) and face to face contact with parents (Item 15, pages 39-42 of the APSR) will have positive effects on this lag measure.



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

Figure 6



When entering the CQI cycle, districts can decide if they wish to split into several sites (by local office) or remain as one. Each CQI site chooses a lead measure to focus on for the entire year. Several local offices have chosen to work on the quality of their risk and safety assessment or ongoing safety plans as their lead measure in their current CQI cycle. A summary of their focus is listed below; each local office's most recent CQI documents are attached as well.

In each section where districts have chosen the item as their focus, that work is described first, and statewide efforts follow.

#### Local Office CQI Efforts

##### District 4 Lincoln County – Focus on Risk & Safety Assessment

Lincoln County focused on parent and community involvement in the creation of safety plans. This open collaboration ensured that the plans were clear to everyone involved. At the end of February, all staff participated in a training to refresh their understanding of the safety model, how to effectively document their safety plans, and how to translate them to families and community partners. The local office meeting facilitator added an agenda item to all family meetings for family members and partners to review the safety plan and any barriers to an in-home plan. Those meetings are more family-driven as a result, which has made a positive difference. (Attachments 8 and 9)

##### Ongoing Safety Plan Accuracy and Sufficiency

Caseworkers are working with service providers and natural supports within families to manage safety. The ongoing safety plan describes how the children are unsafe and how the safety threat

specifically impacts child vulnerability. The plan is regularly updated as the family circumstances change.

#### *D2 Multnomah County – All Local Offices*

Four of the five<sup>3</sup> local offices in Multnomah County have opted to use a CQI cycle to work on ongoing safety plans. Midtown used their first CQI cycle (from March 2023 – February 2024) to work on improving both their frequency of creating ongoing safety plans and the quality of those plans. They added safety plans as an agenda item to all family meetings to ensure parent involvement and understanding. The CQI analyst sent out a list of all children without completed ongoing safety plans to supervisors and the program manager weekly, which resulted in a consistent decrease in the number of children without ongoing safety plans. At the beginning of their CQI cycle, Midtown's performance on this measure was at 25% (from their most recent Permanency fidelity review in September 2022). The review just before the end of their cycle, in January 2024, showed 50% strength rating on this item. See Attachments 10 and 11.

Alberta, East, and Gresham (other offices in Multnomah County) use their current CQI cycles to improve their practice around ongoing safety plans. Their work focuses on:

- Consistently creating ongoing safety plans.
- Updating ongoing safety plans when circumstances change.
- Writing ongoing safety plans in clear and direct language that accurately reflects how the safety threat is operating and how it is being managed.
- Engaging families and their natural supports in co-creating safety plans.
- Supervisor calibration to improve consistency in approval standards.

See Attachments 12-17 for the details of each local office's SDDR and action plans.

#### *District 12 Umatilla & Morrow Counties*

Umatilla and Morrow Counties together make up District 12, with local offices in Hermiston and Pendleton. They elected to work together as one site to improve their practice around ongoing safety plans, both in frequency and quality. They identified that their ongoing safety plans did not always adequately describe the current safety concerns in the home and were not always updated every 30 days. The language was not clear or direct and was contingent on parent behavior (a practice contrary to the safety model).

District 12 developed an ambitious action plan with many steps. The following list is a summary of the work they have committed to in order to improve safety planning practice:

- Training/practice focused on specific aspects of the ongoing safety plan.
- Focusing support during the meeting between the CPS worker and the permanency worker where the safety threat is fully defined, and a plan is developed for the ongoing work with the family.
- Tracking children without ongoing safety plans and regularly sending the report to supervisors and the program manager.

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<sup>3</sup> Gateway, the fifth local office, houses centralized services to support the district and is not a separate CQI site. It is combined with Gresham for CQI purposes.

- Tying review of the ongoing safety plan to the required parent face to face contact every 30 days.
- Adding the safety plan as an agenda item to every Family Decision meeting.
- Offering an optional extra meeting prior to reunification to review the ongoing safety plan.

There are some slight differences in protocol between Hermiston and Pendleton due to logistical requirements or preferences, but each local office is adapting based on their unique culture and context. See attachments 18 and 19.

#### *District 13 Wallowa, Union, and Baker Counties*

Wallowa, Union, and Baker Counties make up District 13. The Child Welfare offices are in Enterprise (Wallowa County), La Grande (Union County), and Baker City (Baker County). They have opted to work as one site on ongoing safety plans. District 13's action plan is focused on the following:

- Weekly reminders to caseworkers in supervision, supported by tracking done by their CQI analyst (eventually to move to a case aide for ongoing sustainability).
- Hands on workshops with safety and permanency consultants on writing ongoing safety plans.
- Engagement with parent mentors to improve content and function of safety plans.
- Community engagement work in hopes of bringing more involvement to their CQI work in general and safety plan work specifically.

See attachments 20 and 21.

#### *District 15 Clackamas County*

District 15 is working on their ongoing safety plans and hopes to affect their face-to-face contact with parents as well as increasing reunification within 12 months by improving the safety plan practice. To do this, District 15's action plan includes:

- Documenting in case notes whether parents were provided with an ongoing safety plan *in person* (or if a copy has been provided to the parent's attorney if contact is restricted at the parent's request).
- Conducting a qualitative review of ongoing safety plans to provide D15 with information about their initial quality level and the improvement since they began this CQI cycle.
- Tying ongoing the safety plan update and discussion to parent face-to-face contact, which should be occurring monthly.
- Adding to the case reassignment protocol to ensure the ongoing safety plan and cultural considerations are discussed.

See attachments 22 and 23.

#### *Statewide Efforts*

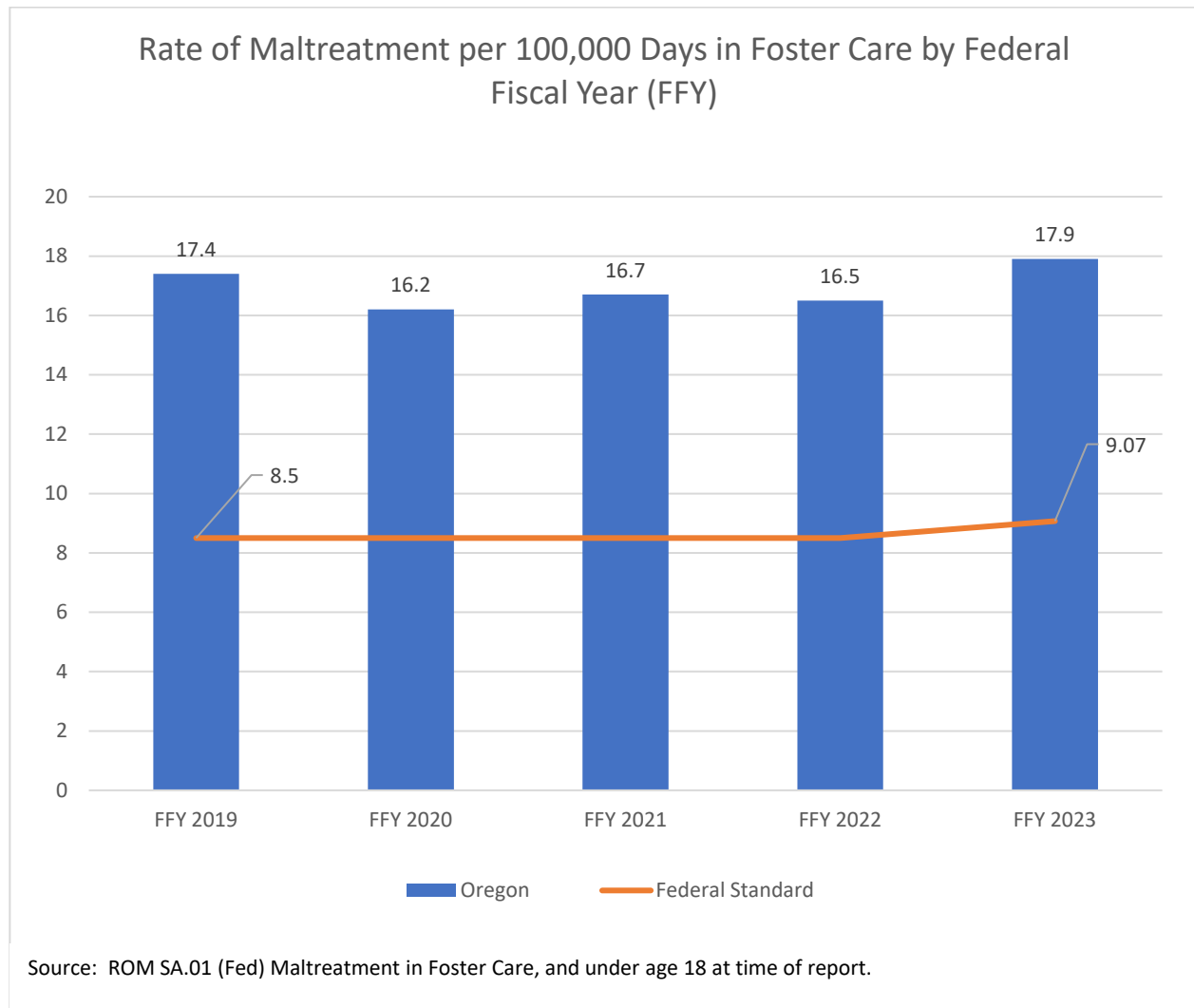
The Child Fatality Prevention and Review Program leads work on several initiatives to improve child safety, described in the Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities (Attachment 7):

- YouthSAVE training (page 16);

- Question, Persuade, Refer (QPR) training (page 16);
- Garrett Lee Smith grant used to provide handgun and medication lockboxes for families (page 16); and
- Assessing Patterns of Neglect Training (pages 17-18).

#### Statewide Data Indicator: Rate of Maltreatment

Figure 7



This measures the rate of maltreatment per 100,000 days in foster care by federal fiscal year<sup>4</sup>. This measure is designed to identify how often children experience maltreatment from their caregiver (parent or resource family) or another third party while they are in the care and custody of the child welfare agency. Oregon's maltreatment data is unique in three different ways that complicate interpretation of the data, especially when considering the measure's intent. It also contributes to the high numbers seen here compared to the federal standard.

<sup>4</sup> The federal government publishes a data dictionary that describes each statewide data indicator and its calculation in detail. That document is available here: <https://www.cfsrportal.acf.hhs.gov/document/download/NxyBrq>

First, Oregon is the only state that does not limit child abuse and neglect investigations by its' child welfare agency to parents and caregivers. The data shown in Figure 7 includes maltreatment of children by individuals who are "third parties," meaning they are not the child's parent or primary caregiver but accessed the child in some other way (either through a different existing relationship or they were previously unknown to the child).

Second, Oregon tracks maltreatment data by the date it was reported to ORCAH, and by the date it occurred (the "incident date"). The incident date is not always reported to ORCAH, and even when it is, it is not always entered correctly. This detail affects the data in Figure 7 when details about historical maltreatment come to light while a child is in foster care. This conversation might occur in a therapeutic setting or in a conversation with a trusted adult. It is then reported to the hotline during the child's foster care episode and can end up in this measure by the report date, even though the maltreatment happened before the foster care episode. ORCAH is working diligently on improved data gathering and entry focused on incident date.

Third, Oregon is one of the only states in the country that uses six months of trial home visit for most children or young adults who return to their parent(s)<sup>5</sup>. This impacts maltreatment in care rates because those trial home visits are extensions of the foster care episode. When a trial home visit disrupts and a child or young adult returns to foster care, those are included in the maltreatment in care data.

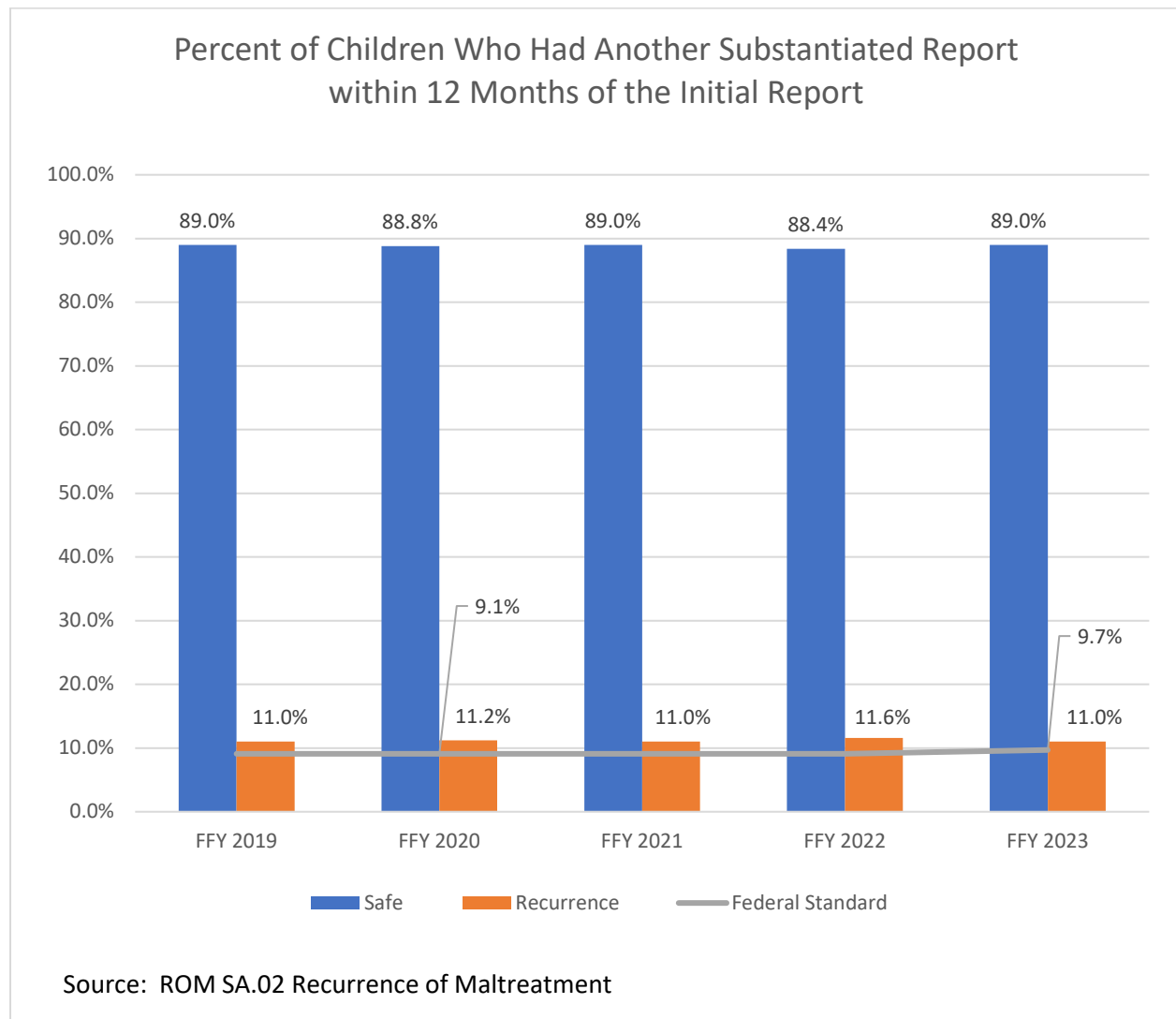
CW is working internally and in collaboration with the Capacity Building Center for States and the Children's Bureau to break down the data and better understand what portion represents the intended scope: children who experience maltreatment by a parent or primary caregiver while in CW's custody. We also expect the work described above on the quality and frequency of safety plans to impact these rates positively.

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<sup>5</sup> Oregon does not have a mandatory period of six months for trial home visits, but the usual business process is to enter a trial reunification service type and leave it open for six months unless the court terminates wardship earlier. As a result, Oregon's trial home visit numbers are high compared to other states.

## Recurrence of Maltreatment

Figure 8

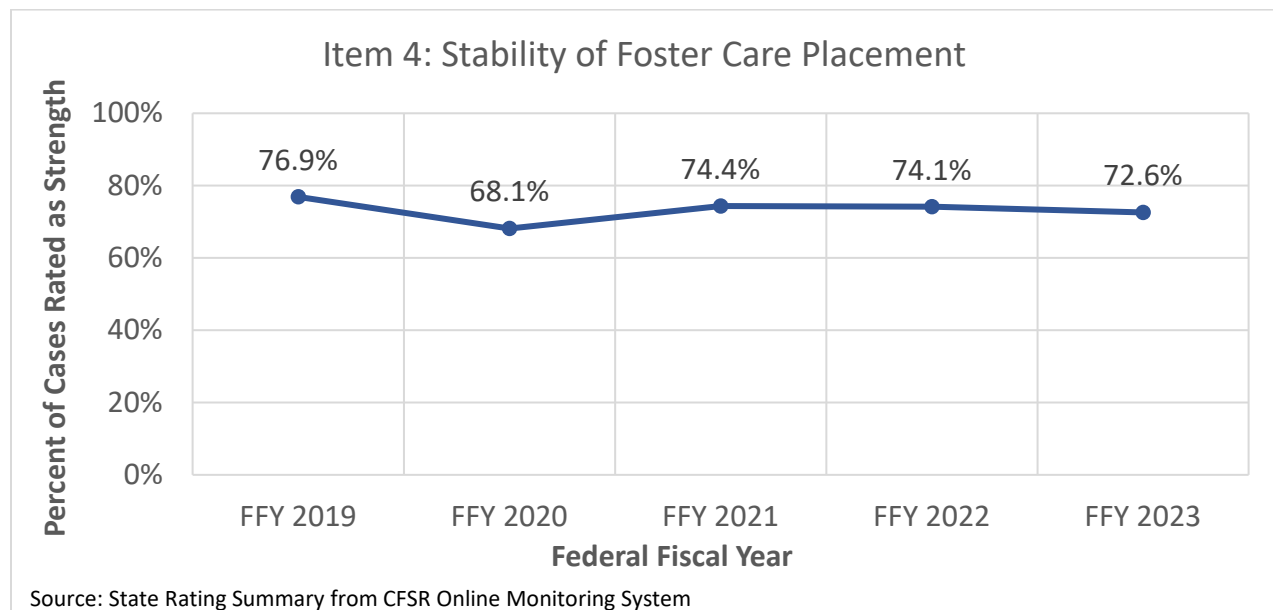


This statewide data indicator looks to see how safe children are within the first year after the initial report of maltreatment. The federal standard (gray line) applies to the recurrence percentage, seen in the orange bars in Figure 8. Oregon has held steady performance on this measure, even during the pandemic. As previously noted, many local offices are working on the quality of ongoing safety plans and we expect the increased practice quality to improve child safety and performance on this lag measure.

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

*Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?*

Figure 9



#### Local Office CQI Efforts

##### District 3: Marion County

Marion County, one of three counties in District 3, is focusing on the lead measure of placement stability. Caseworkers work to ensure that a child's placement is stable and is consistent with achieving the child's permanency goal(s). Ideally, a child would only experience one placement setting. If a child requires a placement change, that change should be based on the needs of the child and/or to promote permanency achievement. The current focus of Marion County's action plan is to improve the use of Supervision Plans. When children come into foster care, they are given a Child and Adolescent Needs and Strengths assessment. The tool identifies, among other things, whether a child needs a higher level of supervision to meet their unique needs. If that higher level of supervision is necessary, the caseworker is required to write a Supervision Plan that is provided to the resource family.

Marion County's Action Plan is focused on ensuring that Supervision Plans are created when they are needed (not when they are unnecessary), and that they are written in clear language that is useful to the resource family. The hypothesis is that a clear Supervision Plan written to support the resource family and the child can be a useful tool in maintaining placement stability. See attachments 24 and 25.

### Statewide Efforts

Oregon was selected for a national pilot project to make it easier for relatives to care for children when they cannot remain with their parents. Refer to page 47 in the CFSP for details.

Figure 10

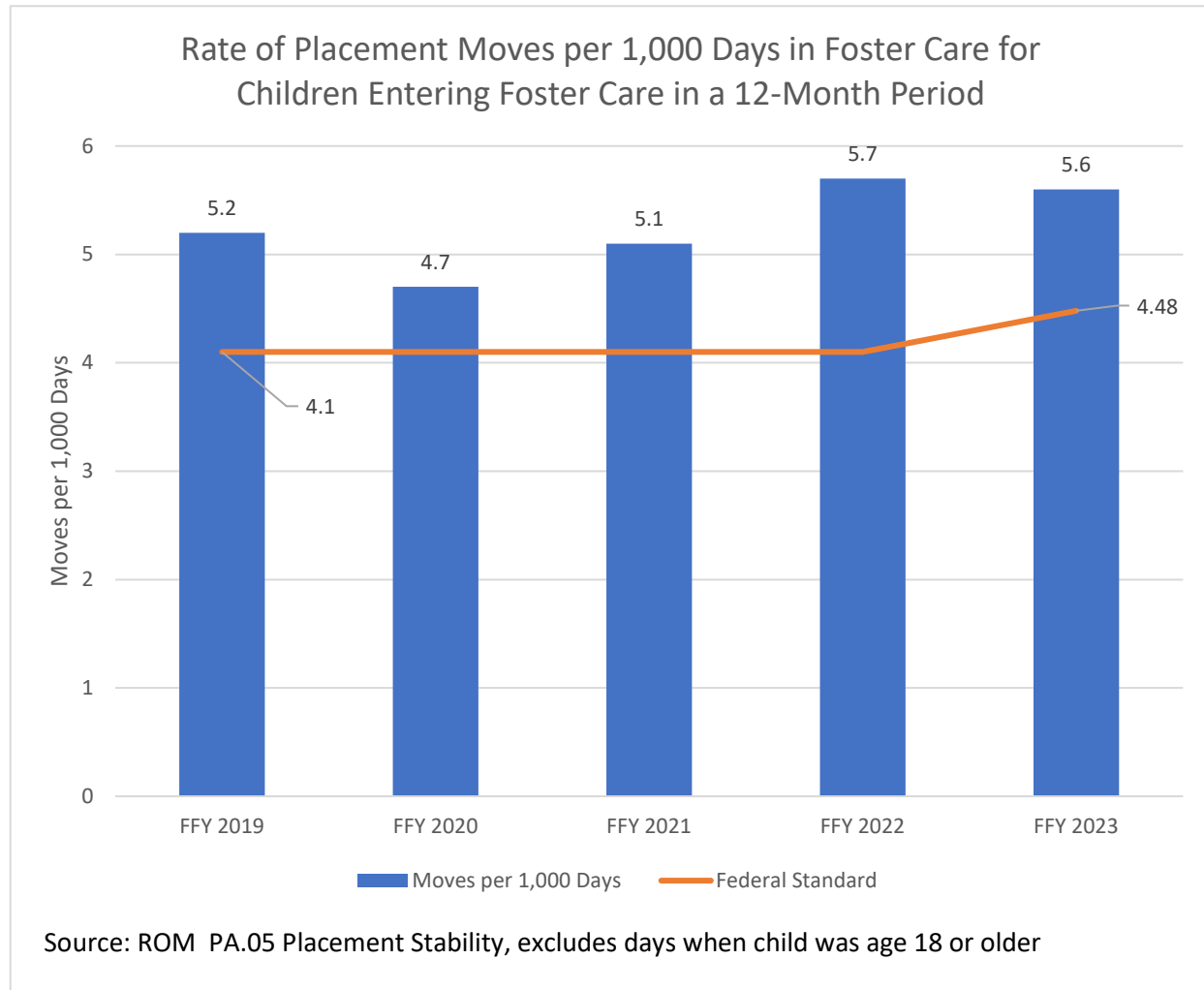


Figure 10 shows the rate of placement moves per 1,000 days in foster care for children entering foster care in a 12-month period. The federal standard was 4.1 moves per 1,000 days through FFY 2022 and raised slightly to 4.48 moves in FFY 2023, as child welfare agencies across the United States face placement stability issues.

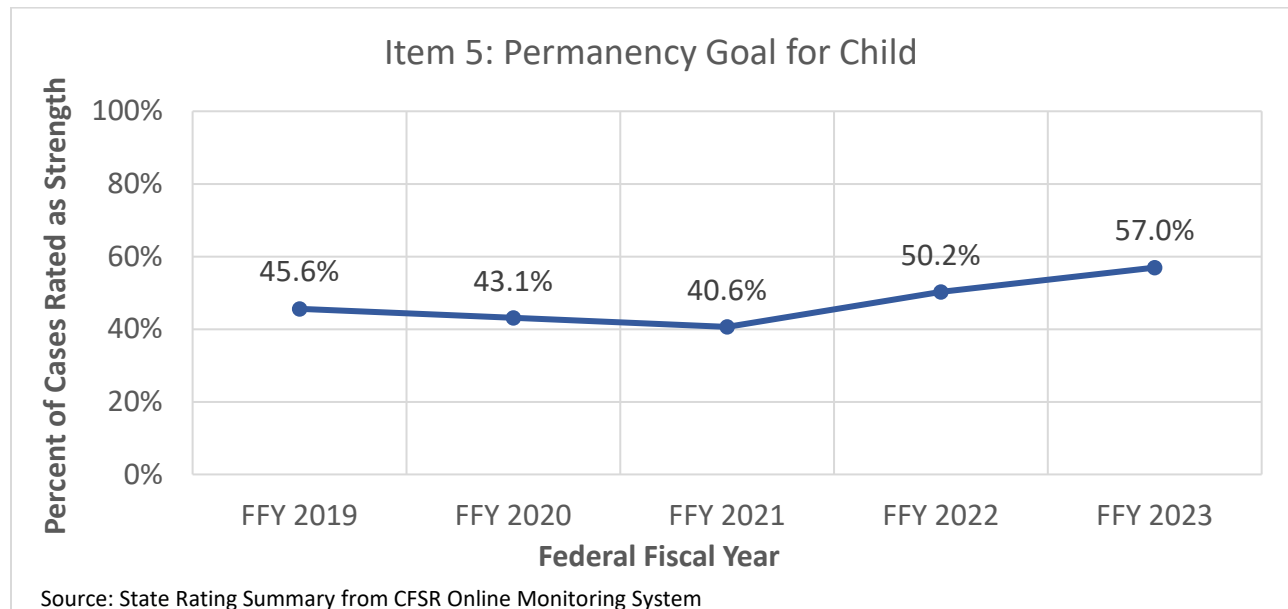
In Oregon, supplemental context data shows that older children (ages 11-16, and to a lesser extent, 17-18) are experiencing a higher rate of placement instability, particularly children who have complex mental and behavioral health needs.

As described in Item 18 (page 45-47 of the APSR), CW is collaborating with partners across many child and family serving systems to expand services, both for therapeutic placements and to meet children's needs in family foster homes.



*Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner?*

Figure 11

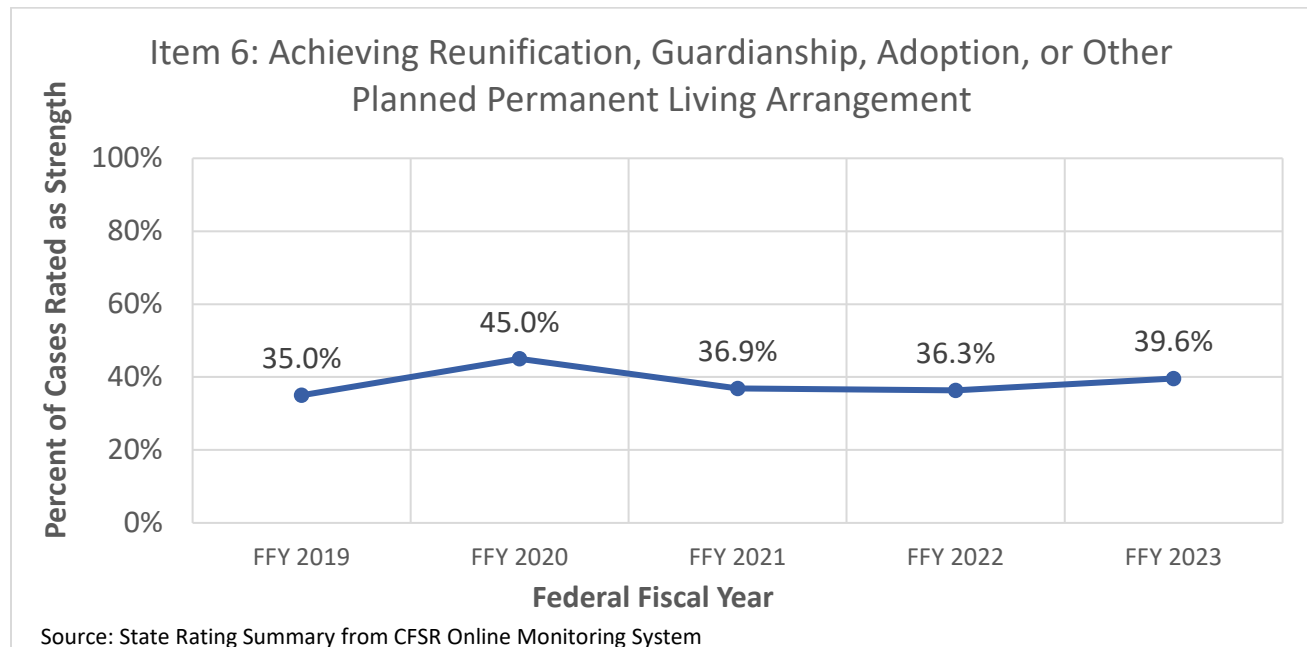


CW's improvement on this measure over time is due in large part to the consolidation of several "case plan" reports into one "Family Report" and to a change in business process that moves the external (court) deadline for completion up to jurisdictional hearing, which often occurs within the first 60 days of placement. Before this change, the review hearing was a main driver of document completion and usually occurred six months into the case.

To maintain and continue this improvement, Family Report completion (using data pulled from OR-Kids) is a measure on the Permanency Report where caseworkers, supervisors, Coaching and Training Specialists (CTS), consultants, and program managers can pull up case level data by caseworker to help ensure documentation is completed timely. Executive Leadership also tracks Family Report completion and regularly shares local office performance with program managers statewide. In October 2023, Executive Leadership's goal of 70% of case plans completed timely was met. When the data from the first quarter of 2024 revealed CW had met it again, the goal was raised to 80 percent.

*Item 6: Did the agency make concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangement for the child?*

Figure 12



Item 6 is focused on whether CW made concerted efforts to achieve a permanent plan for the child, whether that is reunification with their family, guardianship, adoption, or another planned permanent living arrangement. Federal law, particularly the Adoption and Safe Families Act (ASFA) dictate timeframes in which different permanency types should be achieved. ASFA timelines are a critical component of this CFSR measure. For that reason, this CFSR measure is tightly connected to the three statewide data indicators below in Figures 13-15. ASFA dictates that reunification should be achieved within 12 months of the child entering foster care; guardianship within 18 months; and adoption within 24 months.

In 2023, CW created a workgroup to investigate best practices for guardianship process, both nationally and within Oregon's local offices. The workgroup completed a full analysis, including what exemplary practices in Oregon local offices could be shared to improve statewide practice. The workgroup recommendations included changes to Oregon Administrative Rule (OAR), procedure, forms, and informal tools. Those changes were approved and are in process.

[Statewide Data Indicator: Percent of Children Who Achieved Permanency within 12 Months](#)

For all three of the following statewide data indicators (Figures 13-15), CW wants to have a higher number than the federal target.

Figure 13

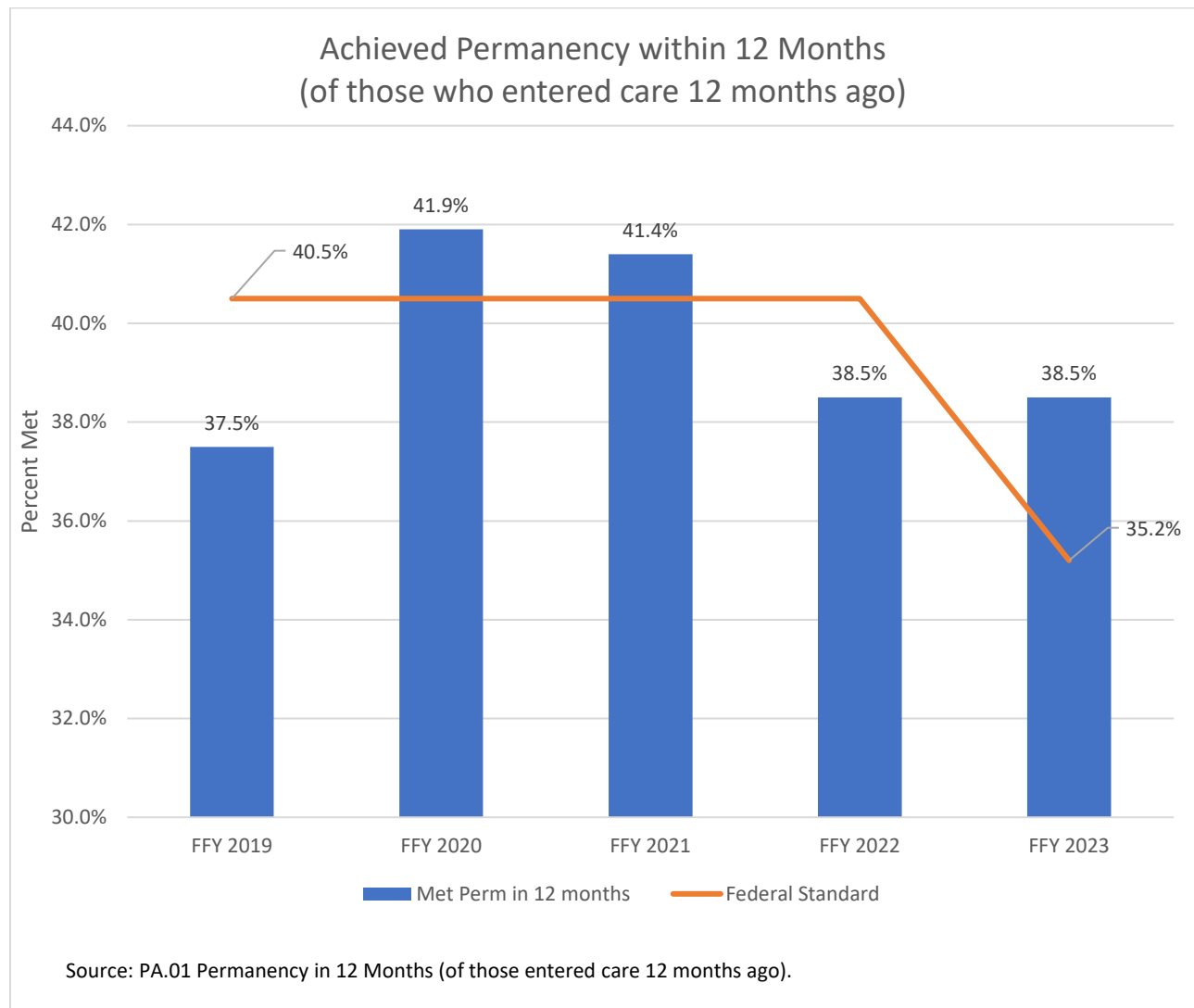


Figure 13 shows the percent of children who achieved permanency within 12 months of entering foster care. This cohort mostly reunified with the family they were removed from. As noted in the Attachment 4, federal targets for the statewide data indicators were updated for FFY 2023 based on the national performance overall. This measure saw a more noticeable decrease in performance nationally. Oregon's performance from FFY 2022 to 2023 remained the same, and in FFY 2023 Oregon performed better than the federal target.

Figure 14

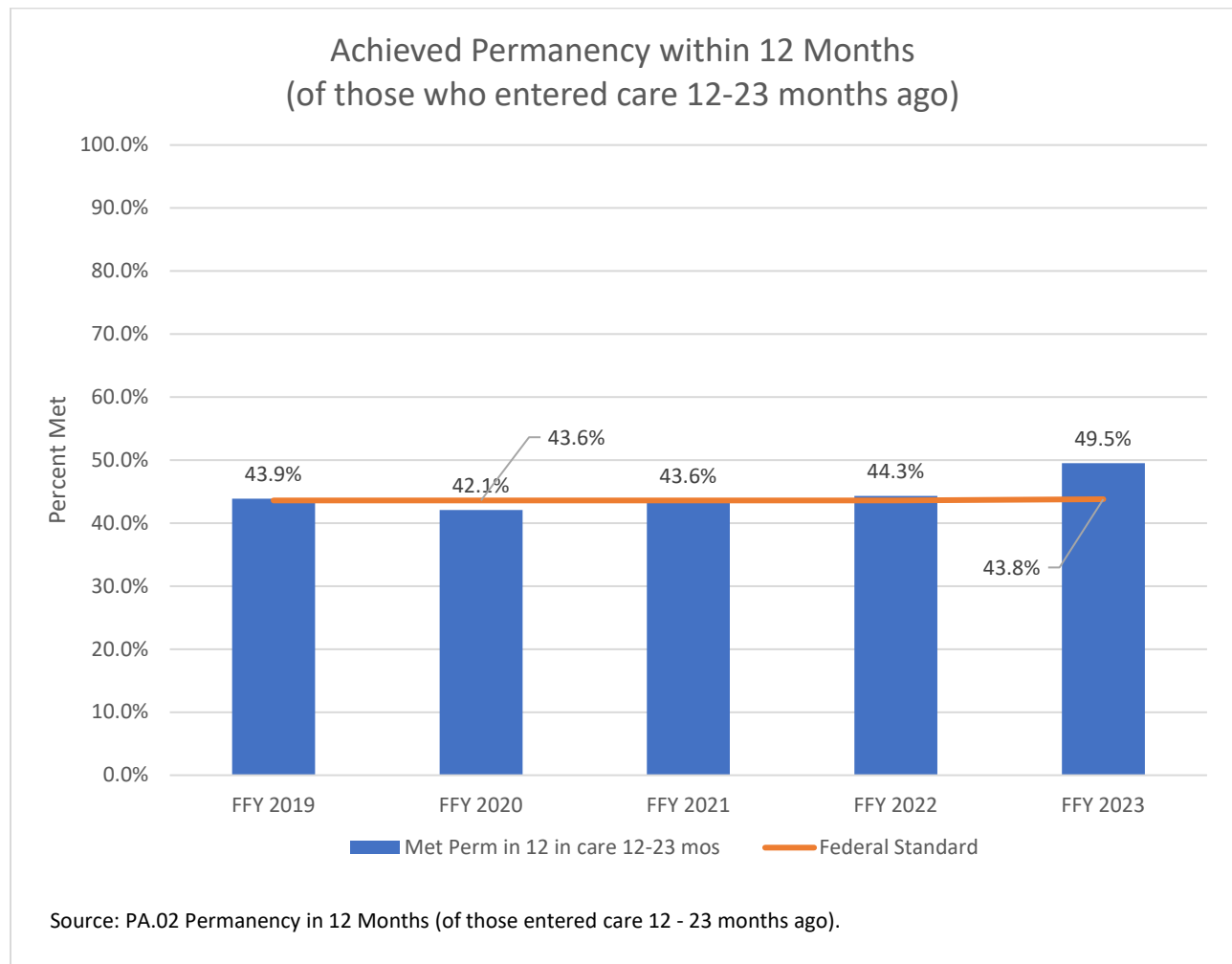


Figure 14 answers the question: for children who have been in care for 12-23 months, what percent will have permanency by the end of the year? This cohort of children achieved permanency between their second and third year in care. National performance remained steady: the federal standard shifted only slightly for CFSR Round 4.

CW's performance on this measure was consistent with the national standard during the first four years of this reporting cycle. Over the last fiscal year, CW saw a five percent increase in achieving permanency for children in this cohort. Statewide context data indicates that Oregon saw a ten percent increase in children aged one to five in this cohort (age is determined based on when the child entered foster care), while all age groups saw a slight increase in children exiting foster care.

Figure 15

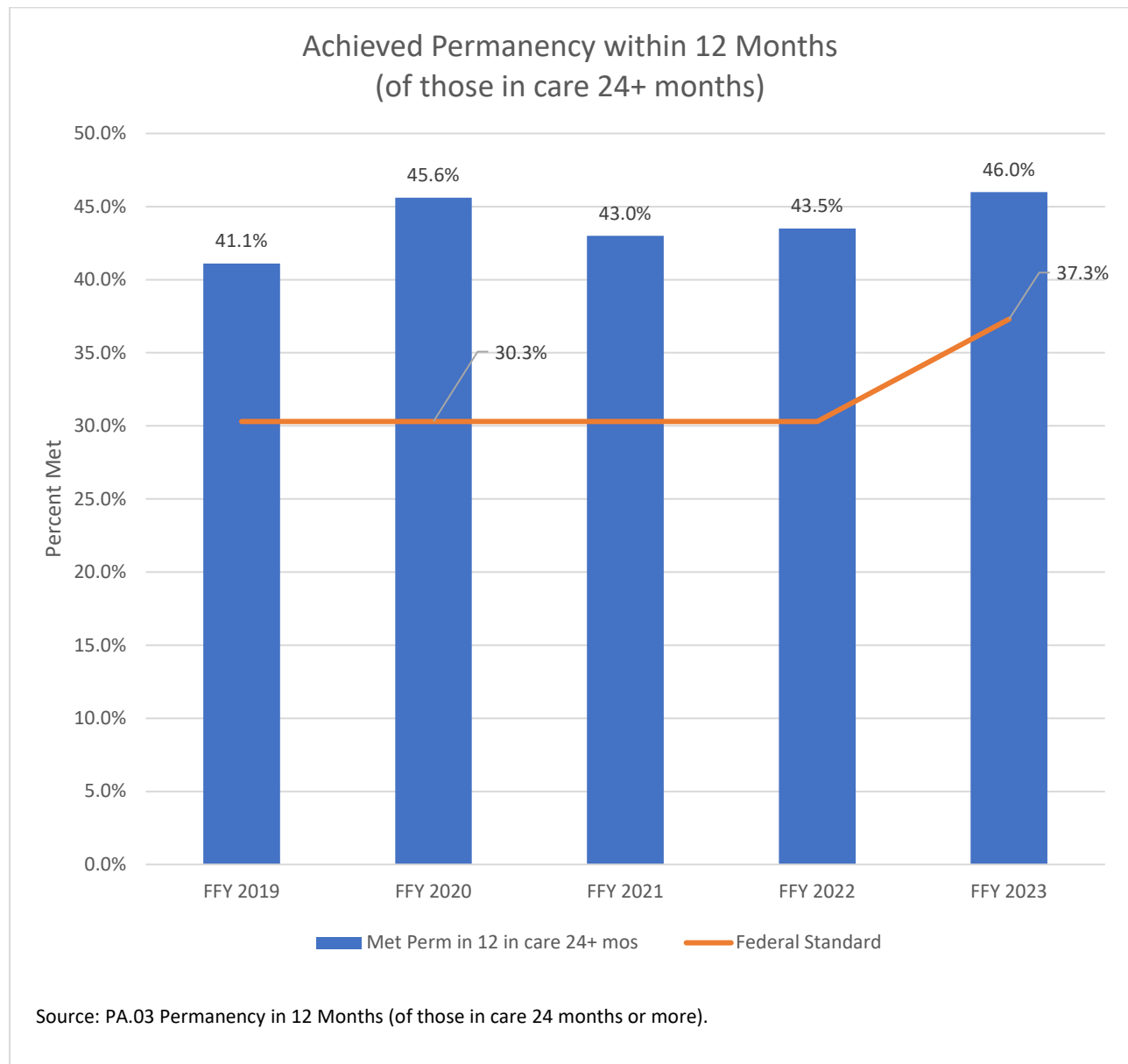
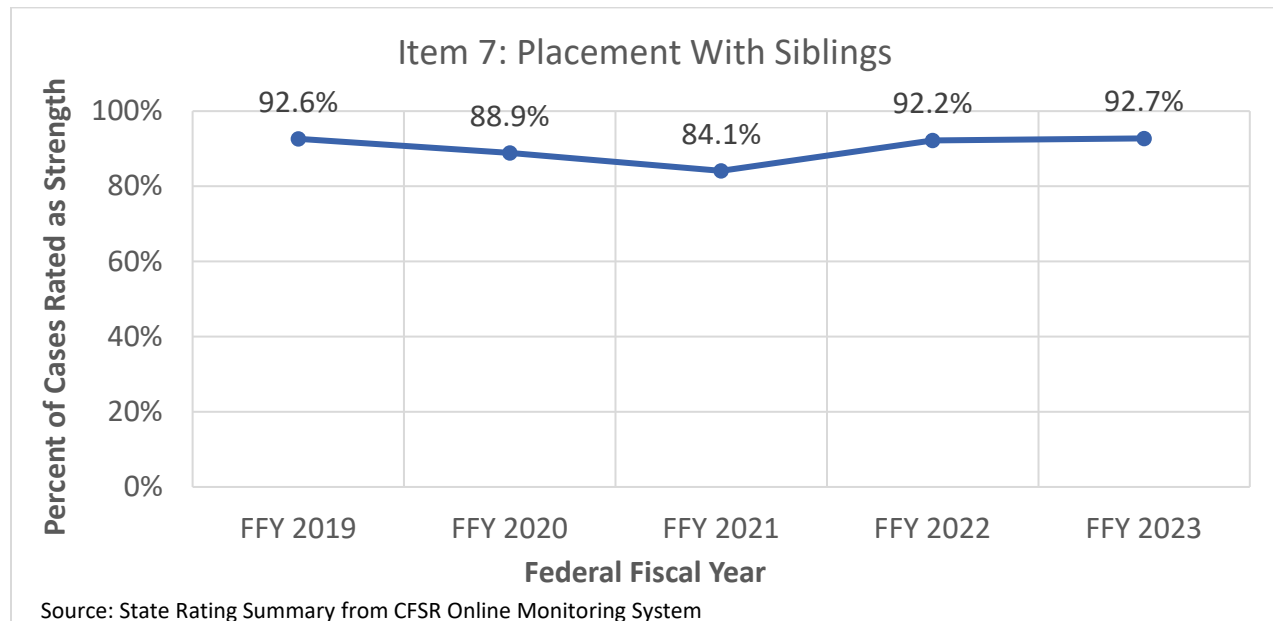


Figure 15 answers this question: for children who have been in care for 24 months or more, what percent will have permanency by the end of the year? Oregon performs above the federal standard, even as the standard rose by 7.3% for CFSR Round 4. CW's past efforts to increase the urgency and efficiency of the administrative processes for finalizing adoptions after parental rights are terminated led to sustainable improvements.

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

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

Figure 16



In Oregon, placement with siblings is a right enshrined in the Sibling Bill of Rights (Attachment 26) and a practice value. CW prioritizes placing siblings together as a key part of minimizing trauma to children and maintaining their connections to their families and culture. The high prioritization placed on this is shown by CW's high performance on this item over the years.

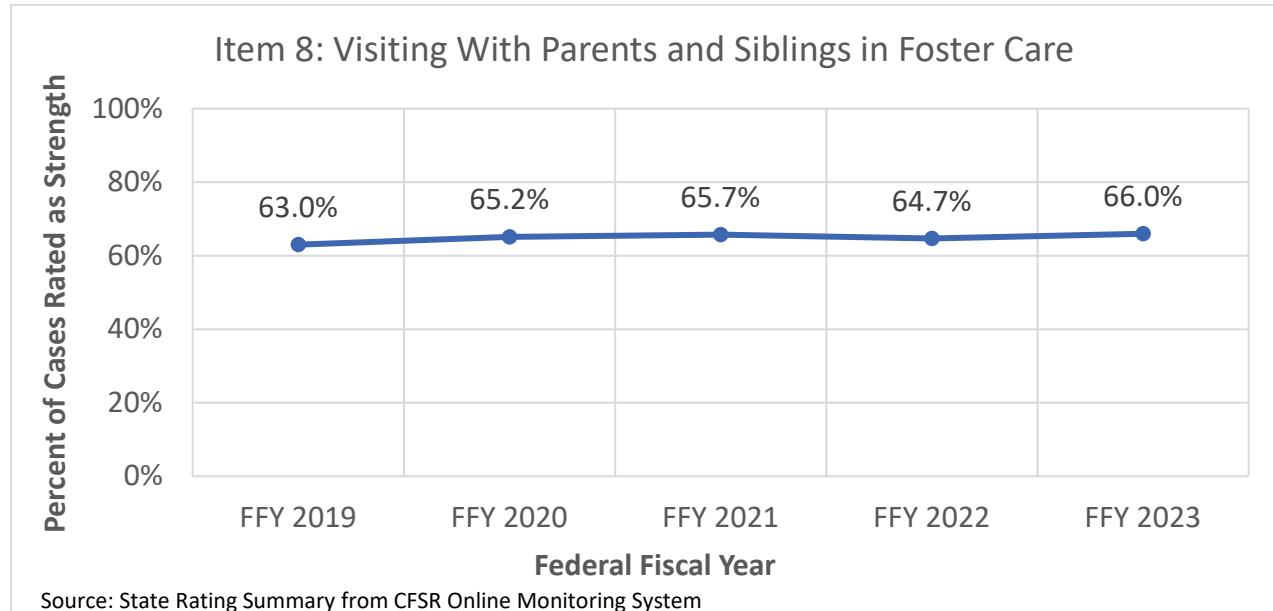
A key strategy includes improving early identification and placement with relatives willing to accept sibling group placement. In cases where it is not in the best interest of one or more of the siblings to be placed together, CW encourages and facilitates sibling visitation and relationship-building when appropriate.

CW certification rules include an approval process to exceed the standard capacity to allow sibling placement together. There is flexible funding to support sibling placements. For example, funds could purchase another bed or similar accommodations in the resource-parents or relative-resource home or provide in-home support to manage sibling relationships.

The required Resource and Adoptive Family Training (RAFT) includes a section on maintaining children's connections with biological parents, siblings, extended family members, their Tribe, and community. This highlights the importance of sibling and familial relations and identifies tangible ways those relationships can be developed and continued.

*Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child's relationships with these close family members?*

Figure 17



While children are in substitute care, families can still spend time together and connect in meaningful ways. Family Time occurs in an ODHS office, and it also happens in family homes and the community. Family time is about connection and promoting typical family functioning, including time for meals, homework, and problem-solving. Caseworkers provide supports to increase the quality of the time parents spend with their children.

#### Local Office CQI Efforts

##### District 3 Yamhill County

Yamhill County, one of the three counties in District 3, is focused on improving its practice around Family Time. Yamhill County mapped the process of an initial family time session after removal to identify barriers and develop solutions. They focused improvement efforts on family engagement and decision meetings. At the suggestion of the CQI Advisory Committee, with some revision by the local office, they shared CW's Family Time supervision level guidance with consortium attorneys who represent parents and children in Yamhill County so they could more easily communicate with their clients and the agency about Family Time. Yamhill County also invited their Family Time coordinators to attend family meetings to provide updates about how Family Time was going, and directly support scheduling and logistics. Although they cannot always attend, the changes support collaboration with families. See attachments 27 and 28.

### District 11 Klamath & Lake Counties

Klamath and Lake Counties make up District 11. Klamath County's office is in Klamath Falls. Lake County's office is in Lakeview. District 11 focused their efforts on two concrete issues with Family Time: ensuring families get an initial Family Time session within 48 hours of separation and using the statewide supervision levels appropriately.

Each office set up a protocol for initial Family Time sessions based on their infrastructure and staffing. For example, Lakeview had one Family Time coordinator, so their process involved caseworkers when necessary.

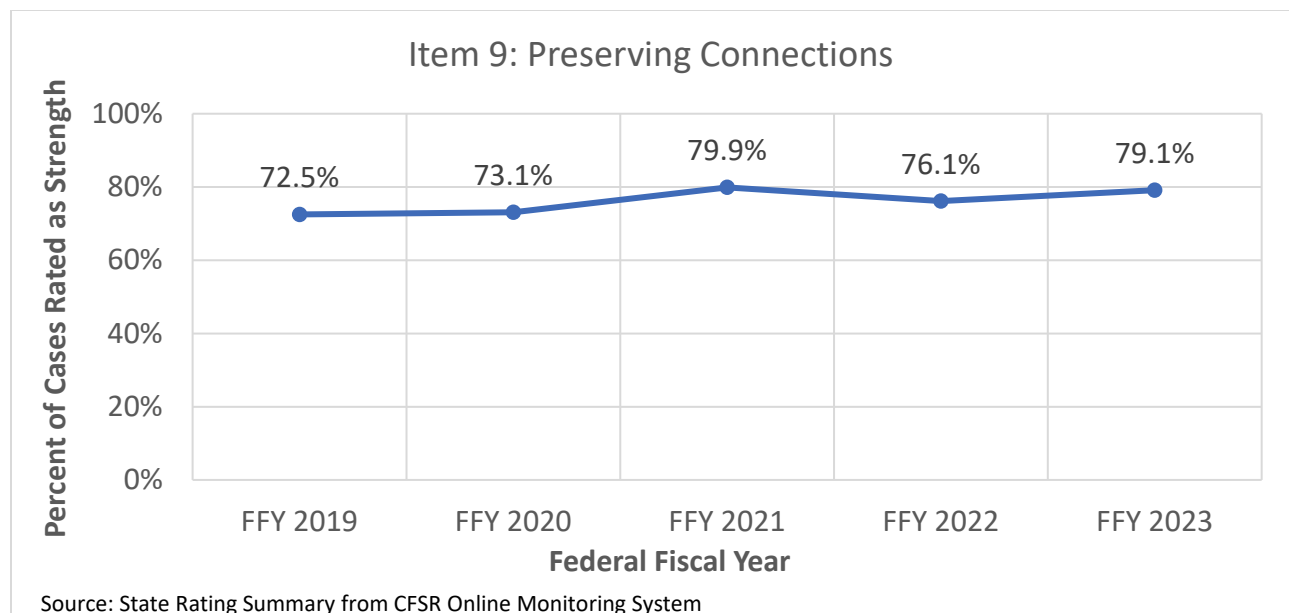
District 11 added discussion and documentation of supervision levels to existing processes to take advantage of effective and established systems. Caseworkers discussed supervision levels in 90-day staffings with their supervisors. Family Time coordinators were invited to meetings when a case transferred from CPS to permanency, and the group determined appropriate supervision levels together. See attachments 29 and 30.

### Statewide Efforts – Family Time Guidelines

The Family Preservation and Reunification Program developed Family Time Guidelines to assist caseworkers, Family Time coordinators, and other direct service staff to ensure all families can spend regular, meaningful time together that is appropriately supervised to ensure safety without over-surveillance. The guidance was brought to program managers in April 2023 for feedback. The guidance was published for use in June 2024. See Attachment 31.

*Item 9: Did the agency make concerted efforts to preserve the child's connection to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?*

Figure 18





Preserving a child's connections to their community, culture, extended family, and Tribe preserves their sense of self and belonging and lends resilience during a traumatic time.

#### Local Office CQI Efforts

##### District 1: Columbia County

Columbia County, one of three counties in District 1, is focusing its CQI cycle on preserving cultural connections for children in substitute care. The action plan includes using group supervision and the district's permanency consultant to develop caseworkers' capacity to ask about, discuss, document, and support families' culture. The plan also protects time to document caseworkers' efforts with families in the Family Report, and relationship building with community groups. This provides caseworkers with more resources to offer families. See attachments 32 and 33.

##### District 16: Equity Micro Lab

In 2022, District 16 leadership took notice of a case where a child's non-relative resource family and the child's relatives both wanted to be the adoptive placement for the child. This is a common occurrence. As the adoption selection process proceeded, there was little concern for severing the child's connection to their extended family and culture, and there was apparent bias against the child's relatives when weighing which family was more prepared to parent the child.

The leadership in District 16 considered both how decisions were made in the case, and how district systems hindered decision-making about the value of family and cultural connection at every stage of the process.

As described by one of the program managers in District 16, they determined a need to "fortify our system to get at richer conversations about meeting a child's need for cultural connection." District 16 partnered with the Office of Equity and Multicultural Services (OEMS) to fit an existing regional equity micro-lab process to their local permanency committee process and establish proof of concept. See Attachments 34 and 35, for the information CW and OEMS presented at a Child Welfare League of America (CWLA) Conference Workshop in April 2024.

#### Statewide Work

##### CQI Program

The Continuous Quality Improvement (CQI) Program has a dedicated Tribal Engagement analyst. The analyst ensures the nine Tribes in Oregon have an in-person meeting with the CQI program team to address their unique needs regarding child welfare and ICWA. The CQI team met with six Tribes and is working to schedule with the other three.

##### Native Teen Gathering

The Native Teen Gathering was hosted and facilitated by the Native Wellness Institute (NWI) at Rockaway Beach on August 21-23, 2023. For nearly ten years, CW has contracted with NWI to coordinate and facilitate the Native Teen Gathering for Native youth in foster care, aged 14 to 21.

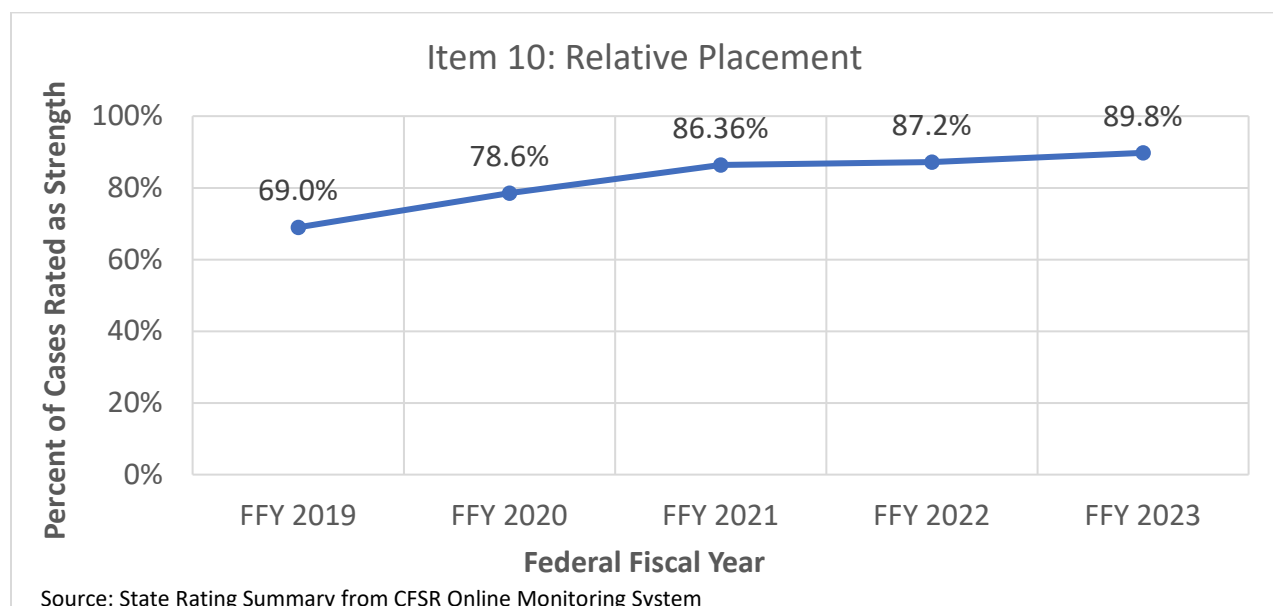
The goal is to provide an experience for teens that immerses them in Native culture, provides information and skill-building opportunities, and allows participants to connect.

This year, 22 young adults attended with 14 adult chaperones, one nurse, one state representative, and a team of seven from NWI. The gathering was at an outside campsite and other groups were also using the site as well. NWI reported some tension and racist remarks from the other groups and worked with the teens to respond to this by singing a traditional thank you song for their meal in front of the other groups at the campsite. Some of the groups responded respectfully and others ignored the song. The teens attending the gathering felt empowered by singing the song.

The teens participated in many traditional activities including archery, making necklaces with beads and bones, canoeing and kayaking on the lake, and playing traditional games. NWI built more free time into the agenda in response to feedback from past gatherings.

*Item 10: Did the agency make concerted efforts to place the child with relatives when appropriate?*

Figure 19



CW highly values placing children and young adults with their relatives. When children and young adults cannot safely remain at home, placing them with people they know, who know and love them, maintains the children's connection to their family and culture. Overall, this item is a strength for Oregon and performance continues to improve.

#### Local Office CQI Efforts

District 1: Tillamook and Clatsop Counties

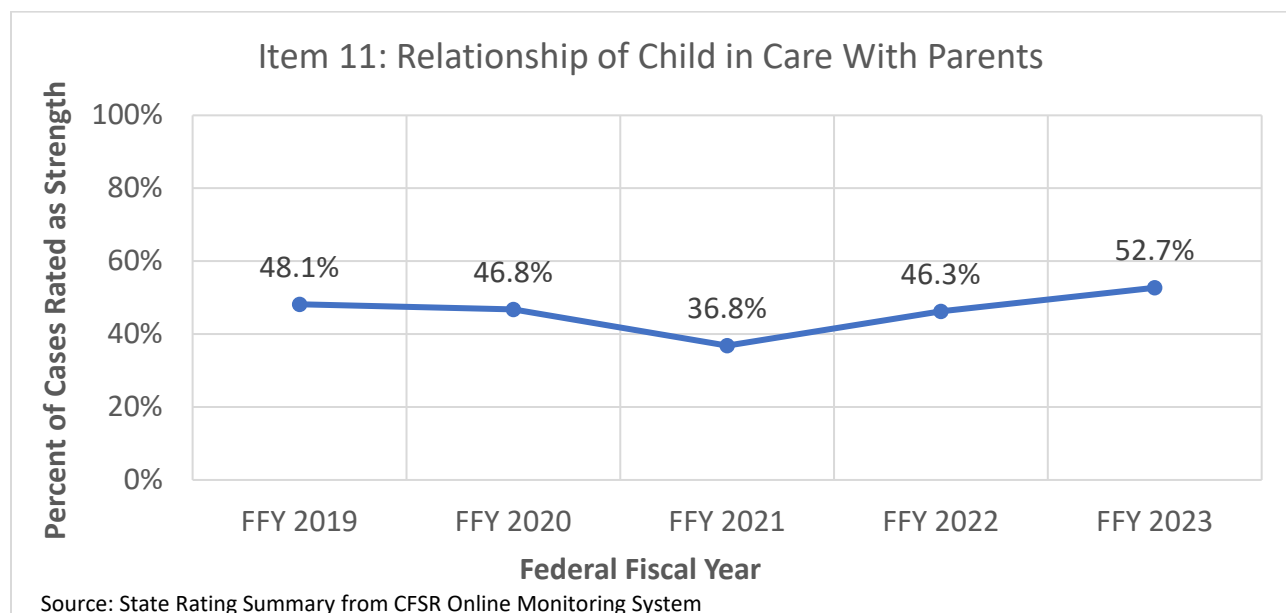
In their first CQI cycle, which ended in January 2024, Tillamook and Clatsop Counties worked together on improving initial placement with relatives. The sites had regular debriefs about how initial conversations with parents were going, whether they were happening at initial contact or a

subsequent contact. They tracked requests for emergency certifications to identify barriers to placing children with relatives. Over the year, they increased initial placement with relatives from 28% to 40%<sup>6</sup>.

In a statewide all staff meeting, District 1 reported that one positive result of working to identify relatives so early with families was that in identifying safe natural supports, they were able to avoid bringing some children into substitute care *at all*.

*Item 11: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?*

Figure 20



This measure focuses on all the ways CW facilitates the relationship between a child and their parent(s) aside from Family Time. Parents should continue to be involved in their children's education, activities, and in understanding their needs and how they are being met (whether medical, mental health, or behavioral).

#### Local Office CQI Efforts

##### District 1: Tillamook & Clatsop Counties

Tillamook and Clatsop Counties are working together in their current CQI cycles to improve their practice around supporting parents' connection to their children outside of Family Time. The action plan is focused primarily on icebreakers, a term for the initial face-to-face meeting between parents and resource parents. The theory of change proposes that increasing communication

<sup>6</sup> The final statistic, 40%, includes cases of a newborn initially placed in hospital and then placed with kith/kin/relatives.

between parents and resource parents will lead to more natural inclusion of parents in ongoing activities and appointments.

The action plan has steps for initiating icebreakers at the time of initial removal, as well as offering icebreakers at any placement change, including when the child is placed with a relative. The action plan addresses the option of using written communication between parents and resource families when icebreakers are not possible or ongoing in person communication is not effective.

The site is also tying a conversation about attendance at activities and appointments to any changes in the supervision level of Family Time. When the current safety concerns indicate a lower level of supervision is needed for Family Time, more contact in the community for school events and activities will likely be possible as well. See attachments 36 and 37.

#### District 3: Polk County

Polk County is addressing the same problem statement as Tillamook and Clatsop Counties, but their action plan shows how different local offices identify different barriers in their own communities and processes.

Polk County's action plan includes the following main steps:

- Offering transportation to parents;
- Offering comfort calls between parents and children within 24 hours of removal; and
- Using the CANS assessment and Family Engagement Meetings to identify both activities parents would like to participate in and any barriers.

The comfort call process revealed that some parents did not have cell phones, and Polk County connected with District 12 (Morrow and Umatilla Counties) to learn from their recent experience in developing a very detailed and successful approach to purchasing phones for parents. When one month had an unusually high number of children and young adults separated and placed in foster care and the logistics of arranging for comfort calls showed some room for improvement, Polk County also reached out to District 15 (Clackamas County) to learn about their process, which is designed to fit their larger county population. See attachments 38 and 39.

#### District 9: Hood River, Wasco, Sherman, Gilliam, and Wheeler Counties

District 9 has started their action plan by adding discussion of parent involvement in activities and appointments to the 90-day staffings, as well as deepening the supervision level conversation at meetings when cases transfer from CPS to permanency. District 9 is also forming a workgroup to create protocols for icebreakers and comfort calls. See attachments 40 and 41.

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

*Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?*

Item 12, Assessing needs and providing services to children, parents, and resource parents, can be found on pages 54-58 of the APSR under Oregon's Vision for Supporting Families and Promoting Prevention.

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

Figure 21

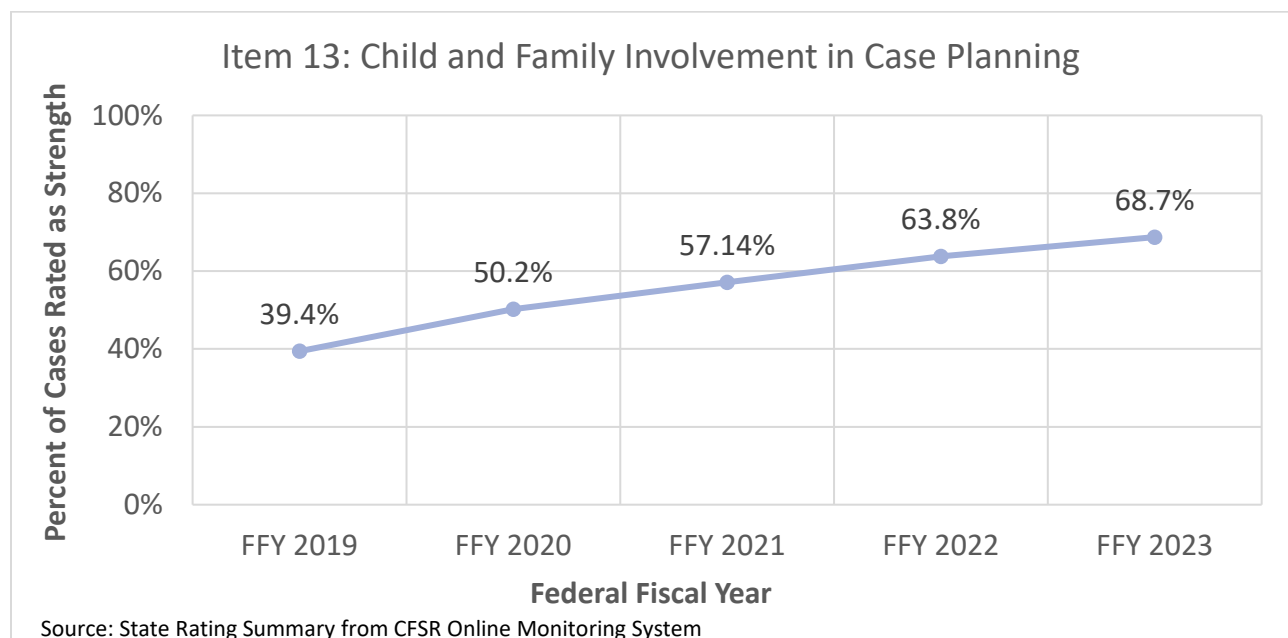


Figure 21 shows continued improvement in involving parents and children (when developmentally appropriate) in case planning. CW's Family Report requires caseworkers to ask parents for their perspective on the case plan and progress and to document it in the Family Report.

The CQI work many local offices did on improving parent face to face contact (both quantitative and qualitative) had a positive effect on this measure.

*Item 14: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?*

Figure 22

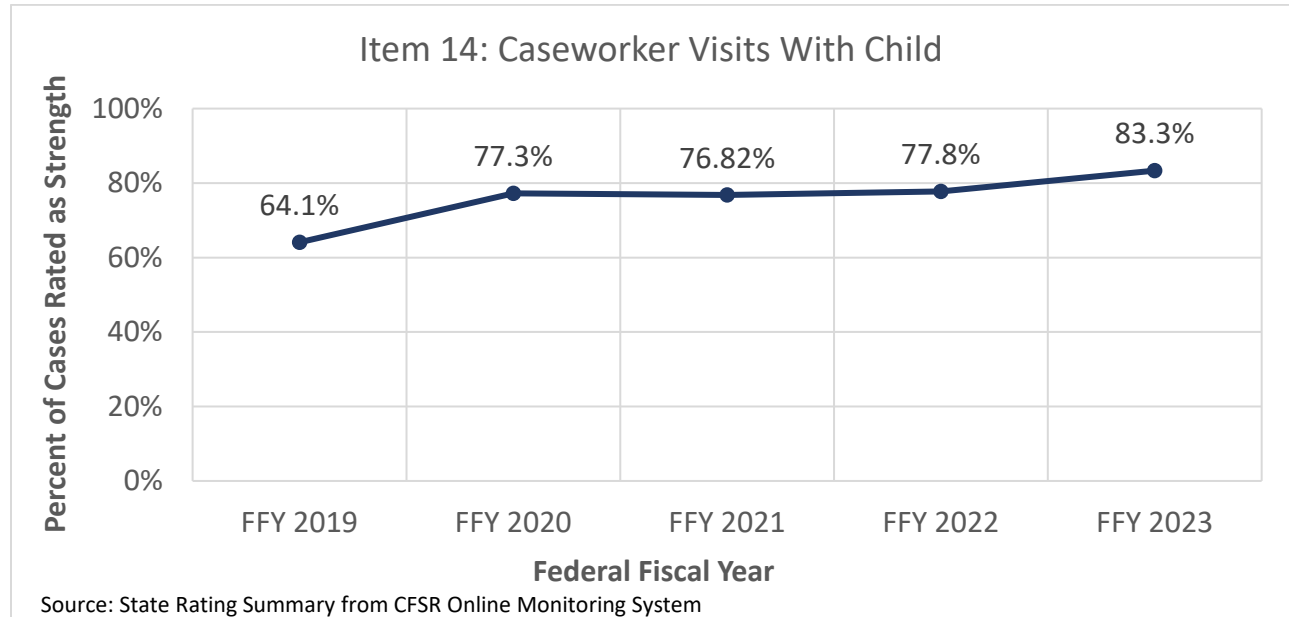
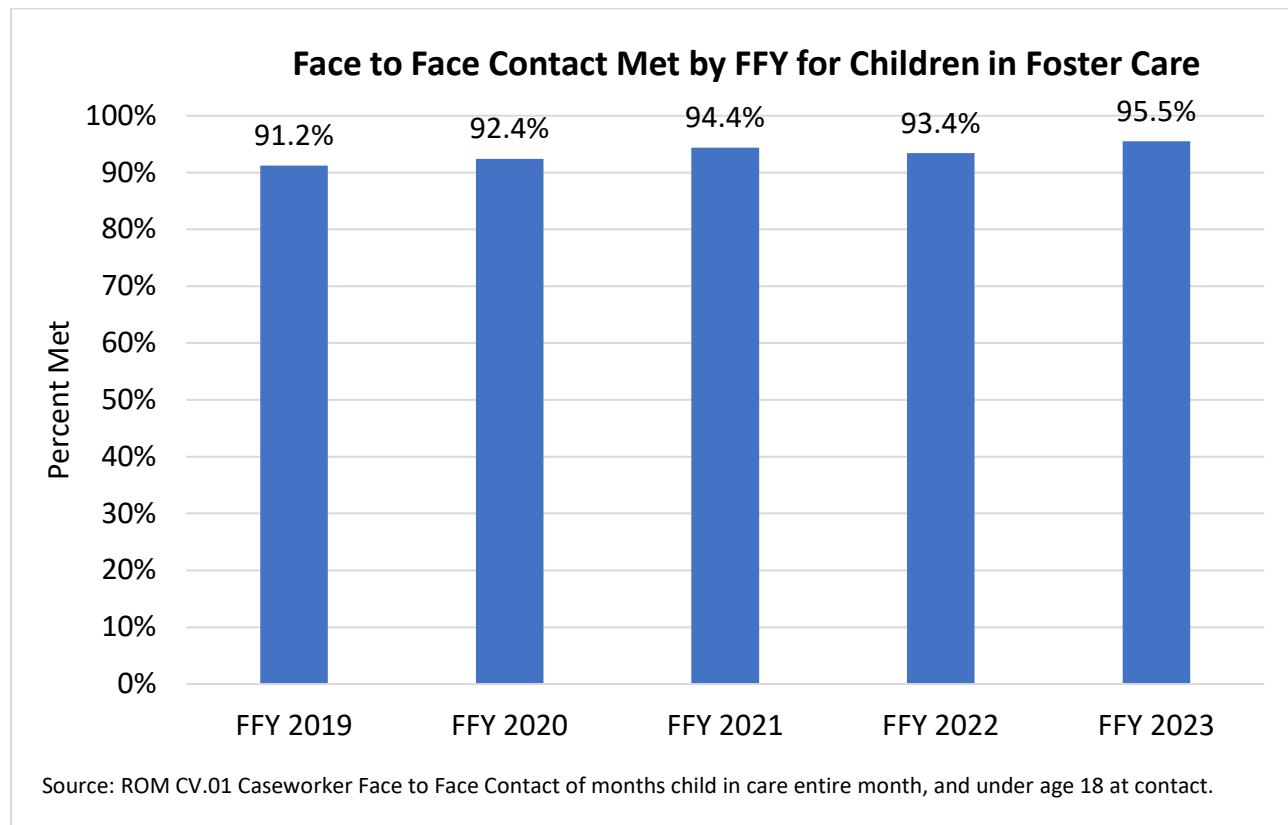


Figure 22 shows the percent of cases rated a strength on the qualitative CFSR measure for monthly face-to-face contact with a child in care. CW continues to improve on this measure. Examples of past improvement efforts include: All About Me books to encourage meaningful conversation with children during face-to-face visits and the development of case note templates to ensure that when quality visits occur they are documented in sufficient detail.

CW also measures and reports on monthly face-to-face contact with purely quantitative data, seen below in Figure 23. CW meets the federal standard of 95% for FFY 2023.

Figure 23



*Item 15: Were the frequency and quality of visits between caseworkers and parents of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?*

Figure 24

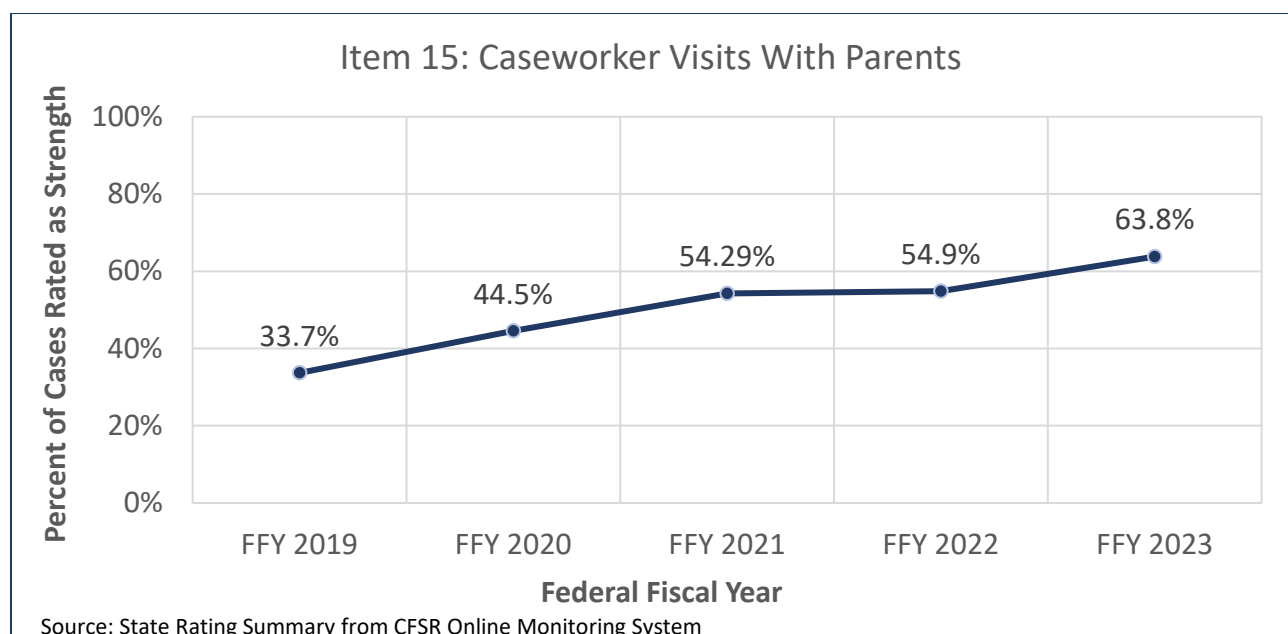


Figure 24 shows the improvement in performance CW has achieved in parent face to face contact. Five CQI sites made this their focus during their first CQI cycle<sup>7</sup>, and it was the subject of the first CQI Learning Collaborative, which occurred in February 2024. The event was open to all CW, and sites with parent face to face contact as their focus measure shared about their experience, successes, and lessons learned.

#### Local Office CQI Efforts

##### District 1: Columbia County

Columbia County provided one-time new staff training, including extra OR-Kids support to ensure that parents were included on caseworkers' tracking lists, appropriate contacts were counted, and that exceptions were properly described and noted. They also worked on modifying existing processes, like Family Engagement Meetings and providing a visit summary to parents at the end of a contact at their home or in the community. Both actions required revision throughout the year to continuously improve. See attachments 42 and 43.

##### District 4: Benton County

Benton County and the CQI team analyzed data to determine case themes or trends to understand why parents might not be seen monthly. They instituted a weekly writing lab for all caseworkers to meet and document their face-to-face contacts (unless they had a court hearing) and used this space once a month for training/capacity building around quality face-to-face contact with parents. See attachments 44 and 45.

##### District 6: Douglas County

In their first CQI cycle (10/2022 – 9/2023), District 6 identified this problem statement: "Some children in Douglas County are experiencing multiple instances of founded abuse within a 12-month timeframe." To change this, District 6 focused on improving quality and quantity of parent face-to-face contact to better understand the family situation and provide appropriate services and supports to reduce recurrence of maltreatment.

District 6 tied conversations about face-to-face contact with several established processes. They added it as an agenda item to all group supervision and clinical supervision meetings and increased the frequency of reminder reports to caseworkers.

District 6 also added parent engagement as an agenda item to their Teams for Families meetings. Teams for Families is a program unique to District 6 that provides families with a strengths-based approach to getting what they need. The team is comprised of CW, Self Sufficiency, the local CCO, and many service providers in District 6. They meet twice a month to discuss the needs of families who are involved with CW or at risk of involvement with CW. Together they determine how best to meet each family's needs. See attachments 46-48.

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<sup>7</sup> CW implemented CQI over three years, so four sites focused on parent face-to-face in 2022, but five sites overall used their first cycle to focus on this measure.



#### District 12: Morrow & Umatilla Counties

District 12 focused on parent face-to-face contact during their first CQI cycle (9/2022 – 8/2023). (See discussion of their current action plan focused on ongoing safety plans on pages 18-19 of the APSR). One of the major factors in the success of District 12's action plan was the initiative and drive of a member of the administrative staff who proved to be a critical support. They started sending out an email with face-to-face contact status to each caseworker on the first and third Friday of each month, which caseworkers continually reported was helpful and reminded them to contact parents they had not seen, to enter notes on contacts already made, and to clear up assignment errors in OR-Kids.

District 12's community recommended offering paid cell phones to parents who expressed a need for them, and administrative staff set up each phone for the parents ahead of time. They set up the voicemail function so caseworkers and others could leave messages as soon as the parent received the phone, and they loaded helpful contacts like the caseworker and Family Time coordinator into the phone as well. When early analysis revealed that only a few caseworkers in one of the local offices were using this service, District 12 decided to adjust and expand. Rather than waiting for parents to express interest or caseworkers in the know to offer, District 12 funded phones and minutes/data for all parents working with CW and added the phone as an item to cover in their prep and agreement meetings between CPS and permanency workers. See attachments 49 and 50.

#### District 14: Grant & Harney Counties

Grant and Harney Counties took similar action steps as other CQI sites to improve parent face-to-face contact. Their leadership reviewed the contact exception process, and their CQI analyst monitored exceptions for any trends or issues. The local offices developed processes for reminding caseworkers about contacts that still need to be made throughout the month. A small team developed a template to ensure that when quality contacts were made, they were documented sufficiently to ensure they would count as quality contacts if reviewed for the CFSR. See attachments 51 and 52.

#### District 16: Washington County

District 16 is focused on improving the needs assessment and services to parents by improving the frequency and quality of face-to-face contact with parents. District 16 is taking three differing approaches to improving their parent engagement:

1. Improving caseworker knowledge of local resources and services so they can be more helpful to parents;
2. Tracking monthly parent contact and providing reminders to caseworkers; and
3. Training on the practice expectations around assessing and meeting parents' needs which often happens informally in parent face-to-face contacts.

See attachments 53 and 54.

### CQI Learning Collaborative Highlights

The first CQI Learning Collaborative was held in Salem on February 21, 2024. Learning Collaboratives created a platform to share the sites' CQI experiences, lessons learned, and helpful strategies for the lead measure, parent face-to-face contact. Five out of ten sites in the first cycle chose this as their lead measure.

One of the CQI analysts presented the cycle and experiences of District 6 and District 12, including their data and improvement for the cycle. These presentations highlighted the districts' most exciting action items: Teams for Families in District 6 (described on page 40 of the APSR) and purchasing phones for parents in District 12. As mentioned previously, District 12's phone purchases initially started small to test out this direct support strategy, and then expanded.

Much of the collaborative was spent in structured small group discussions and reported ideas, things that worked well, barriers people were experiencing, and what was helping to mitigate those barriers.

The next CQI Learning Collaborative occurred in mid-July 2024 and focused on quality ongoing safety plans, which about half the sites are currently working on as a lead measure.

### Statewide Efforts

In June, CW eliminated its longstanding process for granting exceptions to the requirement for parent face-to-face contact. These exceptions did not relieve the federal requirement obligation (which has no exceptions) and confused practice expectations. The exception approval process and even the use of exceptions varied across the state, causing equity concerns.

Even when parents cannot be located (a common reason for exceptions in the past), caseworkers must make continued diligent efforts to find them, per Item 15.

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

*Item 16: Did the agency make concerted efforts to assess the children’s educational needs, and appropriately address identified needs in case planning and case management activities?*

Figure 25

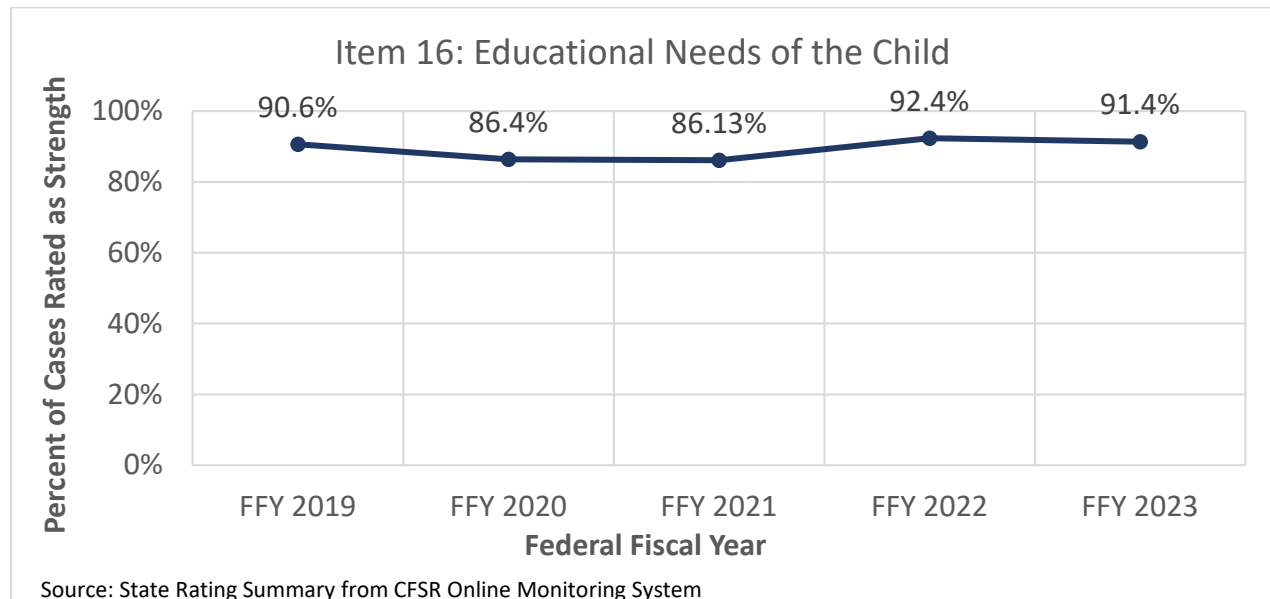


Figure 25 shows CW’s continued high performance meeting children’s educational needs while in substitute care. As noted in Attachment 3, CW has long-term collaborative relationships with the Oregon Department of Education (ODE) and other state agencies and organizations across the educational continuum. These relationships ensure that the needs of children experiencing foster care are met across early childhood, K-12 (elementary, middle, and high school), and into post-secondary education.

ODE releases an annual statewide report card that details educational outcomes for the state. The most recent report card was published on November 30, 2023, and covers the 2022-2023 school year. ODE includes breakdowns for students in foster care<sup>8</sup> in the reports of student performance in English Language Arts and Math from grade three through high school (Attachment 55 pages 45-48). Students experiencing foster care performed below the level of the overall student body in Oregon.

ODE began tracking graduation rate information for students who experienced foster care as a separate cohort for the 2020-2021 school year. The percent of students on track to graduate as

<sup>8</sup> For all measures *except* high school graduation, “student in foster care” means a student who has experienced a foster care placement during the current school year (July 1 – June 30). For high school graduation, “student in foster care” means a student who experienced foster care at any time during their high school cohort years.

ninth graders and the graduation rate have improved for this cohort over the last three years. (Attachment 55, pages 59 and 62).

As reported last year, CW was required by SB 279 to report to the legislature how many children missed all or part of at least five school days due to Family Time for each semester of the 2021-2022 and 2022-2023 school years. On June 1, 2023, (the last month of the last semester of reporting), there were 4,798 children in foster care. In the spring 2023 semester, 44 children missed all or part of one day of school due to Family Time. Only 19 children (or 0.39% of children in foster care) missed all or part of five or more days of school during the spring 2023 semester.

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

*Item 17: Did the agency address the physical needs of children, including dental health needs?*

Figure 26

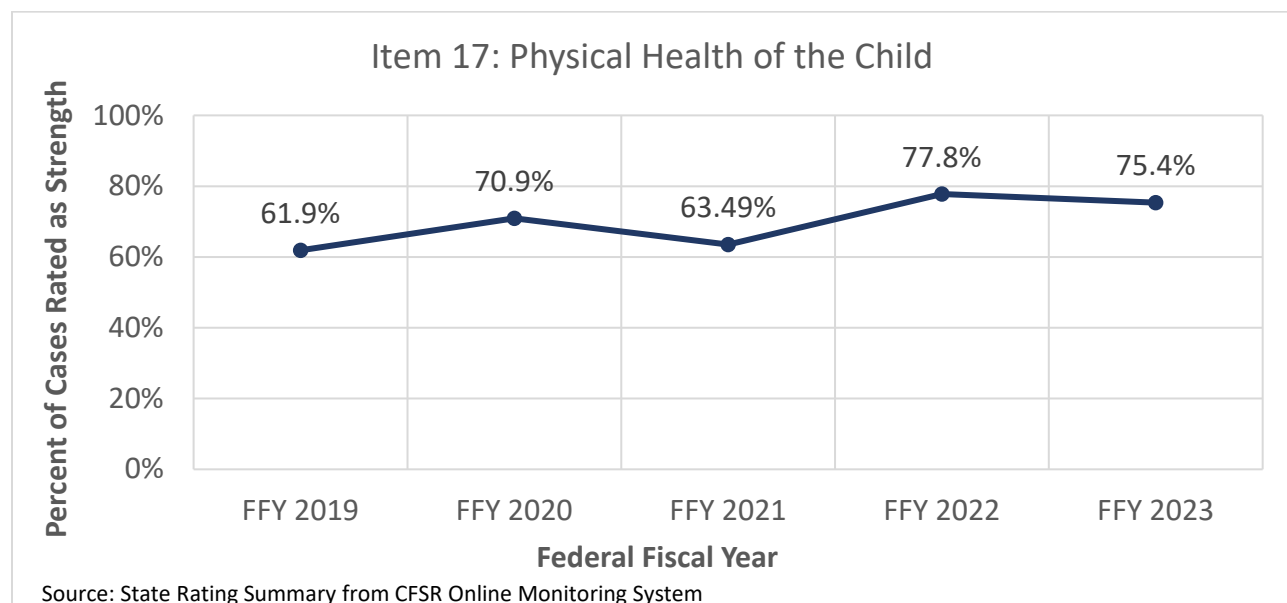


Figure 26 shows the focus on assessing and addressing children's physical health and dental needs. This is an area where CW has performed well and continues to improve, although the pandemic impacted performance, particularly in FFY 2021 (October 2020 to September 2021, when vaccines were still unavailable for all children).

### Statewide Efforts to Improve Performance

The Health and Wellness Program expanded nursing services to support Child and Adolescent Needs and Strengths (CANS) assessments and to support the teams around children with complex needs, including children at risk of temporary lodging and children with medically complex needs. See the detailed update in the CFSP.

*Item 18: Did the agency address the mental/behavioral health needs of children?*

Figure 27

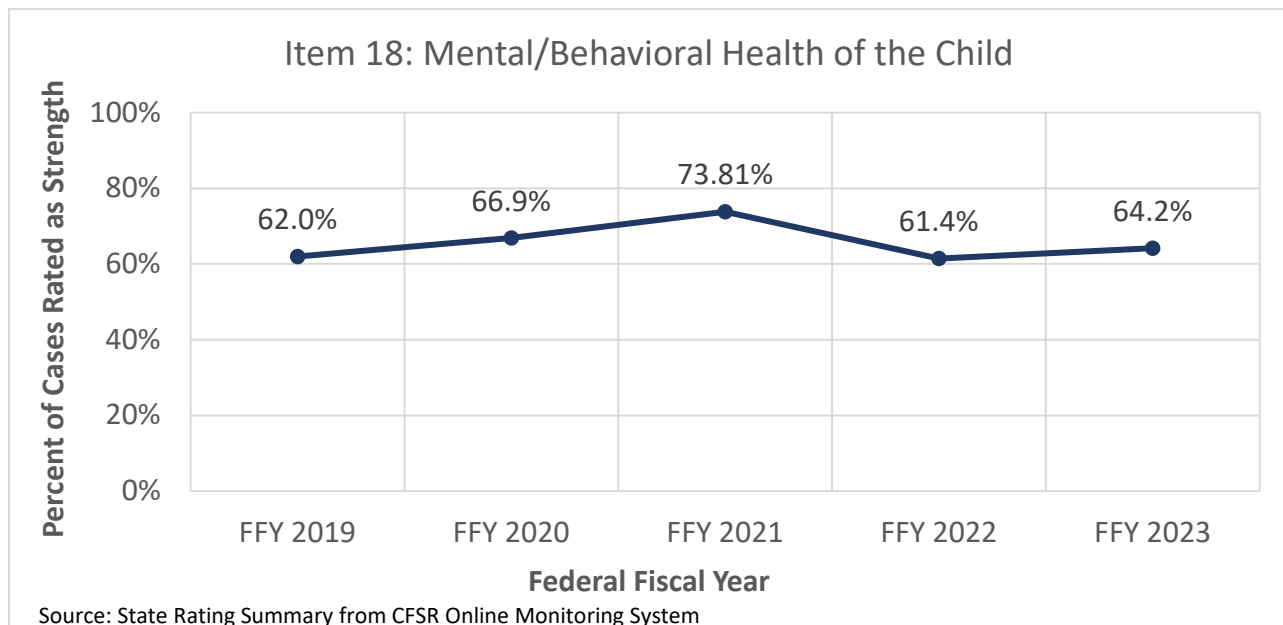


Figure 27 shows how well CW is meeting children’s mental health needs through regular ongoing assessments and necessary services.

#### Statewide Efforts

The pandemic exacerbated already existing staffing shortages in the mental health field in Oregon which affects the overall availability of services for children and families served by CW.<sup>9</sup>

The Child Fatality Prevention and Review Program is building relationships with Early Learning hubs to improve child access to Early Intervention screenings and services (page 27 of Attachment 7).

#### Treatment Services Projects to Support Children with Complex Needs

The Treatment Services Program works with providers, other state agencies, and partners in the child-serving systems in Oregon to expand current services and develop creative solutions to meet the needs of children and youth in foster care in Oregon. The following is a brief overview of their work.

CW is working with a contractor to develop a new service, Enhanced Transition Supports, which will support youth transitioning out of PRTF-level placements (Psychiatric Residential Treatment Facility). The goal is to reduce length of stay in the PRTF level because youth will have the support they need to transition down to a lower level of care and to reduce placement

<sup>9</sup> <https://www.oregonlive.com/health/2023/10/oregons-mental-health-workforce-crisis-exacerbates-challenges-finding-care.html>

disruption after discharge from PRTF. The contractor began taking on the work from CW staff in one provider setting in early 2024.

CW has an open Request for Applications (RFA) for specialty qualified residential treatment programs (QRTPs) specializing in supporting children and young adults who have needs related to Commercial Sexual Exploitation of Children (CSEC) treatment, externalizing aggressive behaviors, Sex Abuse Specific Treatment (SAST), and/or substance use disorder (SUD) treatment. Our data suggests that children and young adults with these needs struggle the most with placement stability, so the RFA was built off of that knowledge. In 2024, one interested provider requested the solicitation information.

CW also opened an RFA for individual residential care services, a setting in which one child with extraordinary needs is placed and receives knowledgeable and skilled care from rotating staff in a home like setting. This kind of setting was one of the recommendations made in Dr. Beyer's report<sup>10</sup> and would serve children who cannot safely be served with other children.

The Treatment Services Program is collaborating with the Office of Developmental Disability Services (ODDS) to develop a direct contract with a provider for prioritized capacity for children in foster care who need a residential placement focused on serving children with intellectual/developmental disabilities. This would be modeled on the contract CW developed with Looking Glass for prioritized PRTF capacity to serve children in foster care.

CW is expanding priority access to PRTF level of care for CW through initiating a contract with Albertina Kerr subacute program for children ages 9-14 expected to open in July of 2024. Additionally, CW supported the onboarding of the first co-occurring SUD and PRTF program through Madrona Recovery in 2024.

CW Treatment Services also expanded and enhanced the care provided through its Transitional Living Program Plus (TLP+) with the New Narratives program. This program provides intensive mental health supports alongside opportunities to build rental history for young adults with acute mental health needs who are in foster care, ages 18-21.

#### *Past Work*

- Negotiated prioritized access to PRTF level of care for children in care of CW with Looking Glass Regional Crisis Center and expanded their contract by 8 beds in 2023 (pages 91-92 in APSR dated 8/21/23)
- Initiated Behavioral Health Treatment Foster Care (BH-TFC) pilot in May 2021, extended through 2024 for determination recommendations to legislature and optimal billing rate/contract approach (page 92 in APSR dated 8/21/23)
- Developed and started the Response and Support Network (RSN) pilot, which expanded from Multnomah County to Washington and Clackamas Counties. This service is an

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<sup>10</sup> Dr. Beyer's report is available online via the Oregon Legislature at <https://olis.oregonlegislature.gov/liz/202311/Downloads/CommitteeMeetingDocument/279279>

intensive, time-limited service provided in partnership with CCOs and designed to keep children stable in their current placement (page 92 in APSR dated 8/21/23)

- Developed and started the Child Specific Caregiver Supports (CSCS) pilot in five districts to support children at risk of disrupting from their home or resource family placement. (page 92 in APSR dated 8/21/23)

## B. Systemic Factors

### 1. Information Systems

*Item 19: How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?*

CW's statewide information system is called OR-Kids. It captures the time of entry and exit of all children in foster care. OR-Kids currently captures demographic information, and that information is presented to local offices in their CQI kick-off meetings.

The Placement module in OR-Kids captures location data for children in foster care, except for children in a temporary lodging placement. Local offices track the location data for every child in a temporary lodging placement and each child is accompanied by two adults at all times.

The Family Report and legal module both capture the child's permanency goals.

### 2. Case Review System

*Item 20: How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?*

Refer to Item 5, and Item 13 for detailed information about the Family Report and the improved engagement of parents in case plan development.

Refer to the CFSP for a discussion on how the Family Report meets the requirements of a "case plan" for Title IV-E purposes.

*Item 21: How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?*

Oregon's Citizen Review Boards (CRBs) track all children in foster care and ensure they receive a periodic review every six months by the CRB or the court. Oregon law requires substantial court oversight, resulting in frequent reviews of cases. Refer to the Statewide Assessment for additional information about the system functioning.

*Item 22: How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?*

Item 22 was a strength in the 2016 CFSR Round 3. CW does not track this data directly and relies on data provided by the Juvenile Court Improvement Project (JCIP), including whether a case has an initial permanency hearing within 14 months of filing the petition. This data is a proxy for when a permanency hearing is required, assuming the petition is filed within a day or two of the children being placed in foster care (Oregon consistently defines “the date the child entered foster care” as 60 days from initial placement).

*Figure 28*

<b>Calendar Year</b>	<b>% Timely to First Permanency Hearing</b>
2019	89%
2020	84%
2021	85.5%
2022	87%
2023	88.3%

Initial permanency hearings are timely if conducted within 425 days (14 months) of the initial petition filed. Performance on this measure is steady, with a small decrease during the pandemic years. During the pandemic, courts moved to virtual hearings and were forced to delay some hearings.

*Figure 29*

<b>Calendar Year</b>	<b>% Timely to Later Permanency Hearing</b>
2019	92%
2020	89.4%
2021	92.6%
2022	93%
2023	93.4%

Later permanency hearings (the second through case closure) are considered timely if held within 365 days of the prior permanency hearing. Like the data for initial permanency hearings, there is a decrease in 2020 due to pandemic-related barriers experienced in 2020 and early in 2021.



*Item 23: How well is the case review system functioning to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?*

In 2016, CFSR Round 3 rated item 23 as an area for improvement because CW did not have comprehensive information on whether filing for termination of parental rights (TPR) proceedings occurred within federal timelines.

JCIP tracks TPR petition filing based on the days the current dependency case opened. This is not an exact measure as it does not include cases where children were in foster care in a prior episode within the last 22 months and assumes certain cases were “late” to TPR, when they were not, for example, a child who spent time in a trial reunification. An area for improvement includes system development and report creation to identify children in care for 15 of 22 months and have not had a TPR petition filed to determine how many cases have a good cause judicial finding. Because OR-Kids does not require judicial exception information, obtaining this data requires manual file review.

In 2023, the median days from filing a dependency petition to filing a TPR petition increased, as did the median days from filing a dependency petition to termination or relinquishment of parental rights. However, the number of TPR petitions filed has consistently decreased since the second quarter of 2021.

Appellate law in Oregon is clear that even when a child cannot be returned to a parent’s care, the “protection of a child’s best interests includes attention to all of the options for preserving whatever relationship is possible with that child’s parent...”<sup>11</sup> One way to do this is by preserving the legal relationship and opting for permanent guardianship when appropriate. This aligns with CW’s Vision for Transformation approach of supporting families and preserving children’s relationships, cultural connections, and sense of belonging in all parts of the work.

*Item 24: How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review hearing held with respect to the child?*

The Family Report requires the caseworker to document whether they notified the resource parent(s) of the associated court hearing. In order for this requirement to show up in the Family Report, two criteria must be met (or the built-in logic hides the question):

1. There is court involvement (so there are court hearings to notify about);
2. There is substitute care (so potentially resource parents to notify)<sup>12</sup>.

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<sup>11</sup> Dept. of Human Services v. J.A.P., 317 Or App 525, 527 (2022).

<sup>12</sup> It is possible that the case is “in-home/out of home” meaning that there have been both types of plans, and then the field will show up on the Family Report to allow for documentation if “out of home” is currently the case.

The data below in Figure 30 includes all Family Reports that were created in, had an effective date in, and were approved in FFY 2023. All of the Family Reports in Figure 30 also meet the two criteria above: court involvement and any time in a substitute care placement.

Figure 30

Resource Family Notified?	Number of Family Reports	Percent
<b>Yes</b>	7,632	90.3%
<b>Not Applicable</b>	785	9.3%
<b>No</b>	36	0.4%
<b>Grand Total</b>	8,453	100.0%

When answering the question, a caseworker marks “not applicable” when the placement does not have resource parents to notify. Some examples include:

- Trial home reunification
- Residential treatment facility
- Hospitalization
- Independent living
- Detention or youth correctional placement

### 3. Quality Assurance

The Quality Assurance systemic factor, CFSR Item 25, can be found on pages 71-73 of the APSR under Oregon’s Vision for Enhancing the Structure of Our System by Using Data and CQI.

### 4. Staff Training

Staff Training systemic factors, CFSR Items 26-28, can be found on pages 63-68 of the APSR under Oregon’s Vision for Enhancing Our Staff and Infrastructure.

### 5. Service Array

Service Array systemic factors, CFSR Items 29-30, can be found on pages 58-59 of the APSR under Oregon’s Vision for Supporting Families and Promoting Prevention.

### 6. Agency Responsiveness to the Community

Agency Responsiveness to the Community systemic factors, CFSR Items 31-32, can be found on pages 59-62 of the APSR under Oregon’s Vision for Supporting Families and Promoting Prevention.

## 7. Resource & Adoptive Parent Licensing, Recruitment, and Retention

*Item 33: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving Title IV-B or IV-E funds?*

Please refer to the section on SAFE Home Study Quality Assurance (QA) Reviews in Item 25 on pages 72-73 of the APSR.

*Item 34: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?*

### Criminal Background Checks

The ODHS Background Check Unit (BCU) processes criminal background checks for resource parent applicants and out-of-state child abuse and neglect checks.

Quality assurance reviews ensure background check compliance. There is a detailed procedure for completing background checks and assessing the information received. A weighing test helps analyze the impact of criminal history and/or child abuse history on child safety.

The ODHS provider record requires the entry of necessary background checks to issue a certificate of approval for certification.

### Child Abuse Registry Checks

Certifiers perform the in-state child abuse checks for resource parent applicants. Quality assurance reviews ensure background check compliance. There is a procedure for completing and documenting the check and assessing the information received. A weighing test helps analyze the impact of any child abuse history on child safety.

### Safety of Out of Home Placements

See Attachments 56 and 57. The staff responsible for investigating complaints against child caring agencies is housed in ODHS but not within CW. OTIS is the Office of Training Investigations and Safety Overview and they house the Child-Caring Agencies Notifications Desk.<sup>13</sup>

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<sup>13</sup> <https://www.oregon.gov/odhs/licensing/childrens-care-agencies/Pages/notifications-desk.aspx>

*Item 35: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?*

Item 35 can be found on page 62 of the APSR under Oregon’s Vision for Supporting Families and Promoting Prevention.

*Item 36: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?*

Item 36 can be found on page 63 of the APSR under Oregon’s Vision for Supporting Families and Promoting Prevention.

### III. Plan for Enacting Oregon’s Vision for Transformation

#### A. Equity and Anti-Racism

The Vision for Transformation is centered on equitable outcomes for all, eliminating the over-surveillance of historically marginalized communities, and promoting service equity. This work occurs alongside the broader work of equity and inclusion in Oregon<sup>14</sup>.

In 2023, the Equity, Training, and Workforce Development Program partnered with the Policy Unit to run a continuous quality improvement cycle on the Racial Equity and Social Justice (RESJ) tool. The tool was introduced in 2021 and used in various formats to review rule, policy, procedure, and form changes for equity considerations during the internal Policy Unit process at CW.

In summer 2023, the team received feedback from the different groups surrounding that process: staff and subject matter experts at CW often drafted the proposed changes and gathered information to answer the questions the RESJ tool raised; the individuals who sat on the RESJ committee who reviewed the tool; the individuals with lived experience who had contributed to the creation of the tool or reviews of various proposed policy changes; the Policy Unit staff who provided consultation and assistance to the individuals on all sides of the process, and others.

With that feedback and the ongoing participation of RESJ committee members representing local office staff and those with lived experience, the RESJ tool was revised and is now a more flexible tool that can be adapted to help staff consider equity in a variety of situations. There is now more clarity about when staff should expect completion and formal committee review to

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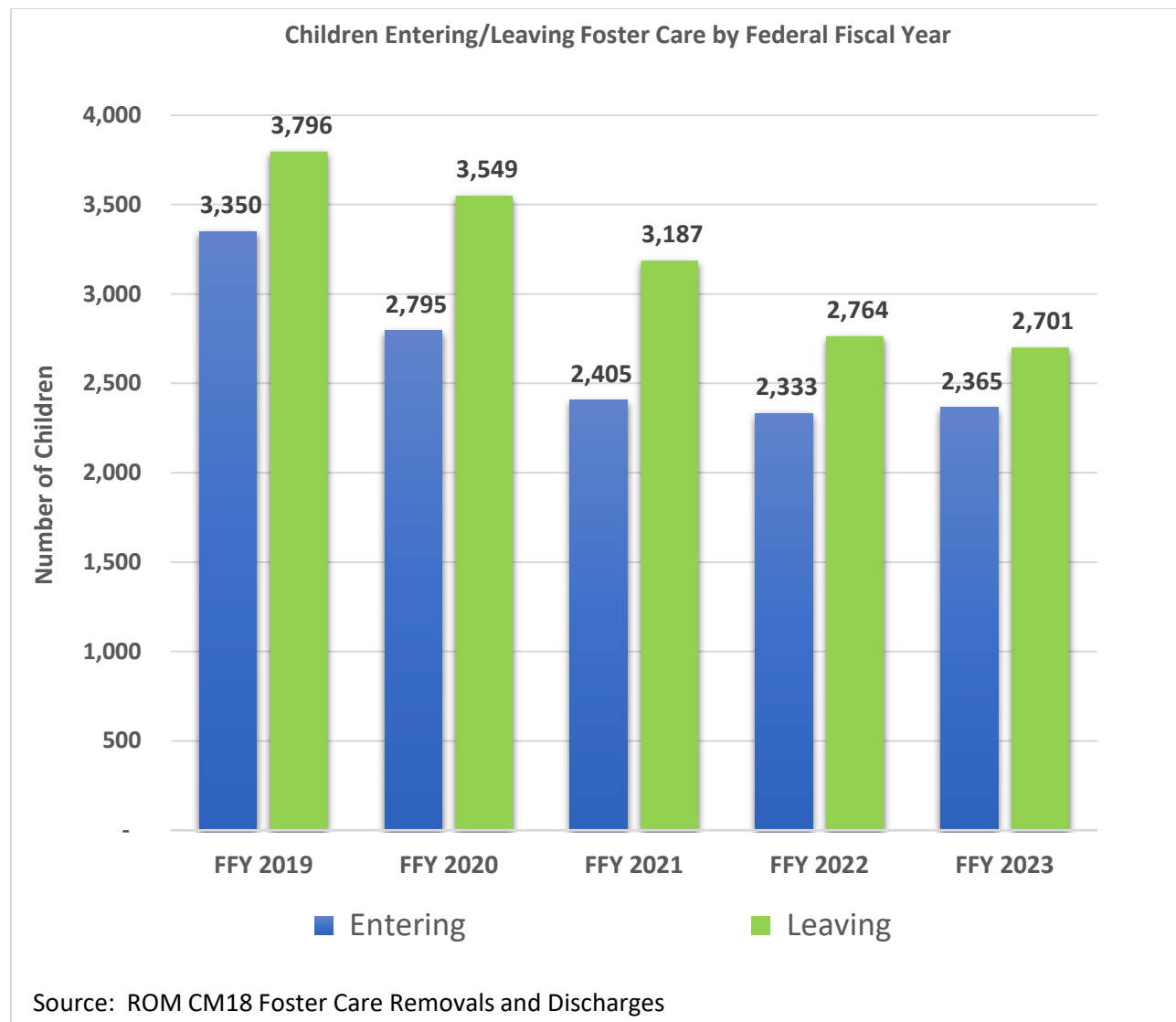
<sup>14</sup> [State of Oregon Diversity, Equity, and Inclusion Action Plan](#)

be required as a part of a rule, policy, or procedure change, and how to prepare for that process. (Attachments 58 and 59).

The Equity Team has also been collaborating with the Policy Unit to contract for a full equity-focused review of all CW's administrative rule, policy, and procedure. In fall 2023 CW posted a Request for Information and received responses that provided enough information for us to develop a Request for Proposal in 2024. The goal is that such a review, completed by an external entity, will help CW identify what parts of the system contribute to disparate outcomes for children and families based on race, ethnicity, SOGIE, or other factors, and make recommendations for change.

## B. Supporting Families and Promoting Prevention

Figure 31



As seen in Figure 31, the number of children entering foster care has remained stable with FFY 2022 as Oregon focuses on “upstream” prevention through family preservation.

## 1. Developing Oregon’s Family Preservation Approach

Oregon’s Title IV-E Prevention Plan and Family Preservation approach seek to build a pathway that can support families staying together, safe, and stable in their homes and communities. See Attachment 60 for details about Family Preservation.

### *Collaboration with Tribes for Prevention*

Oregon actively works with the five of the nine Tribes in Oregon with Title IV-E agreements on developing each Tribe’s unique Tribal Prevention. Each Tribe is unique in its approach to planning and documentation. Each Tribe provides prevention services focused on family engagement through respective tribal best/practices, including cultural events and activities, behavioral health programs, maternal health programs, substance use disorder treatment, home visiting, and early education programs through the Tribe(s) and community partners.

## 2. CFSR Metrics Directly Related to Oregon’s Vision of Supporting Families and Promoting Prevention

*Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the family?*

Figure 32

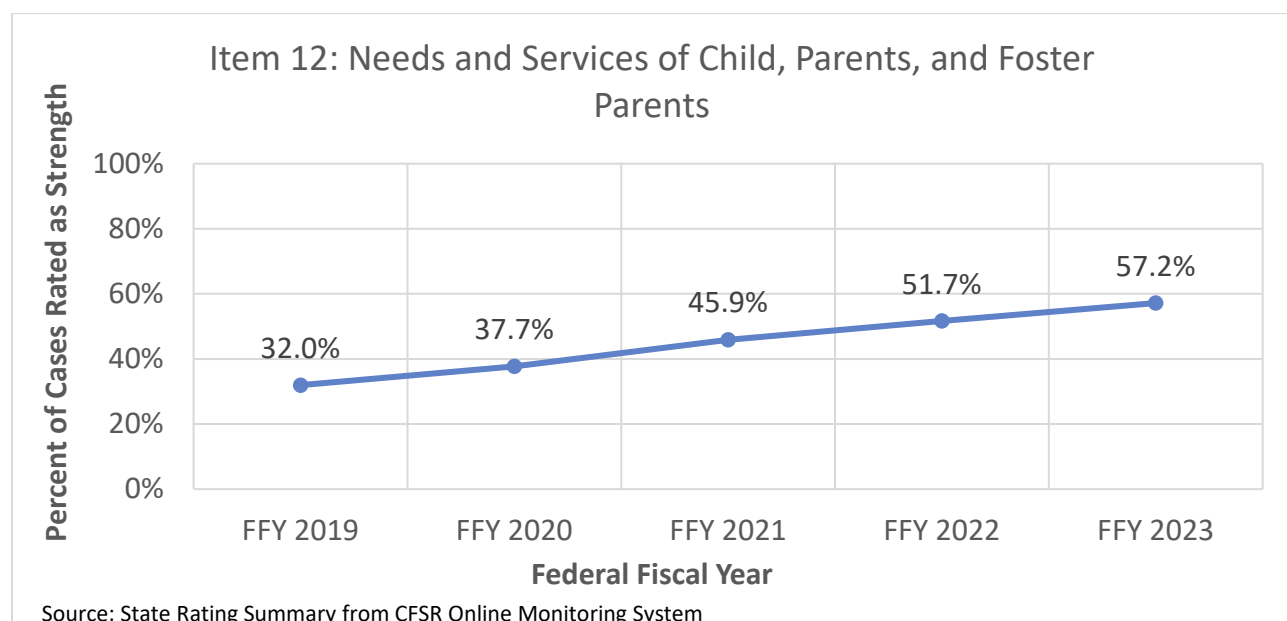


Figure 32 above is an overall measure of CW's performance for the three distinct groups: children, parents, and resource parents. It is not an average; for Item 12 to be rated a strength overall on an individual case review, all three sub-items must be rated a strength.

The three groups have differing needs and CW's efforts are tailored to each group individually, discussed in detail below.

#### 12A: Needs Assessment and Services to Children

Figure 33

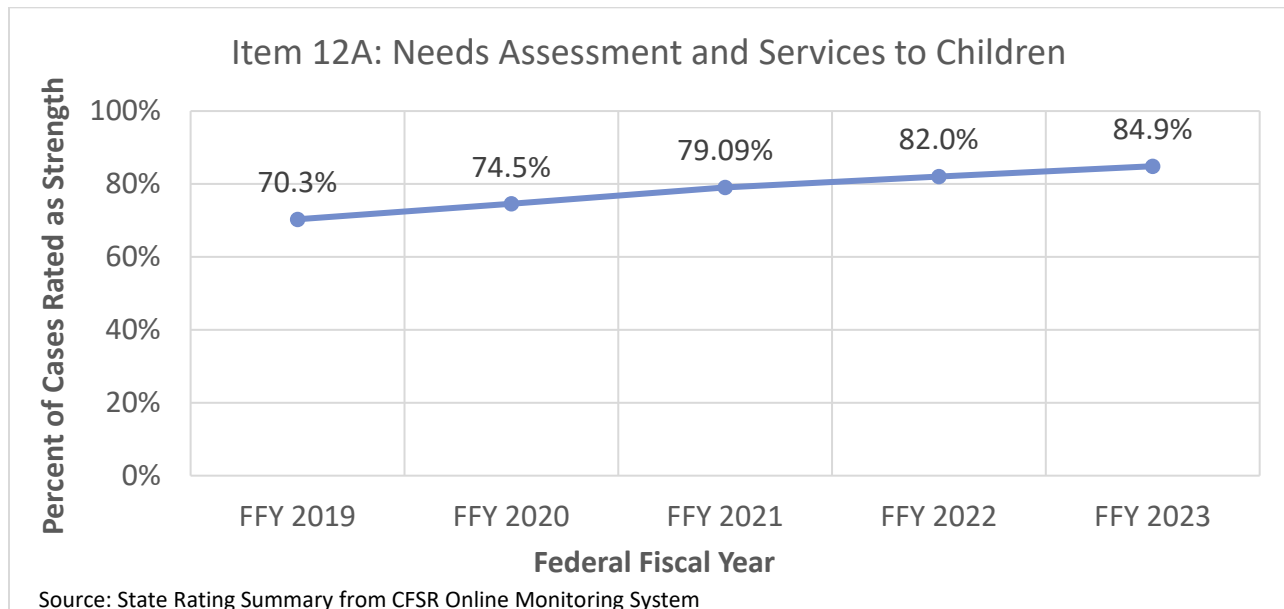


Figure 33 demonstrates the high value CW places in identifying children's individual needs and meeting them. Children in Oregon who must come into contact with CW are receiving a high level of service, and it continues to improve year to year.

See Items 17 (page 44 of the APSR) and 18 (pages 45-47 of the APSR) for discussion of physical health and mental health needs.

The Youth Transitions Program facilitated the Oregon Dream Conference, Oregon Teen Retreat, and Oregon Youth Well-Being Summit, described in detail in Attachments 61-63.

## 12B: Needs Assessment and Services to Parents

Figure 34

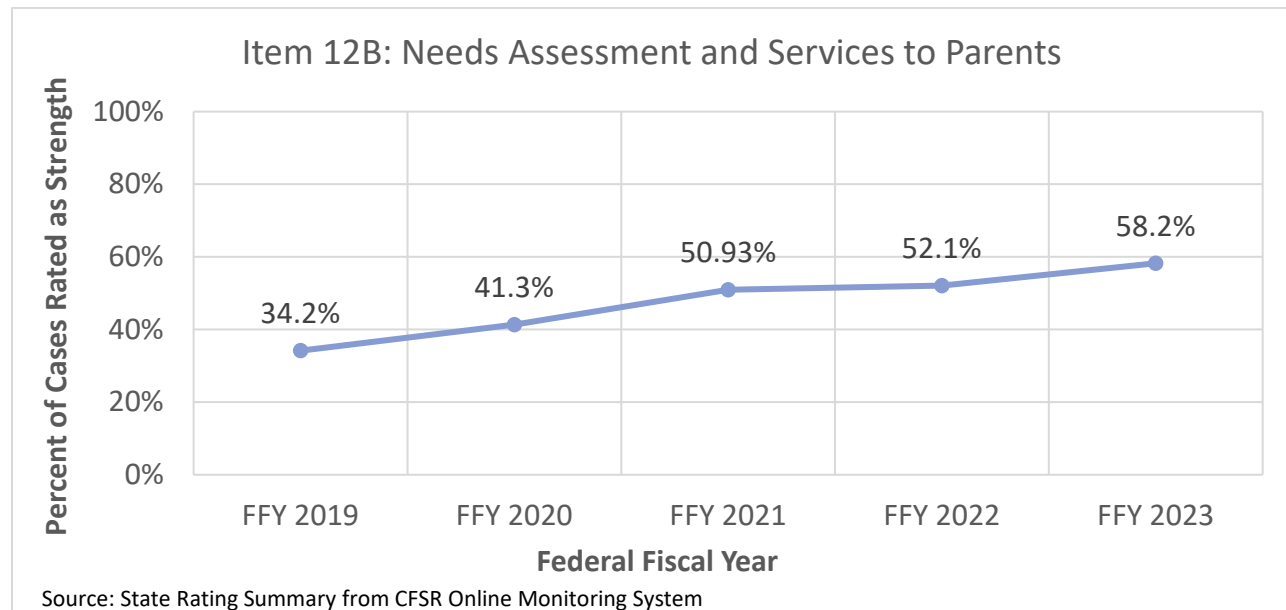


Figure 34 shows CW's steady improvement in assessing parents' needs and providing appropriate services in the last five years. CW anticipates that excellent practice on this lead measure will reduce recurrence of maltreatment (see Figure 8), reduce re-entry to substitute care (see Figure 5), increase reunification rates, and increase timely achievement of permanency (see Figures 13-15).

## District 14: Malheur County

Malheur County's lead measure was parent face-to-face contact, with the goal to improve their performance in assessing and meeting parents' needs and providing appropriate services (the lag measure). The lag measure Malheur County chose to focus on is qualitative, which makes it difficult to evaluate without ongoing file reviews which are labor intensive. Malheur County is smaller in population which means that performance (good or bad) in one case can swing the whole county's performance drastically. Only four cases were reviewed for their lag measure to provide their baseline, meaning each case counted for 25% of their performance. Parent face-to-face contact did improve over the cycle in Malheur County from 45% in October 2022 to 52% in August 2023. The lag measure selected, assessing needs and services to parents, dropped during that time. The CQI team and Malheur County identified some challenges in this cycle: how best to track in real-time when the lag measure is a qualitative CFSR measure, the length of time for implementation, and the pace of implementation. Both teams are taking these lessons learned into the next cycles, both in Malheur and into the CQI team to inform analysts supporting counties statewide. See attachments 64 and 65.



## Statewide Efforts

Parent mentor services are highly valued in the districts that have them and they will now be available statewide in Oregon. The primary provider in Oregon, Morrison Child & Family Services, has also collaborated with CW and another service provider, KEEP, to develop a version of this supportive capacity-building service for biological parents. KEEP is an evidence-based parenting support service that CW has contracted with to serve resource families (both relatives and non-relatives) for years, serving them by geographical regions and affinity groups (e.g., resource parents who are Spanish-speaking, American Indian/Alaska Native, or caring for LGBTQIA2S+ youth).

As of February 2024, two of Morrison's parent mentors are facilitating a KEEP group. They collaborated with KEEP to adapt the curriculum to fit the needs and experiences of parents, that are different than the needs and experiences of resource families and kin caregivers. This initial group serves parents whose children recently returned home or will return within 30 days, and it is approved as a parenting class by CW. The parents empower each other, they receive a financial incentive to attend the weekly virtual class, and there is a method for making up sessions when life gets in the way.

### 12C: Needs Assessment and Services to Resource Parents

Figure 35

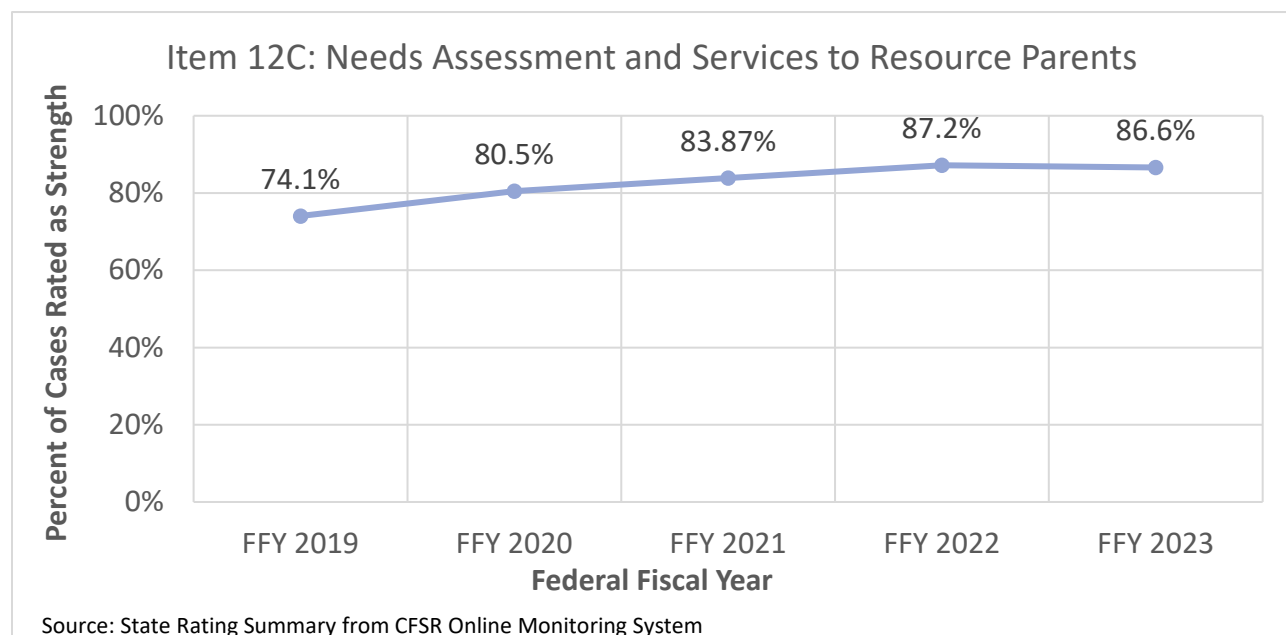


Figure 35 shows consistent high performance on this measure. CW has an evidence-based support and skill enhancement program, KEEP, available to resource families in all counties in the state. In January 2023 CW launched a certified respite program to relieve resource families of the burden of identifying their own respite providers, seeing the utilization of respite care

services more than double from 2022-2023. Please refer to last year's APSR for more details on these ongoing supports.

### 3. Service Array

*Item 29: How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?*

Services are listed by category below. For additional services, see Attachment 7 for those intended to prevent child maltreatment fatalities and Item 18 on pages 45-47 of the APSR for services intended to address mental and behavioral health needs of children. See also the Statewide Assessment.

#### Services that Assess Strengths & Needs and Determine Other Service Needs

The following services are available in this category to all families in Oregon:

- Child protective services assessment
- Intake nursing assessment
- Child and Adolescent Needs and Strengths screening
- Early Intervention screening
- Mental health screening
- Psychological evaluation
- Qualified Residential Treatment Program assessment

#### Services that Address Needs to Create a Safe Home Environment

The following services are available in this category to all families in Oregon:

- Parent Child Interaction Therapy;
- Addiction Recovery Teams; and
- In-home nursing assessment.

The following services in this category are available in only some jurisdictions, as noted.

- Tribal programs, within Tribal service areas;
- Functional Family Therapy, within Family Preservation demonstration sites;
- Parents as Teachers, within Family Preservation demonstration sites; and
- Concrete supports using Family Preservation funding, within the demonstration sites.

#### Services that Enable Children to Remain Safely with Parents

The following services are available in this category to all families in Oregon:

- Parent Child Interaction Therapy;
- Addiction Recovery Teams; and
- In-home nursing assessment.

The following services in this category are available in only some jurisdictions, as noted.

- Tribal programs, within Tribal service areas;
- Functional Family Therapy, within Family Preservation demonstration sites;
- Parents as Teachers, within Family Preservation demonstration sites;
- Motivational Interviewing, within Tribal service areas; and
- Concrete supports using Family Preservation funding, within the demonstration sites.

#### Services that Help Children Achieve Permanency

The following services in this category are available to all families in Oregon:

- Personal care services;
- Adoption mediation;
- The array of services provided by the Oregon Post Adoption Resource Center (ORPARC); and
- Permanency planning.

Tribal customary adoption is only available to children eligible under ICWA, when requested by the child's Tribe.

*Item 30: How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?*

Refer to the Statewide Assessment and pages 39-40 of the CFSP.

#### 4. Agency Responsiveness to the Community

*Item 31: How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?*

Refer to the following for information about CW consultation with the community:

- Attachment 3, CW's collaborations;
- Advisory groups, pages 10-12 of the APSR;
- Resource parent listening sessions, described in the Statewide Assessment; and
- Service Equity Council, described on pages 48-49 of the CFSP.

On January 1, 2024, ODHS' Tribal Consultation policy went into effect. (Attachment 66). CW developed an internal process to ensure that staff closest to the policy change (analysts) receive consistent advice about whether the change meets the threshold for formal consultation and to get advice on informal collaboration when consultation is not necessary.

*Item 32: How well is the agency responsiveness to the community functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?*

#### Community Based Child Abuse Prevention Grant (CBCAP)

The CBCAP State Lead is responsible for collaboration, coordination, and provision of technical assistance for the Family Support and Connections (FS&C) contracted community-based organizations.

CBCAP State Lead collaborative engagements include but are not limited to the following:

- Tribal Prevention quarterly meetings
- Maternal and Infant Early Childhood Home Visiting (MIECHV)
- Home Visiting Committees
- The Attorney General Sexual Assault Task Force
- Prevention and education subcommittees; and
- Child Welfare Family Preservation

A few highlights include:

#### Doris Duke Foundation OPT-In Initiative

The Doris Duke Foundation selected Oregon and three other states to be part of a three-year, \$33 million initiative. This initiative will test and build upon Oregon's approach to serving children and families which combines anti-poverty programs with coaching models to ensure child safety, keep families together, and prevent unnecessary child welfare involvement.

The Opportunities for Prevention and Transformation Initiative, or OPT-In for Families, will provide ODHS and community partners with technical assistance to continue to connect families at risk of child welfare involvement due to the lack of resources with needed material and community supports. Nationally, and in Oregon, approximately 50% of all calls to the child abuse hotlines are not found to constitute abuse, though often indicate serious economic needs and other hardships. The OPT-In Initiative will work to test and strengthen two distinct efforts in Oregon that work to link families to voluntary assistance programs and resources. Technical assistance is provided by Harvard Kennedy School Government Performance Lab, Chapin Hall, Foster America, Think of Us, and Impact Charitable. The CBCAP State Lead and Child Welfare Family Preservation colleagues are partnering as lead government counterparts in this work alongside technical assistance and in the design of distributing \$3 million per year in flexible resources to families over the next 3 years.

#### Public Assistance

The CBCAP State Lead regularly participates and collaborates with SSP Policy Teams including TANF, Employment Related Daycare (ERDC), SNAP, Refugee, and Employment and Training programs. The CBCAP State Lead is in regular contact and provides support for local ODHS

Offices often cohoused with domestic violence services, Child Welfare, and Aging and People with Disabilities.

#### Oregon Attorney General Sexual Assault Task Force

The CBCAP State Lead participates in the Attorney General's sexual assault task force prevention subcommittee.

#### Child Welfare

Self Sufficiency and Child Welfare are both within ODHS. The CBCAP State Lead continues to work closely with Child Welfare providing ongoing collaboration. In addition, Self-Sufficiency and Child Welfare are collaborating on Family Preservation and the goal of serving more families in-home and in their communities than in foster care. In the past year, the CBCAP State Lead, various Child Welfare leaders, and community partners have continued participating together in state teams in a learning community with the FRIENDS Prevention Mindset Institute.

Through the Administration for Children and Families, Families are Stronger Together Learning Community (FAST-LC), ODHS Child Welfare, Self-Sufficiency Programs, and federal partners are developing a statewide prevention innovations and practice framework. The framework will be established for developing, testing, and finalizing local and statewide prevention innovations and practices. The framework is intended to create consistency in new practices and lays the groundwork to evaluate the effectiveness of new approaches in creating equitable access to supports, services, and resources for all families.

#### Home Visiting System Collaborative

The CBCAP State Lead continues as a member of the Home Visiting System Collaborative (HVSC). The Oregon Home Visiting Collaborative unites State and Regional leaders from various home visiting models to enhance early childhood services (prenatal to age 5). The Collaborative advises and informs the Oregon Home Visiting System Initiative, bridging ground-level programs with policy-making bodies for practical, field-based insights.

#### Oregon Parenting Education Collaborative Hubs (OPEC)

The CBCAP State Lead funds and participates in the Oregon Parenting Education Collaborative (OPEC), a multi-year initiative led by The Oregon Community Foundation (OCF), The Ford Family Foundation, and Oregon State University. Financial supporters include the Meyer Memorial Trust, the Collins Foundation, and OCF Donor Advised Funds. The Oregon Parenting Education Collaborative increases access to professional development opportunities for parenting education professionals through coordination of parenting education curriculum trainings (in-person and virtual) as well as trainings focused on best practices for supporting parenting education groups.

### Juvenile Court Improvement Program (JCIP)

CW leaders are members of the Juvenile Court Improvement Program (JCIP) Advisory Committee. The Advisory Committee meets quarterly and provides JCIP oversight. JCIP is involved in Oregon's CFSR Round 4 preparations, particularly in arranging for feedback from the judicial and legal communities.

JCIP was awarded the State and Tribal Practices on ICWA grant and are working with the Klamath Tribes to expand ICWA courts, among other objectives. (Attachment 67). Oregon was one of only five states awarded a grant.

CW is collaborating with JCIP on the Safety Decision Making Questions Project. JCIP led a team including CW, the Department of Justice, public defense consortium attorneys, parents with lived experience, CRB members, CASAs, and judges to develop safety questions for judges to ask at critical hearings. The plan is for all parties to consider safety decision making at the time of protective custody and shelter hearings, and when considering a return home to trial reunification. The goal is to reduce unnecessary removals and reduce time to reunification. The shelter hearings piloted in courts from January through June 2024 and results are being evaluated.

### Family Preservation

CW Leadership participates in the Early Childhood Council Home Visiting System Committee, the System of Care Advisory Council, and the Raise Up Oregon: Statewide Early Learning System Plan, a comprehensive state system plan for early childhood prenatal to age five. These councils and planning processes align federal and state investments such as MIECHV and Medicaid in early childhood programs.

Family Preservation improves coordination and requires co-case management between CW & SSP to ensure that families can fully benefit from programs available through SSP including TANF and SNAP, in addition to those funded by CW. The approach also focuses on supporting the alignment of services and supports across local communities to ensure equitable access and avoid service duplication.

## 5. Resource & Adoptive Parent Licensing, Recruitment, and Retention

*Item 35: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?*

Refer to Statewide Assessment.

*Item 36: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?*

CW has a centralized Interstate Compact for the Placement of Children (ICPC) team dedicated solely to completing home studies for incoming placement requests from other states. Oregon has found this is the most reliable way to ensure home studies are completed within the 60-day deadline.

Figure 36

	Home studies due 7/1/2020-6/30/2021	Home studies due 7/1/2021- 6/30/2022	Home studies due 7/1/2023-6/30/2023
<b>Completed by ICPC workers</b>	203/256 = 79%	187/210=89%	145/157 = 92%
<b>Completed by local office staff</b>	12/29 = 41%	1/4= 25%	25/39 = 64%

CW successfully joined the National Electronic Interstate Compact Enterprise (NEICE) in the summer 2023 and is integrating it into CW's current business processes and OR-Kids IT system.

## C. Enhancing Our Staff and Infrastructure

The Vision for Transformation depends on a diverse, supported, skilled, respected, and engaged workforce that reflects and embraces the communities served.

### 1. CFSR Metrics Directly Related to Oregon's Vision of Enhancing Our Staff and Infrastructure

#### *Staff Training*

*Item 26: How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?*

Caseworkers, Coaching and Training Specialists (CTS), Family Time Coordinators (FTCs), and Supervisors

Initial training for caseworkers (classification is Social Service Specialist 1 – SSS1) and Family Time Coordinators (FTCs) is provided through a university partner, Portland State University.

When caseworkers are hired, they spend the first three weeks of employment orienting to their local office while completing e-learnings as required by Department of Administrative Services

(DAS) and ODHS. Next, caseworkers engage in a virtual learning environment and begin part one of Essential Elements for Child Welfare Practice taught by instructors from Portland State University. Once this is complete, they return to their office and receive on the job training called On-Ramp. On-Ramp introduces workers to eight key tasks through experiential learning and provides opportunities to research statute, rules, and procedure, while observing a variety of casework duties. New caseworkers begin performing these duties, while being observed by Coaching & Training Specialists (CTS) or supervisors before being released to do it on their own.

While going through On-Ramp training, caseworkers are assigned cases on a limited basis with increased supervision. The number of cases assigned may vary across the state as this decision is dependent on many factors including but not limited to proficiency/comfort of the worker, the unit the worker is assigned to, and staffing needs. Finally, caseworkers receive four to five additional virtual learning courses via Portland State University to complete their learning competencies before the end of their first year of employment.

Coaching and Training Specialists receive a seven-day initial pre-service training before they begin performing their duties. This course covers coaching, training, child welfare practice, collaboration, and engagement. Components of this training are integrated with supervisor training to support their role as trainers in the local office.

Supervisor pre-service is a two-week training designed to provide the necessary tools to lead CW staff. Subjects include leadership, coaching, human resources, and child welfare practice. Following training, supervisors participate in a monthly cohort call that further establishes connections between supervisors in other branches, leading to expanded support networks, communities of practice, and wellbeing. They also have an on-ramp they must complete as part of their training, as well as intensive field follow-ups that they schedule with consultants from Human Resources, Child Safety, Permanency, Foster Care, OR-KIDS, and other design programs.

Supervisors must also complete ODHS New Manager Training, titled “Navigate: Lead to Engage, Manage for Results.” This training contains courses on:

- Cultivating a Diverse Workforce;
- Domestic Violence, Harassment, Sexual Assault and Stalking;
- ODHS Essentials of Human Resources Management;
- Ethics;
- Managing Resources – Budgets, Contracts, Audits and Risks; and
- New Manager Introduction to ODHS.

The following training guides for Family Time Coordinator (FTC), caseworker (SSS1), CTS (SSS2), and supervisor positions are available to all staff on the CW SharePoint:

- Initial Training Pre-Requisites;
- 12-month Training Plan;
- Pre-Training Activities;



- On-Ramp Guide;
- On-Ramp Checklist; and
- Intensive Follow-ups for Supervisors.

The Workforce Training Team has begun development of enhancements for SSS1 training in their first 18 months of service. This content will consist of a new Orientation for Child Welfare Staff, introductory content to prepare for Essential Elements of Child Welfare Practice, Transfer of Learning materials to bridge the gap between Essential Elements and on-the-job training, and ongoing professional development (in-service) coursework for staff once they have completed their pre-service training. This content will take a variety of formats, including but not exclusive to video micro-learning, self-paced e-learning, instructor-led training, seminars, and conferences.

A pilot is in development for new caseworker (SSS1s) training. The pilot will utilize a cohort-based Academy model where new workers will be assigned to a trainee status for their first six months of service. During this time, they will receive additional blocks of instruction on fundamentals of casework, advanced skills, and program-specific training. Upon completion of the classroom portion of the academy, new workers will receive on-the-job training. They will carry a reduced caseload, receive increased supervision, and engage in additional transfer-of-learning activities.

Training content for ODHS CW's Statewide Automated Child Welfare Information System (SACWIS), known as OR-KIDS, is transitioning from virtual classroom and quick reference guides to e-learning modules and video micro-learnings. E-learnings will provide a more interactive experience for staff to understand how to access, navigate, and manipulate the SACWIS system. Video micro-learnings are 3-5 minute on-demand instructional videos that will give staff quick step-by-step completion instructions on individual tasks within OR-KIDS.

#### ORCAH Academy

ORCAH has an internal Screener's Academy described in detail in last year's APSR. It is also summarized in Attachment 5.

#### Coaching

CW is collaborating with the Self-Sufficiency Program to adapt and implement a coaching model. The workgroup is receiving support and technical assistance from the Capacity Building Center for States (CBCS), who has advised numerous jurisdictions in the design, implementation, and evaluation of coaching.

Coaching has been proven in research, literature reviews, and meta-analyses to contribute to improvements in staff functioning, including significant impacts to performance, skills, self-regulated direction toward goals, general well-being, and work attitudes. Coaching extends the

impact of training, resulting in higher fidelity in the application of newly acquired knowledge and skills, and increase in staff confidence.

Child Welfare and Self-Sufficiency have conducted readiness assessments, conducted peer-to-peer meetings with states who have implemented coaching, and evaluated multiple coaching models. The Atlantic Coast Child Welfare Implementation Center (ACCWIC) was selected as the coaching model for ODHS CW and Self-Sufficiency. ACCWIC supports effective implementation, strengthens practice, increases competency, develops leadership skills, and increases leadership capacity. This model will be adapted to be a unifying framework supporting and developing staff in CW and Self-Sufficiency.

The workgroup is in the process of adapting ACCWIC to Oregon's needs, identifying resources needed for implementation, developing plans for implementation, communication, and evaluation, and establishing key performance measures with a projected launch of Q2 of 2025.

Item 27: How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Several structures are in development to support ongoing training of CW staff:

#### District Training Teams

These teams will consist of local leadership, Coaching & Training Specialists, Central Office Program Consultants, Learning & Development Specialists, and other identified personnel. The objective of this team is to identify all available training resources, determine training needs, and provide proactive and reactive solutions to the development needs of staff.

#### Ongoing Training

Additional requirements, content, and events are being developed to support the professional development of child welfare staff after they have completed their pre-service training:

- Review and update of current initial and annual trainings.
- Establish a minimum number of ongoing training hours staff are required to complete annually.
- Development of specialized training content intended to refresh or enhance skillsets.
- Development of periodic in-service training events.

#### Current offerings of ongoing training:

- **LEAD Summit:** A tri-annual event for the professional development of Coaching & Training Specialists, Office Managers, Program Consultants, Regional ICWA Specialists, Addiction Recovery Team Leads, and Supervisors. This is a conference style training event with guest speakers, workshops, and breakout sessions designed to provide collaborative training opportunities for the invitees related to leadership, child welfare work, and other specialized content.

- **Trainer’s Institute:** A tri-annual conference-style event for trainer’s (or staff with training responsibilities).
- **Program Quarterlies:** Training and communication events hosted by Child Welfare Programs to include staff on updates to policy, procedure, statute, rule, and best practice.
- **Local Training Efforts:** Districts and branches host a multitude of localized training events including but not exclusive to writing labs, group supervision, facilitated discussion, instructor-led training, 1:1 coaching and tutoring, and development of job aids.

Item 28: How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under Title IV-E) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?

RAFT

CW uses [Resource and Adoptive Family Training](#) (RAFT) statewide. RAFT is a curriculum adapted from the National Training & Development Curriculum. The ETWD team piloted RAFT in-person in Salem, Oregon, between March 2023 – March 2024. Each district is responsible for identifying staff that will become RAFT Facilitators so that the training can be delivered statewide and coordinate annual RAFT training delivery.

CW has collaborated with the Parent Advisory Council to have Parent Mentors facilitate session seven, focusing on the relationship resource parents develop with biological family and the support they can be to parents. Members of PAC report this has been very meaningful for them and the participants in the training.

Additionally, CW collaborates with previous and current resource or adoptive parents to co-facilitate RAFT Session 8 “Creating a Stable, Nurturing and Safe Home Environment” in which many of the tools and concepts from previous sessions are discussed in day-to-day parenting practices.

RAFT is delivered in both English and Spanish. Participants register for RAFT through the state’s Learning Management System.

Ongoing Training for Resource Families

All ETWD Ongoing Training<sup>15</sup> is delivered virtually and offered statewide. The team coordinates various monthly topics. Just-in-time training (videos/podcasts) are also available for review.

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<sup>15</sup> [Certification Renewal & Ongoing Training](#)

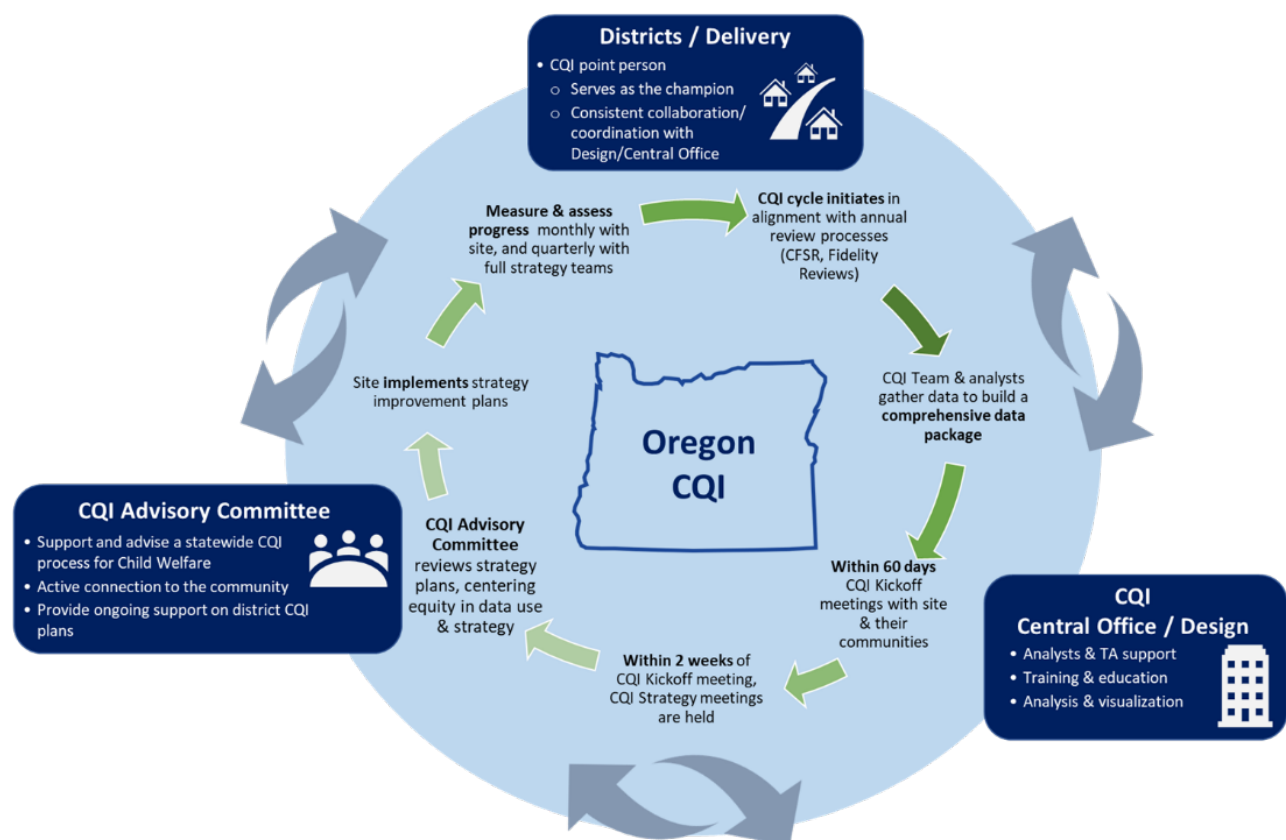
Registration occurs using Workday Learning. The transition occurred in September 2023. Data including registration details, training completion, and county of residence of participants is tracked more consistently. A training menu is available for all families and contains over 70 training options including mandatory initial trainings (Orientation and RAFT) and all ongoing training options to meet the unique parenting needs and skill development. Ongoing training options include computer-based “just-in-time” trainings resource parents can access for practical topics like trauma-informed parenting strategies. See the [Resource Parent Training menu](#) for further information on topics offered. Usage data will inform future training development.

## D. Enhancing the Structure of Our System by using Data with Continuous Quality Improvement (CQI)

The CW transformation is built on data-informed practice, supported by continuous quality improvement, and modernized information technology systems and tools.

### 1. Continuous Quality Improvement Program

Figure 37



The Continuous Quality Improvement Program (CQI) launched in July 2022. In alignment with the Vision for Transformation guiding principle three, the CQI program aims to improve services to children and families equitably using data and CQI principles.

The CQI program aims to make small, sustainable changes with large impacts. The CQI program aligns with the Child and Family Services Review (CFSR) process and uses the Plan, Do, Study, Act (PDSA) model. The team works closely with each district to identify how many CQI sites they would like to have (if there is more than one local office) and who in their community they would like to invite to participate in the CQI cycle. The CQI team guides the conversation and works with the local office to include critical participants such as Tribal partners, people with lived child welfare experience, ODHS Self-Sufficiency Program (SSP) partners, community partners, resource parents, legal partners, and community members.

The process is described in detail in last year's APSR. The changes that local offices see in their practice and outcomes are detailed throughout this report. As the program has come into full implementation, peer collaboration is formally facilitated (as described regarding parent face to face contact) and occurs less formally, as CQI analysts are able to network with their sites to share good ideas and lessons learned across the state.

Recently, the CQI program presented to CW leadership and identified some critical lessons learned:

- Implementing slowly (one district a quarter until all 16 districts were rotated in) was not the preferred pace, but it was essential because the focused in-person engagement and relationship building between the local office staff, community, and the CQI team was so important to ongoing effective work. The slower pace also allowed for implementing feedback across sites in real time.
- There are not great short-term companion measures for several of the qualitative CFSR measures, such as the quality of a relationship between a child in care and their parent(s). There's not something easy to count in real time that matches up.
- Partners, Tribes, and communities are suffering from some invitation fatigue. Districts that are Family Preservation demonstration sites and/or districts that chose to separate into more than one CQI site but have providers that serve the whole district are especially prone to this fatigue. CW is working to be strategic about this given the invitations we are issuing for CFSR Round 4 as well.

### *Data Literacy*

The CQI Program launched a two track "Data Bytes" email newsletter with the goal of increasing data literacy among CW staff. The first track focuses on general data literacy information, with the goal of a 25% open rate (currently averaging in the high 40% range).

The second track focuses on CFSR information as CW is in the beginning stages of CFSR Round 4, which affects all CW workforce. The goal is also a 25% open rate, and the newsletter is currently at a 49% open rate.

## 2. Dashboards

Internal operational dashboards help CW better understand services, improve the data, and meet the Vision for Transformation goals. CW works in partnership with the Office of Research, Reporting, Analysis, and Implementation (ORRAI) to enhance existing dashboards and reports, and to create new reports when needed.

### *CW Executive Dashboard*

The CW executive dashboard includes various metrics, including foster care entries/exit, number of kids in care, and assessment data. It provides insights on child welfare practice overall, and can display statewide data, district data, and county data.

### *Family Preservation Dashboards*

The Family Preservation work relies on two separate dashboards to understand who is currently being served in the Family Preservation demonstration sites and what happens to those families post-Family Preservation. This way we can see in real time what is working and not working for families, demographics, practice in each site and if families are re-engaging with CW after their case closes. This helps teams determine gaps, barriers and successes as the sites are learning and building the Family Preservation approach.

### *Families Served Outside of Foster Homes*

This dashboard helps CW understand the populations (e.g., demographics) served outside foster care. The dashboard focused on three populations over the last two years:

1. Children and young adults in protective action and initial safety plans;
2. Children and young adults with safety plans; and
3. Children and young adults in trial reunification.

The dashboard helps CW improve services provided outside of foster homes.

### *Caseload Dashboard*

The caseload dashboard uses OR-Kids assignment module data to quantify the number of assessments, cases, or providers each worker is assigned. This allows managers to understand their staff's workload and identify resource needs.

### *Federal Performance Measures Dashboard*

The Federal Performance Measure Dashboard is publicly available and includes the federal Statewide Data Indicator (SWDI) measures. The dashboard uses CW data files from the University of Kansas Center for Research Results Oriented Management Application (ROM).

### *ORFFRS Dashboard and GIS*

The Oregon Resource Family Retention Recruitment and Support (ORFFRS) dashboard includes Retention and Recruitment Champion staff data. The dashboard has real-time data on Resource Family Inquiries, Certified Resource Families, Characteristics of Children and Young People in care, and vital Resource Family Exit Survey Data. It informs local District Action plans and SMARTIE (strategic, measurable, ambitious, realistic, time-bound, inclusive, and equitable) goal development.

ORRAI created a GIS map (Power BI) that geocodes all certified resource families in Oregon and children in care. This map helps assess gaps and is used to develop Targeted Recruitment Campaigns—the map filters by zip code, county, and radius.

### *Treatment Services BRS & FOCUS Dashboards*

The Behavior Rehabilitation Services and FOCUS dashboards include information on children and young adults as well as providers and services. The dashboard has real-time data on number of children and young adults served by level of care, type of service, provider, location and offers information on demographics, length of stay, outcomes, race and ethnicity, as well as contracted capacity and utilization information.

## 3. CCWIS Enhancements

As CW is focused on gathering information for the upcoming Statewide Assessment and preparing for the case reviews for CFSR Round 4, CCWIS data integrity work is focused on CFSR elements. The focus of this work is identifying the quality of the discrete data elements and ensuring timely and accurate data entry.

## 4. CFSR Metrics Directly Related to Oregon’s Vision of Enhancing the Structure of Our System by Using Data and CQI

*Item 25: How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?*

CW has several internal quality assurance systems that are program specific, described briefly below. For a more detailed discussion, please see the Statewide Assessment.

### *Oregon Child Abuse Hotline (ORCAH)*

ORCAH has its own internal CQI program. Its structure and work in 2023 are described in detail on pages 14-19 of Attachment 5.

### Child Safety Program

The Child Safety program uses CPS fidelity reviews for training, education, and performance evaluation. The reviews were recently transitioned to align with the CFSR review schedule, which will increase the statistical significance of the reviews at the district level.

The CPS fidelity review evaluates CPS responsiveness, information gathering, safety determinations, interventions, and dispositions. The information creates the following reports:

- The statewide report provides an overview of statewide practice.
- The comparison report includes all the local offices and districts.
- The district reports provide information for each local office.

These reports identify strengths, areas for improvement, and strategies for statewide implementation. As CW starts new practices, new measures are identified to help evaluate them. The reviews demonstrate that the comprehensive assessment ensures the safety model effectively manages safety. Safe outcomes decrease when assessments are incident-based and disposition-focused rather than focusing on family engagement, cultural responsiveness, and prevention.

### Reunification Program

As described in prior reports, permanency consultants conduct QA reviews every six months in every district across the state. Including local office staff has increased interest and understanding of the QA tool, promoted transparency, and increased ownership and action planning. Additional local office reviewers (program managers, supervisors, and staff) were included and helped review cases from other local offices.

### SAFE Home Study QA Reviews

These reviews are completed in coordination with the CFSR reviews, ensuring all local offices are reviewed each year and all resource family home types are reviewed. Each sample is pulled at random and six providers in a region are selected for a fidelity review of their SAFE Home Study, along with some Oregon-specific certification compliance measures. Six other providers are selected for a review of the renewal process with Oregon-specific certification compliance measures. Workload does not permit multiple reviewers per provider, but outliers are checked, and reviewers have access to assistance.

In 2023, the review team included eight foster care coordinators (experts in policy and operations whose primary job is to provide consultation to certifiers across the state), 21 certification supervisors, and three other staff with expertise in certification. Training supervisors to do these reviews is a valuable investment in their ability to successfully coach their staff in best practice.

The results of the reviews are summarized in a debrief document, which is then provided to the local office leadership. A debrief meeting including the local office program manager,



certification supervisor(s), and the assigned foster care coordinator, allows the QA Coordinator the opportunity to fully discuss strengths and opportunities for improvement.

#### *Child Fatality Prevention and Review Program (CFPRP)*

The Child Fatality Prevention and Review Program is tasked with CW's statutory obligation to review critical incidents, particularly child fatalities, where the child was known to CW. In collaboration with the Oregon Health Authority, the CFPRP fulfills the ODHS' statutory obligation to coordinate a statewide team to review child fatalities. CFPRP's process and the QA, CQI, and other efforts arising from the reviews, are detailed in Attachment 7, the Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities.

#### *Treatment Services*

Treatment Services Program administers contracts with Child Caring Agencies (CCAs) to provide Behavior Rehabilitation Services (BRS), community shelter-based contracts and skills training, and mentoring service-based contracts to support children and young adults with specialized needs. Treatment Services conducts comprehensive audits of each CW contracted CCA every two years to ensure children and young adults with specialized needs receive the necessary services and support. These audits include extensive reviews of agencies providing BRS to ensure compliance with federal Medicaid requirements and Oregon Administrative Rules. Domains assessed include:

- Services provided;
- Quality of service documentation;
- Staff training;
- Agency policies;
- Placement-related activities;
- Facilitation of kith/kin contact; and
- Integration into treatment planning.

Agencies out of compliance in any domain/subdomain have up to 120 days to demonstrate full compliance. CW meets quarterly with the Oregon Youth Authority (OYA) and Oregon Health Authority (OHA) to debrief program audits and to analyze themes or trends across the BRS continuum in Oregon and participate in a larger "BRS Review" process to ensure quality. Additionally, CW meets with children and young adults served in these settings to gather direct feedback every 6 months.

## **5. Oregon's Current QA System**

#### *Oregon's Case Review Instrument*

Oregon uses the federal Onsite Review Instrument (OSRI) with an ICWA Addendum. The ICWA Advisory Council, ODHS Tribal Affairs, and the CFSR team created the ICWA Addendum. The addendum captures tribal-specific information on reviewed ICWA cases that are not included in the OSRI to identify trends, areas of improvement, and potential initiatives. The CFSR team

continually collaborates with the ICWA Advisory Council by attending their quarterly Advisory Council meetings to present current CFSR data gathered during reviews, share future changes, and answer questions.

#### *Sustaining a State Case Review for CFSR Purposes*

The ODHS Office of Program Integrity conducts onsite state-led CFSRs using the CQI schedule. The team reviews each district within the state annually and provides each district with a debrief summary outlining their performance on the items reviewed. Since July 2022, the CFSR team has collaborated with CQI to integrate CFSR data into the CQI kickoff and strategy meetings to assist districts in targeting an area needing improvement.

In preparation for Round 4, the CFSR team implemented the new OSRI in February 2023. The team requested and received federal secondary oversight of three cases per month and technical assistance as needed. The CFSR team has also increased guest reviewer training to ensure there are enough trained and experienced guest reviewers for state-led reviews in Round 4. Oregon has officially been approved for a state-led review for CFSR Round 4.

## E. Implementation & Supports

### 1. Research

#### *Principles to Outcomes-Driven Practice Demonstration Project*

This project kicked off in March 2024. Five residential treatment providers in Oregon applied and were selected to participate in this demonstration project with national partnership supported by Building Bridges Initiative (BBI), Association for Children's Residential and Community Programs (ACRC) and the Center for Innovation in Population Health at the University of Kentucky (UKY) as well as the Oregon Alliance and ODHS Child Welfare who is sponsoring.

The project will use and assess the feasibility of the BBI Theory for Change in residential interventions, assess outcomes at a youth and family, program and community level and generate greater awareness of innovative research and evidence-informed practices in residential programs. Over the next 18 months, participants will be assigned an internal team, including family and youth perspectives, with TA and evaluation support by UKY. In addition, consultant and implementation teams support the cohort. Project phases include a pre-phase, design phase, implementation phase, and post-phase. Oregon is now in the design phase with the five providers and is the first in the nation to complete this type of research and quality improvement methodology in residential intervention settings.

### 2. Technical Assistance

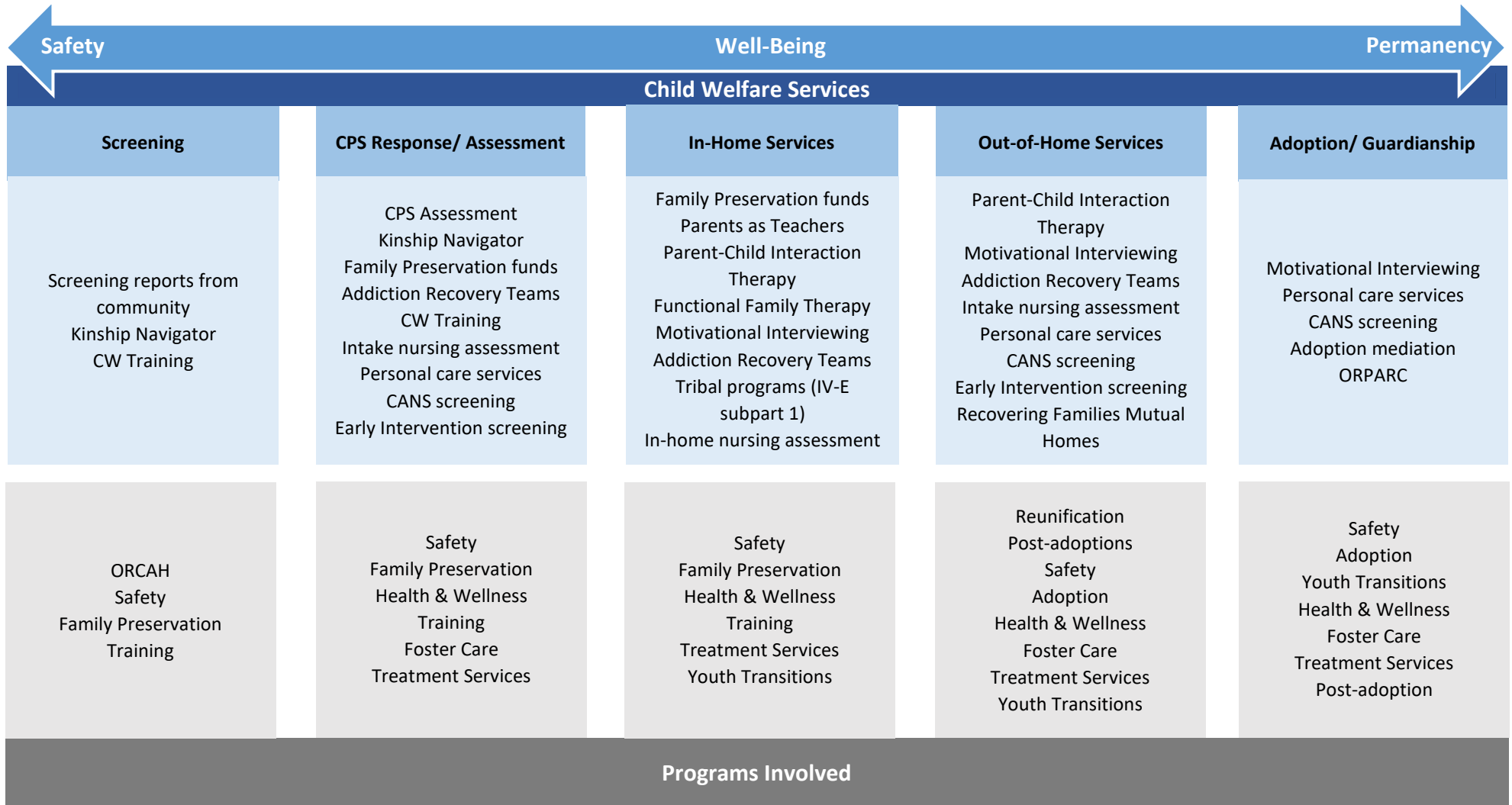
Please see pages 55-56 in the CFSP for technical assistance.

## IV. Services

### A. Journey of a Family

Oregon offers an array of child and family programs and services to prevent child abuse and neglect and promote safety, permanency, and well-being.

**Figure 38: Services and programs available throughout the “Journey of a Family”**



## B. The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1)

### 1. Services

Title IV-B, subpart 1 resources supported the following services during the past year:

#### *Addiction Recovery Teams (ART Teams)*

ART Teams provide coordinated multi-disciplinary services to families referred to child-protective services who need substance use services. ART Teams use a short-term crisis intervention model. Each team includes an alcohol and drug counselor, an outreach worker, and a social service specialist. They work with resource providers in local communities and other ODHS agencies. The ART Teams focus on family strengths and providing parents with clean and sober support networks to assist with their alcohol and drug addiction recovery. Team members assist parents with the initial response to their addiction, assessment, referral to treatment, and relapse prevention.

#### *Tribal Programs*

The Tribes of Oregon use Title IV-B, subpart 1 fund to serve the needs of their communities by investing in services, systems change, community development, and capacity building that targets child maltreatment, adult substance abuse, poverty, kindergarten readiness, parent engagement, and foster care reduction. The Tribes also use these funds for transportation to alleviate barriers to accessing services, improving family management and life skills.

#### *Family Preservation Funds*

The Title IV-B subpart 1 fund helps meet a family's needs to maintain children safely with their parents, including payment for basic needs (food, clothing, and supplies), household items and repairs, family and youth mentoring, counseling, and communication services. Local CW offices use family preservation funds to purchase services to safely support children in their own homes and support family stability. Services are identified and planned for through family engagement and involvement in case planning.

#### *Additional Services*

CW contracts for the following services using Title IV-B, subpart 1 funds:

- Kindred Matters
  - Sibling Camp: Summer camp connecting siblings not placed together.
  - Sibling Connect events: Events throughout the year for siblings not placed together, focusing on fun, emotional empowerment, and sibling connection.
  - Family Camp: Summer camp for certified resource families (all children in the home), including fun camp events, and training for resource parents.

- Oregon Kinship Navigator: Provides services and support for children cared for by relatives or close non-related family in Oregon, primarily families not currently involved with CW.

See the CFS-101, Part II form for the estimated number of individuals and families served in FY 2024, the populations served, and the geographic service availability.

## 2. Services for Children Adopted from Other Countries (section 422(b)(11) of the Act)

CW does not specifically provide services for children adopted from other countries.

## 3. Services for Children Under the Age of Five (section 422(b)(18) of the Act)

### *Addressing Developmental Needs*

#### *Early Intervention*

CW refers all children under age three for screening for early intervention services using the CPS Early Intervention Referral Form (CF 0323). Districts throughout the state have interagency agreements outlining the referral process for areas covered by the Educational Service District. Infants and toddlers eligible for early intervention services receive services tailored to the child's specific needs and may include:

- |   |                          |
|---|--------------------------|
| • Assistive technology (devices a child might need) | • Nursing services       |
| • Audiology or hearing services                     | • Nutrition services     |
| • Speech and language services                      | • Occupational therapy   |
| • Counseling and training for a family              | • Physical therapy       |
| • Medical services                                  | • Psychological services |

Children ages 3-5 who have disabilities may be referred to Early Intervention/Early Childhood Special Education Services.

#### *Parent Child Interaction Therapy:*

Parent Child Interaction Therapy (PCIT) is a nationally recognized therapeutic intervention for children ages two through six years and their parents. It is one of the most effective treatments for young children experiencing significant social, emotional, or behavioral problems. The average length of treatment is 16 sessions, though PCIT is not time-limited.

In PCIT, caregivers establish and strengthen a nurturing and secure relationship with their child while encouraging pro-social behavior and decreasing maladaptive behavior. Ideally, during coaching sessions, the therapist observes the interaction behind a one-way mirror and guides the parent through a wireless communication system. OHA made a significant investment in PCIT service expansion, which increased PCIT accessibility to families and resource families who care for young children with behavioral health needs.

### Home Visiting Programs:

CW refers children in care to various community home visiting programs such as Family Connects, Nurse Family Partnership, Babies First, and CaCoon for children with complex medical needs.

Other Community Home Visiting Programs used across the state:

- Early Head Start
- Healthy Families Oregon
- Children's Relief Nursery
- Parents as Teachers
- Family Support and Connections
- Healthy Families America

### *Reducing Length of Time in Foster Care without a Permanent Family*

#### Permanency Consultants

Permanency Consultants provide expertise and creative problem-solving for cases at key decision points and provide caseworkers or supervisor guidance on case-by-case basis when requested.

#### Group Supervision

Group Supervision provides an opportunity to review fidelity to the practice model, case planning decisions, conditions for return, and engage in creative group case planning to address barriers to permanency.

#### The Statewide Transfer Protocol

The statewide transfer protocol strengthens cooperation and collaboration between the protective services and permanency caseworkers and has improved each worker's understanding of the practice model. Early and frequent collaboration ensures that case planning and engagement continue through the transfer process and that the family and workers are clear on the safety threats, conditions for return, and expected outcomes.

#### The Family Report

The Family Report focuses on case planning through engagement with parents, primary caregivers, and children, where appropriate.

### 4. Efforts to Track and Prevent Child Maltreatment Deaths (section 422(b)(19))

Child Fatality Prevention and Review Program (CFPRP) focuses on systemic issues in the broader child safety system that may help prevent child maltreatment, including serious physical injuries/near fatalities and fatalities. Their work is detailed in the Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities (Attachment 7).

## C. MaryLee Allen Promoting Safe and Stable Families Program (Title IV-B, Subpart 2)

Title IV-B, subpart 2 resources supported services in the following categories during the past year:

### 1. Family Support

- *Early Learning Division* – See the Early Learning Division’s Title IV-B, subpart 2 annual report for 2023 (Attachment 68).

### 2. Family Preservation

- *Early Learning Division* – See the Early Learning Division’s Title IV-B, subpart 2 annual report for 2023 (Attachment 68).
- *Family Preservation Funds* – These funds were used to stabilize families at risk or in crisis, primarily by assisting with utility payments, rental subsidies, and other housing costs. Local CW offices use family preservation funds to purchase services to safely support children in their own homes and support family stability. Services are identified and planned for through family engagement and involvement in case planning.

### 3. Family Reunification

- *Family Reunification Funds* - Title IV-B, subpart 2 funds facilitated family reunification. Various services were provided, including family counseling, parent training/mentoring, tutoring, school, and non-school activities, and transportation for visits. As with Family Preservation Funds, local CW staff identify and plan for services through family engagement and involvement in case planning.
- *Recovering Families Mutual Homes* – These homes served young parents, with their children, coming out of residential alcohol and drug treatment with no community-based housing. The program provides up to one year of monitored, alcohol and drug-free housing. It tracks parent and child participation in other programs and services supporting their reintegration into the community. These services include alcohol, drug, and mental health counseling attendance, 12-step attendance, and completion of formalized plans that may be in place with treatment, CW, and the Department of Corrections. There are two homes in Oregon, one in Clackamas County and one in Lane County.

### 4. Adoption Promotion and Support Services

- *Adoption and Guardianship Mediation* – CW contracts with trained, impartial mediators to help birth and adoptive/guardian families create a plan to guide communication and contact after finalizing adoption or guardianship. Late in FFY 2021-2022, CW used funding to train four potential mediators (completion of the training is one of the

qualifications to award a contract to a mediator). Paying for the training could eliminate barriers for mediators to qualify for this contract and diversify the pool of mediators. The four participants were approved, in part, based on the diversity they could bring to the mediator pool. Two participants were awarded contracts in FFY 2023 and in geographically underserved parts of the state. The other participants are working toward meeting contract requirements. One of those individuals is bilingual (Spanish/English). CW works with the mediator who provided this training to schedule another for two bilingual Spanish/English-speaking mediators. These training payments will likely continue as part of efforts to diversify and improve mediation services.

- *Oregon Post Adoption Resource Center* – CW contracted with Northwest Resource Associates to operate the Oregon Post Adoption Resource Center (ORPARC). ORPARC serves adoptive and guardianship families who provide permanent homes for children involved in CW. These services enhance the stability and functioning of Oregon adoptive and guardianship families and their children by providing a support network that includes information and referral services, consultation, advocacy, response to imminent family crises, support groups, and training.
- *Home Supervision* – Post-placement support and services provided to adoptive parents before adoption finalization.

See the CFS-101, Part II form for the estimated number of individuals and families for FY 2024, the population served, and the geographic areas where the services will be available.

## 5. Planned Spending on IV-B, Subpart 2 Service Categories

CW plans to spend at least 20% of the Title IV-B, subpart 2 award for services in each of the four service categories. See the CFS-101, Part 1 form for the specific amounts. The distribution between categories is mathematical: the total was divided by four, with a small percentage dedicated to administrative costs. As required, the amounts allocated to each of the service categories includes only funds for service delivery.

## 6. Division X Supplemental Funding from the Supporting Foster Youth & Families through the Pandemic Act

These funds are a small but integral part of state social service systems for children and families who need assistance to keep their families together. These grant funds allowed CW to use several strategies and unique or innovative programs and services that local communities rely on for at-risk families.



Figure 39

Programs	Purpose
Prevent Child Abuse Oregon	<b>Child Abuse Prevention Collaborative</b> – Building prevention capacity among organizations who provide child abuse prevention services and supports.
The Contingent	<b>Thriving Families Safer Children</b> – Building Community Capacity for Child Abuse Prevention and Family Preservation.
Tiffany Carr, Consulting	<b>Batterers Intervention – Risk assessments</b> for Family Preservation.
Karen Lofts Jarboe, Consulting	<b>Coaching support of Family Preservation</b> staff to assist in changing practice philosophy.
Oregon Child & Family Council	<b>Culturally responsive aftercare</b> - Develop a culturally responsive and support model for youth and their families during reunification and aftercare of Qualified Residential Treatment Provider programs.
Morrison Child and Family Services	<b>Peer Parent Mentoring for Parents</b> involved with CW to provide them peer support, encouragement, and direction. Program was <b>expanded</b> with the support of grant funds.

These efforts have directly impacted lessons learned and opportunities identified by using this grant.

- Several private and public Oregon organizations, such as the Children’s Public Private Partnership (CP3) and Prevent Child Abuse Oregon, are interested in focusing on prevention and family preservation. These organizations were not actively engaged in a collective impact approach to prevention work. Current efforts are underway to progress this initial effort into a long-term comprehensive public/private partnership.
- CW aims to work within the communities differently, including letting go of gatekeeping community conversations about child abuse prevention and family preservation. CW's historical efforts were limited to focus groups, surveys, and using committees to engage a community member. With these investments, CW invested in mutually beneficial infrastructure to support long-term relationships rather than "one and done" conversations or listening sessions.
- Through the success of Peer Parent Mentors expansion and a building community in Oregon, the Department is moving toward a statewide model supported by evidence as funding becomes available.

CW fully spent the Division X Supplemental Funding by the end of 2022 in three of the four Title IV-B, subpart 2 service areas (family support, preservation, and reunification), based on identified program needs. CW did not spend at least 20% of the award in each of the four

service areas because, based on ACYF-CB-PI-21-04, CW understood that the 20% requirement did not apply to this grant.

## 7. Service Decision-Making Process for Family Support Services

### *Community-Based Child Abuse Prevention (CBCAP) Grant*

Family Support and Connections (FS&C) is an integral component of the state continuum of prevention supports to increase parental protective factors and decrease the risks of child maltreatment and subsequent involvement with CW. The Community-Based Child Abuse Prevention (CBCAP) partially funds the FS&C Program. Contracted community-based organizations within each Oregon Department of Human Services (ODHS) district statewide implement these programs. Each contracted provider collaborates with numerous local and state-operated informal and formal prevention services and activities. Local FS&C teams continue as co-managed by a steering committee and core team that includes the FS&C contractor, ODHS staff, and Parent Leaders.

Oregon's FS&C Program is funded by CBCAP, Temporary Assistance for Needy Families (TANF), and state dollars. FS&C expanded service delivery over the past year through an increase in TANF funding as a part of the TANF redesign. FS&C also expanded its focus from primarily serving families receiving TANF to families experiencing low income. FS&C contracted providers are now funded to provide culturally responsive services to more than 7,000 families.

To date, CW contracted five more culturally specific/responsive organizations to provide FS&C services because of a Request for Application (RFA) solicitation. Evaluation Teams include ODHS district representatives, FS&C providers, ODHS FS&C Coordinators, and the ODHS Office of Equity and Multicultural Services (OEMS). Among other considerations, RFA applicants were evaluated based on their description of how they would meet the goals of the FS&S Service expansion, including the following:

- Strengthening the current network of FS&C providers and continuum of prevention services.
- Expanding the current network of FS&C providers to include culturally specific organizations.
- Focusing and prioritizing services for populations who have been historically and presently underserved, marginalized, or overrepresented in the child welfare system.
- Strengthening the cultural responsiveness and capacity of services delivered through FS&C.

## 8. Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act)

The Child Fatality Prevention and Review Program (CFPRP) addresses this in the Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities (Attachment 7).

## 9. Kinship Navigator Funds (Title IV-B, subpart 2)

Oregon Kinship Navigator (OKN) program, with the assistance of the federal grant award, continues to provide an array of services and supports necessary for kinship families in Oregon as CW moves toward Prevention and Family Preservation models in support of the Vision for Transformation.

Oregon has broadened the scope of kinship to include all kinship families in Oregon, not just those already involved with the public child welfare system. CW aims to work on upstream prevention, including trauma-informed, family and community-centered, and culturally responsive programs and services focused on engagement, equity, safety, and well-being.

The Oregon Kinship Navigator model remains focused on two program designs, a core model incorporating the tenets of the federal regulations and an enhanced model for additional supports and services.

The core model includes the following:

- Coordination with other state and local agencies, Oregon 211 Info line,
- Accessing feedback from kinship caregivers and others impacted by kinship care through conversation, survey, and a formal Kinship Advisory Committee comprised of kinship caregivers and public and private organizations.
- A toll-free phone line, website, and Facebook page—for routine and ongoing conversation and information sharing. The website provides many resources and referrals for public assistance, legal guidance, and resource guides.

The enhanced model includes the following:

- Online education support KEEP for kin, an evidence-based program.
- Positive Parenting Program—Triple -P. Provides parents with simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior, and prevent problems from developing. This program has a supported rating with the IV-E Clearinghouse.
- My Neighbor is a partnership between Oregon Kinship Navigator and Every Child to provide tangible support for kinship families. This model accesses and leverages community resources to help with immediate needs and help build family capacity for the future.

Prior to the initial appropriation of these funds in 2018, Oregon did not have a Kinship Navigator Program. With these investments, Oregon developed a robust set of services for both formal and informal kin caregivers in Oregon. The particular focus is on outreach and engagement with kinship families not involved in the child welfare system and with communities of color. These services keep children safe and connected to family in the least

intrusive way possible by providing a centralized access point to obtain information, referrals, and supports for relatives parenting their kin.

Implementation of OKN has led to the development of a broader system of care for kin caregivers through coordination with other systems of care, such as Self-Sufficiency (including TANF, SNAP, and childcare subsidies), Aging and People with Disabilities, and Behavioral Health. Community supports for this population have also increased, including the KEEP for Kin and the MyNeighbor Program, which provide both emotional support and concrete and economic supports to kin caregivers. The following program components have also developed since federal funding became available in FFY 2018:

- Basic Service Center (1-800 Toll-free phone line, website, email and social media presence and access to resources and support);
- Resource Guide for Relatives Raising Children in Oregon;
- Oregon's Legal Guide for Relatives;
- Oregon Kinship Navigator Advisory Committee;
- Online support groups for relatives via social media;
- Resource and legal guides, pamphlets, and other materials both online and in-person at community events (with targeted outreach in education systems, faith communities, and health care settings) in English, Spanish, and other languages as appropriate;
- Outreach to other local and national organizations supporting kin caregivers; and
- Manual for Kinship Navigator Best Practices and program protocols.

These services support the well-being of children and youth by placement stability with relatives within their family systems and communities.

CW incorporates evidence-based and evidence-informed programs to enhance support to caregivers. Oregon has chosen a two-program design that caregivers experience as one program. Oregon is not formally evaluating OKN at this time. In administering the program, the federal regulations guide CW in the Kinship Navigator grant.

CW applies for and receives annually federal funds that are made available for Kinship Navigator programs.

## D. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

As discussed on pages 38-39 (Item 14 – Caseworker Visits with Child), the frequency of face-to-face contact with children is a strength for CW. CFSR data (on page 38) and ROM data (on page 39) show steady performance. The federal goal for face-to-face contact with children in care is 95%, a bar that CW is meeting. Data on face-to-face contact is shared at least monthly with staff.

## E. Additional Services

### 1. Adoption and Legal Guardianship Incentive Payment Funds

CW does not anticipate any changes to spending of these funds. CW does anticipate some challenges in spending the funds fully as contracts are going through revision.

#### *Bridge Meadows*

The Bridge Meadows contract supports relative adoptions through a multi-generational housing community. Bridge Meadows uses the power of community to help children heal from the trauma of foster care. This program includes high-quality, affordable housing, therapeutic programs, and intergenerational community support. Elders live in the community, serving as mentors, friends, and caregivers to the children and each other, forming a safety net of care and interdependence.

#### *Mediation*

Mediation contracts provide mediation between adoptive/guardian families and families of origin for contact after case closure. CW also used these funds to pay for mediator training. See pages 79-80 above.

#### *Independent Living Program*

Independent Living Program (ILP) funds support youth who are not eligible for the Chafee Education and Training Voucher or other Independent Living Program (ILP) services because of their age at adoption.

### 2. Adoption Savings

#### *Services Provided Using Adoption Savings*

The Adoption Savings service categories are post-adoption/post-guardianship services, supporting positive, permanent outcomes for children at risk of entering foster care, and any service allowable under titles IV-B or IV-E. During FFY 2023, CW used Adoption Savings as described below.

#### *Post-Adoption/Post-Guardianship Services*

- ORPARC screens and refers to Intercept and provides community resources tailored to the needs of adoptive and guardian families. Other supports include a lending library, support groups, training (KEEP) for adoptive parents, Training Adoption Competency (TAC) for licensed clinicians, case consultation, and coordination.
- KEEP for adoptive parents was created by the Oregon Social Learning Center (OSLC) as an intervention strategy to support placements and avoid disruption. OSLC partnered with ORPARC to release KEEP training adapted for adoptive and guardian families, with coordinated and supportive training to increase placement stability for post-legal cases.

- Response and Support Network (RSN) for adoptive and guardian families is a 24/7 response network incorporating Coordinated Care Organization (CCO) Medicaid support for eligible individuals and highly trained non-clinical support for adoptive and guardian parents. RSN supports the whole family and others who provide support. The Response Support Network (RSN), a compatible service, focuses on resource parents in Multnomah, Washington, and Clackamas counties.
- Families Are Forever provides convenient online training for families, especially those who adopt Oregon youth and reside out of state. This training addresses distance and limiting factors related to in-person education. With this new training option, in-state and out-of-state adoptive families have similar and supported education.
- Training for Adoption Competency (TAC) is a new certificate for licensed mental health clinicians. It is a series of advanced, evidence-based courses on specialized theories and practices for children and their families who experience adoption/guardianship, foster care, or relative care and the impacts of child abuse, trauma, and neglect. TAC is one of the few Institutes of Credentialing Excellence accredited certificate programs nationwide. ORPARC coordinates TAC. The first cohort of 17 graduated on June 25, 2022, and is one of the most diverse cohorts in TAC history, including adoptees, adoptive parents, individuals who identify as African American, Asian, Latinx/Latina, South Asian, and LGBTQIA2S+, and bilingual and bicultural individuals. Cohort 2 graduated in June 2023, with 20 graduates, and, like Cohort 1, includes a range of lived experiences, including adoptees, adoptive parents, Resource Parents, individuals who identify as LGBTQIA, multilingual, and several from geographically underserved areas.
- Bridge Meadows supports relative adoptions through a multi-generational housing community. Bridge Meadows uses the power of community to help children heal from the trauma of foster care. This program includes high-quality, affordable housing, therapeutic programs, and intergenerational community support. Elders live in the community, serving as mentors, friends, and caregivers to the children and each other, forming a safety net of care and interdependence.
- Services to promote family functioning and support placement stability for eligible families. Eligible families are described in Attachment 74.

#### *Services Allowable Under IV-B or IV-E*

CW provided reimbursement to certified resource parents and relative caregivers for childcare. The reimbursement is currently limited to \$375 per child per month. Since August 2019, the reimbursement has been available to support resource parents for children in foster care. During the COVID-19 pandemic, CW began reimbursing foster parents for supervision outside of traditional work or school due to work and school changes (Alternative Care). The use of Adoption Savings for this service was phased out during FFY 2022.

#### *Expected Use of Funds Next Year*

During the next year, CW plans to make the following changes to the use of Adoption Savings.

### *Post-Adoption/Post-Guardianship Services*

The RSN service described above has expanded to Clackamas County and now serves the entire tri-county metro area (Multnomah, Washington, and Clackamas counties).

### *Services Allowable Under IV-B or IV-E*

CW does not anticipate changes to the childcare reimbursement next year.

### *Spending Unused Savings*

CW does not currently have an estimated timetable for spending unused savings calculated for previous years.

### *Challenges in Accessing or Spending the Funds*

The Adoption Applicable Child Savings Fund, established by the 2011 Oregon Legislature, allows CW to carry over unspent Adoption Savings to the following biennium rather than having the General Fund dollars revert to the State. This means the Adoption Savings are available for spending by CW.

Any significant program expansion using the Adoption Savings must follow the usual process for approval by the Department of Administrative Services and the Legislature. It is difficult to scale new programs to the exact amount of the Savings and to meet the requirement to spend at least 30% on post-adoption/post-guardianship services or services to support positive, permanent outcomes for children at risk of entering foster care.

### *Methodology Changes*

CW uses the same Adoption Savings calculation and procedures for the current FFY as the latest FFY report period submission. CW is not required to complete the Adoption Savings Methodology form.

## *3. Family First Prevention Services Act Transition Grants*

CW is currently utilizing the Family First Prevention Services Act Transition grants to support initial start-up and infrastructure development necessary to sustainably implement prevention services.

### *Prevention Services*

CW is using these funds to launch the Evidence-Based Practices (EBPs) outlined in the Oregon Title IV-E Prevention Services Plan, including Functional Family Therapy, Parents as Teachers, Parent Child Interactive Therapy, Motivational Interviewing, and Family Spirit. These funds have led to contracts with model developers and certified trainers to provide training and technical assistance to providers in Oregon on the models. These funds are supporting initial contracts with providers of each EBP to build the capacity to provide the services and participate in the Family First CQI and Evaluation process. Oregon has at least two providers under contract for each EBP and is actively recruiting additional providers.

### *Policy Equity Review*

This grant will conduct a full equity policy review. Black, African American, and American Indian/Alaska Native children are overrepresented in foster care in Oregon. While there are many drivers for this, including implicit bias and structural inequities, CW recognizes that our administrative rule, policies, and procedures play an important role in contributing to the inequities we see in which children enter foster care. CW received responses to a Request for Information (RFI) to explore contracting with an equity expert to comprehensively review all CW's rules, policies, and procedures through the lenses of equity, structural racism, accessibility, and disproportionality. The RFI responses provide information to structure an upcoming Request for Proposals. The goal is a deliverable describing the current impacts of CW's rules, policies, and procedures, and improvement recommendations through an equity lens.

### *Thriving Families, Safer Children*

CW was selected to participate in *Thriving Families. Safer Children* - a first-of-its-kind effort of the U.S. Children's Bureau, Casey Family Programs, the Annie E. Casey Foundation, and Prevent Child Abuse America that provides the opportunity to receive technical assistance from national partners and to participate in the national learning collaborative.

Family First Transition Grant funds support The Contingent as the lead community organization. The Contingent is in process of implementing and evaluating the pilot project, following community engagement and program design that began in 2021. The project is focused on developing web-based technology that connects families to community-based services and supports that can meet their specific needs.

## *4. Family First Transition Act Funding Certainty Grants*

CW is currently utilizing the Family First Prevention Services Act Funding Certainty grants to support initial start-up and infrastructure development necessary to sustainably implement prevention services.

### *Evaluation*

CW is using the Certainty Grants to support the development of the Family First Evaluation and CQI process.

CW has awarded a contract or agreement to a ICF International to thoroughly analyze Oregon's Title IV-E Prevention Plan implementation, utilization, and effectiveness of the EBPs, per FFPSA requirements.

ICF will thoroughly, methodically, and scientifically assess services provided, including quantitative and qualitative analysis, to determine the strengths and opportunities for improvement in Oregon's FFPSA implementation, provide a cost-benefit analysis for FFPSA services and satisfy the FFPSA evaluative and reporting requirements.



ICF is working closely with ODHS staff, partner agencies, service providers, community partners, and Oregon Tribes to analyze and provide feedback on Oregon's FFPSA implementation.

In addition to the Family First Evaluation, CW is using these funds to contract with Portland State University's Center for Improvement of Child and Family Services (CCF) to conduct an implementation evaluation of Family Preservation (FP).

#### *Future EBPs*

CW intends is using Certainty grant funds to support the development and rigorous evaluation of evidence-based prevention services that are used in Oregon, and which may be able to be included in future amendments to the Oregon Title IV-E Prevention Plan. These efforts include supporting and promoting culturally specific services and Tribal Based practices supported by Tribes in Oregon.

#### *People with Lived Experience*

CW is using Certainty Grant funds to compensate youth, parents, resource parents, and other community members in participation in Family First and Family Preservation planning efforts and policy and practice development across CW. Compensation includes prep time, meeting debriefing, and food for in-person meetings. Positive impacts are possible when those impacted by policies and practices are at the table reforming them.

## V. Consultation and Coordination with the Nine Federally Recognized Tribes of Oregon

### A. Collaboration with the Tribes

See pages 67-72 of the CFSP which covers recent and ongoing collaboration with the Tribes of Oregon.

### B. Efforts to Comply with ICWA and ORICWA

See page 71 of the CFSP and pages 15-56 and 75-87 of the Legislative Commission of Indian Services Report, Attachment 7 of the CFSP.

## VI. CAPTA State Plan Requirements and Updates

### A. Changes

#### 1. Substantive Changes to State Law Affecting CAPTA Eligibility

There have been no substantive changes to state law or regulations that affect Oregon's eligibility for the CAPTA State Grant.

## 2. Significant Changes to Proposed Use of CAPTA Funds

There have been no significant changes to the proposed use of CAPTA funds.

### B. Use of Funds Since June 30, 2023

CAPTA funds the four positions listed below and described further on Attachment 69.

- Child Fatality Prevention & Review Program Implementation and Policy Lead Position
- Comprehensive Addiction and Recovery Act (CARA) Coordinator #1
- Comprehensive Addiction and Recovery Act (CARA) Coordinator #2
- Child Fatality Prevention & Review Program Assistant Manager

Oregon does not use CAPTA funds to improve legal preparation and representation. Those activities are funded through cost allocation and Title IV-E foster care administrative reimbursement.

Remaining CAPTA funds were used:

- To support the Citizen Review Panels.
- To provide safe sleep surfaces to families in need across all of Oregon's 36 counties.
  - Infant safe sleep surfaces were purchased and shipped to local CW and Self Sufficiency offices.
  - Local offices and community-based service providers requested, and data supported, the request to provide safe sleep surfaces.
- To support infant safe sleep education and awareness within the Nurture Oregon expansion project.
  - Nurture Oregon is an integrated family-centered health care model with prenatal and postnatal care, mental health, substance use disorder treatment, and social services provided in one location.
- To meet concrete needs identified by a family when Plans of Care are developed.
  - Local CW staff received specific guidance and training to use CAPTA funds.
- To advance statewide Comprehensive Addiction and Recovery Act implementation.
  - A contract established by the Oregon Health Authority (OHA) with Comagine Health was expanded using funds from OHA Public Health, OHA Behavioral Health, and CAPTA. Comagine Health facilitates cross-agency planning, communication support, and partner and community engagement. The planning occurred in the prior reporting year and the funding dispersed this reporting year.
- To improve family engagement and prevention efforts during the CPS assessment in partnership with Resource Nurses.
  - The Resource Nurses have been trained to assist with developing Plans of Care when prenatal substance use is identified on cases with infants.

## 1. Guardian ad Litem Requirement

Oregon Revised Statute (ORS) 419B.112 ensures the court shall appoint a court-appointed special advocate, which in turn can be guardian ad litem. For the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.) grant under P.L. 93-247, or any related state or federal legislation, a court-appointed special advocate or other person appointed is deemed guardian ad litem to represent the interests of the child or ward in proceedings before the court. In addition, all children and wards of the court receive a court-appointed attorney in Oregon. ORS 149B.234 outlines the qualifications for any person appointed as guardian ad litem.

## C. Annual Citizen Review Panel Report & Response

See the attached Citizen Review Panel Report. (Attachment 70). The report is divided into two major sections:

- Equity, Diversity, and Inclusion (EDI) CAPTA Panel on Education (12 recommendations); and
- Reviews of Children in Foster Care Statewide (one recommendation).

In its review of children in foster care, the panel recommends CW identify a central point of contact to receive quarterly impact measure reports and address any practice issues identified by these reports. CW will identify the requested point of contact recommended in the report and provide that information to the Citizen Review Panel.

### Education

The EDI CAPTA Panel on Education made 12 recommendations, many of them with shared responsibility between CW, Oregon Department of Education (ODE), CRB, and others. The following is CW's response to the eight recommendations directed to CW as a responsible party. Recommendations number 8 and 11-12 are not directed at CW.

*\*Note: In their report, CRB uses the term ODHS. This report continues the use of "CW" except where the context clearly means ODHS as a whole, beyond just CW.*

#### #1 – CW and CRB ensure each school-aged child in foster care has an Education Advocate.

"Education Advocate" is a specific term defined in the American Bar Association's Framework for Educational Success<sup>16</sup>. These are individuals with special training who provide advocacy and assistance to children in the educational sphere. CW will collaborate with ODE to explore what level of training would be necessary to develop and deliver and the level of funding required to support this effort.

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<sup>16</sup> Part of the ABA's Legal Center for Foster Care and Education:  
<https://www.fostercareandeducation.org/overview/blueprint>

*#2 – CW, CRB, and JCIP ensure each school-aged child in foster care has an Education Decision Maker.*

“Education Decision Maker” (EDM) is a term used nationally to refer to a person acting as a “parent” for special education. In some states, the court specifically names the EDM. In Oregon, the authority for who can act as a parent is found in statute. In most cases the resource parent is the person acting as a parent for special education.

CW recently worked with legal counsel, in collaboration with ODE’s legal counsel, to develop a written opinion describing who can act as a parent for special education when a child is placed out of home. ODE is seeking additional guidance before implementing the opinion.

CW continues to collaborate with ODE to reach clarity on this issue.

*#3 – CW and CRB ensure the Local Education Agency point of contact is known.*

Foster Care Points of Contact are listed and updated on ODE’s website. This information is provided to CW caseworkers in annual education guidance disseminated at the beginning of the school year (page 4 of Attachment 73) and in trainings.

*#4 – CW and CRB ensure each child in foster care has an identified long-term supportive adult.*

The long form of this recommendation, on pages 10-11 of Attachment 70, focuses on this connection at the time the child or young adult is *leaving* foster care. The Vision for Transformation focuses on keeping children and young adults with their parents if possible, and with their families and communities if not. See pages 32-36 of the APSR for descriptions of the work CW is doing to ensure children and young adults remain connected to their culture and communities, are placed with their relatives, and continue to have a relationship with their parents beyond Family Time. These efforts keep critical foundations of belonging intact for children and young adults so their supportive adults stay connected to them.

CRB also recommends that CW collect longitudinal data outcomes on the use of Education Advocates and Education Decision Makers, engagement in Independent Living Program, attained education level, career, employment, homelessness, involvement with the justice system, long-term connections and relationships, long-term mentors, and other supportive adults. See page 62 of the CFSP for information about the collection of NYTD data from young adults receiving services. Gathering data that requires an individual to self-report (status of relationships or mentorships) has historically been difficult after young adults are no longer receiving services from CW.

*#5 – CW and CRB consistently reassess Individualized Education Plans (IEPs), 504 Plans, and Behavior Support Plans (BSPs).*

IEPs and 504 Plans are both designed to support students who have an identified disability that impacts major life activities (504 Plan) and/or their progress in school (IEP). Plans may include:

- Accommodations to change the learning environment;
- Assistive technology;
- Specially designed instruction; and
- Modifications to what the child is expected to learn.

The goal is not necessarily that the disability itself will go away, but rather that the student's academic performance will improve with the assistance of the plan. Federal and state laws focus on ensuring the student interfaces with and is integrated with their peers as much as possible and is in the least restrictive environment possible.

Item 16 of the CFSR considers whether a child's educational needs are met, including if appropriate reviews and transfers of IEPs, 504 Plans, and behavioral support plans are occurring. See pages 43-44 of the APSR for additional information. In FFY 2023, 91.4% of cases reviewed were rated a strength on Item 16.

IEPs, 504 Plans, and behavioral support plans are among the documents provided to legal parties via discovery. This includes the child's parents, all attorneys, and the CASA. Resource parents are provided these plans because they are almost always the people acting as parents for special education purposes. CW provides the plans to the child's providers (mental or behavioral health providers, psychological evaluators, etc.) when there is a specific appropriate purpose.

*#6 – CW, ODE, and CRB ensure mental health/social/emotional school supports.*

The long form of this recommendation on page 11-12 of the report asks CW and ODE to provide updates and outcomes specific to the children in foster care participating in the Recovery Schools initiative arising from HB 2767 (passed in 2023). CW will collaborate with ODE to understand how Recovery Schools can be supportive to children experiencing foster care.

Recovery Schools are just opening this year. At most, three contracts will be offered in August 2024 for the 2024-2025 school year. CW anticipates the number of children experiencing foster care attending these schools may be so small at the beginning of this effort that specific data cannot be reported due to confidentiality concerns.

This recommendation also directs the Marion County CRB to seek information from CW and ODE regarding a program in the Salem-Keizer School District that includes behavioral and mental health care. This data is best sought directly from the school district.

*#7 – CW, ODE, JCIP, Multnomah County Circuit Court, and OJD's Grant Manager study and pilot Texas' Bexar County Fostering Educational Success (BCFES) Program, including the College Bound Docket.*

CW will review and consider the information.

#### *#10 – ODHS and ODE create an education data dashboard.*

ODHS' Office of Research, Reporting, Analysis, and Implementation (ORRAI) has been in contact with ODE to discuss data-sharing. There are some barriers to data-sharing on the scale described in the report. They include:

- OR-Kids data limitations – this will be addressed through the CCWIS modernization process but is presently a barrier to interfacing with ODE's IT systems.
- Federal and state protections around education data – especially when disaggregating to children who have experienced foster care, most schools and school districts in Oregon have such a low number (less than ten) that it cannot be reported publicly because it risks violating the student's confidentiality.
- Federal and state protections around other data (for example, sexual orientation and gender identity/expression (SOGIE) status).
- Oregon has 197 school districts that are required to report only some data to ODE. ODHS relies on the data ODE receives because managing 197 data-sharing agreements would be administratively challenging to manage with current resources.

CW is committed to using data to support better practice and outcomes for children and families. This includes collaboration with ODE and that will continue.

#### **D. Oregon's Efforts to Address Substance-Affected or Exposed Infants**

See pages 22-26 of the Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities. (Attachment 7)

#### **E. American Rescue Plan Act Funding**

CW is using CAPTA Covid Supplemental funds to mitigate barriers facing disproportionately affected populations in Oregon to increase access to services or paying for services. Offering support earlier aligns with Child Welfare's Vision for Transformation in that it honors the self-determination of families, by allowing people to identify and access what they need without being mandated to participate in interventions that undermine their autonomy. When more opportunities exist for Child Welfare to participate in self-directed development and assistance, more opportunities will exist to engage the community without furthering trauma and fear.

CAPTA Covid Supplemental funding has been used to award grant agreements to the following organizations and programs in Oregon:

**The Healthy Birth Initiatives (HBI)** is a culturally responsive Healthy Start program within Multnomah County's Health Department serving Black American, African American, and African/Caribbean immigrant families. HBI's program goals are to reduce Black maternal and infant mortality, preterm birth, and low birth rates through culturally responsive case management, community-based programming, intentional father engagement, and advocacy for system changes in local health care systems. Funds will be used to expand current

programming to offer culturally specific infant safe sleep campaign, and culturally specific firearm safety education and training.

**Black Thistle Street Aid** is a collective of medical providers, herbalists, outreach workers, and social justice advocates that provide free medical care, reproductive healthcare, and harm reduction supplies to houseless people in the Eugene/Springfield area via pop-up medical clinics and roving outreach services. All the while providing advocacy and wrap-around care in collaboration with community partners. Funds will be used to support current programming.

**Morrison Child and Family Services (MCFS)** provides mental health and substance use recovery services for approximately 7,000 youth and families annually throughout Oregon, with most services provided in the Portland metro area. MCFS is committed to bringing families together and prioritizing their work to achieve equitable, culturally responsive, and sustainable practices to serve individuals of every background. Funds will be used to support in-person support groups in Marion, Washington, and Columbia counties.

**Daisy C.H.A.I.N. (DC)** fills vital needs and systemic gaps in the Lane County community with free trauma-informed, culturally competent doula, lactation, and peer support. Services are individualized to improve health outcomes for adults and children and remove barriers for communities most impacted by social, economic, and racial injustice and inequities. Programs include doula, lactation, and peer support (in homes and community locations), workforce development for doula and lactation careers, and music and movement classes for pre-K children. Funds will be used to support current programming.

**Transcending Hope Recovery** is a nonprofit organization built by people either in recovery or who have been touched by addiction and recovery. They offer low-barrier, safe, and structured recovery housing for diverse communities battling substance use, mental health disorders and/or family crises in Washington, Multnomah, and Clackamas Counties. Funds will be used to expand current programming to offer emergency shelter for houseless individuals and families who need time-limited supports to address gaps in housing because of domestic violence, discharge from an inpatient or carceral setting, or to bridge the gap while waiting to access a higher level of care.

The Longhouse in **Celilo Village** serves as a spiritual center for Tribal communities in the Columbia River Gorge. The Longhouse is used by residents of Celilo Village, local Tribal communities, and Tribal members from four Federally Recognized Tribes residing at Tribal fishing In-Lieu sites along the Columbia River. Celilo Village is one of the oldest continuously inhabited Native American settlements in the US, residents are mostly members of four Federally Recognized Tribes, including the Confederated Tribes of the Yakama Nation, the Confederated Tribes of Warm Springs, the Confederated Tribes of the Umatilla Indian Reservation, and the Nez Perce Tribe. Other people who live in the community belong to the non-federally recognized Celilo-Wyam Indian Community. Between the 1930s and the 1970s, the U.S. government built four dams on the Columbia River east of Portland to generate

electricity through hydropower. In doing so, thriving Indigenous fisheries, villages, burial grounds, sacred places, and salmon runs were destroyed by flooding causing hundreds of Tribal members and families to be displaced. To provide the Tribes treaty-protected river access to fish, the federal government developed 31 replacement fishing sites which are scattered along the river among the four dams. Today, many tribal members live on these small sites which offer little beyond basic amenities: a fish cleaning station, communal restrooms and showers, a boat dock, and an access road. Tribal members living at replacement fishing sites live in severe poverty, in makeshift homes with primitive plumbing or additions to sheds and trailers – ironically next to the massive, expensive, and profitable dams that forever changed the lives of their people. CAPTA Covid supplemental funds will be used to repair the floor and various kitchen appliances in the Longhouse at Celilo Village.

Ensuring access to services and supports and keeping **pregnant and parenting people** with young children **engaged in treatment** is challenging due to significant gaps in Oregon’s SUD continuum of care, the various ways in which individuals can be covered by public and private insurance, the stigma associated with SUD, and social and logistical barriers to treatment (e.g., availability of childcare lack of transportation, etc.). CAPTA Covid supplemental funds were used to award grants to the following residential treatment facilities in Oregon that accept the Oregon Health Plan (Medicaid) and serve pregnant and parenting people with children to help mitigate social and logistical barriers to SUD treatment and recovery services.

- Central City Concern – Letty Owings Center;
- Native American Rehabilitation Association of the Northwest, Inc.;
- LifeWorks NW – Mountindale;
- LifeWorks NW – Project Network;
- CODA, Inc.;
- Willamette Family, Inc.;
- Eastern Oregon Recovery Center;
- OnTrack, Inc. (which has one of the only in-patient father’s programs in the nation);
- Milestones Family Recovery Program; and
- Volunteers of America, Inc.

CW purchased **prevention kits** from Oregon Health Sciences University, Tom Sargent Safety Center to prevent child fatalities and serious injuries by **improving home environment safety**. These kits are shipped to local Child Welfare and Self Sufficiency offices where they are accessible for staff working directly with children and families. Examples of items include, window locks, firearm locks, bike helmets, and medication storage items. The observation of the home environment is an essential part of the work to ensure children are safe and families have what they need to keep their children safe. These resources improve household safety by reducing risk and can be used when a family does not have financial resources, is unable to quickly access the needed resources, or there is an emergent, immediate need to ensure child



safety. In addition to the Prevention Kits, CAPTA COVID funding was used to purchase life jackets for children and parents and were shipped to the local CW/SSP offices to be readily available for caseworkers to provide to families during the summer months.

Describe how the state has engaged with families, community-based agencies, or other partners to plan for the use of funds and how issues of equity are informing the planned use of the funds.

CFPRP continues to thoughtfully review and gather data stemming from statewide plans developed by other family-serving systems and Community Health Assessments developed by CCOs and local public health systems for each of Oregon's 36 counties. This review process has involved gathering population demographics; health inequities impacting groups that have been economically and socially marginalized in the community; factors that contribute to inequitable health outcomes; and existing resources that might be mobilized to address these issues. While disproportionate rates of poverty are evident in communities of color, systemic racism is also perpetuated through other systems, exacerbating the impact of poverty. Data inequities outside of the CW system help inform the housing, economic, and social conditions that lead to the overrepresentation of Black and Indigenous children and families in Oregon's child welfare system. CW, in partnership with local communities, plans to use this information to identify the most prevalent gaps perpetuating racial disparities and develop strategies to remove systemic barriers that exclude families from accessing services and supports further upstream from CW.

More broadly, through the Building Well-being Together Initiative, ODHS communicated with hundreds of staff, partners, Tribal members and leaders, and community members to create a shared future vision, strengthen relationships and learn about barriers, gaps, and innovative solutions.

Describe any barriers or challenges the state has experienced in being able to access or use the supplemental funds.

There has been reluctance to fund new programs or staff capacity without a sustainable future revenue source.

## F. CAPTA State Liaison Officer

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## VII. Statistical and Supporting Information

### A. CAPTA Annual State Data Report Items

#### 1. Information on Child Protective Service Workforce

##### *Education, Qualifications, and Training Requirements for CPS Professionals*

##### *Caseworkers (SSS1)*

The following are the minimum qualifications for an SSS1 in terms of education and experience.

- A Bachelor's degree in Social Work/Human Services or a closely related field; **OR**
- A Bachelor's degree in any field and either:
  - 1) One year of direct, full-time experience that prepares the incumbent for services to children and families, such as performing work in a social work, child welfare services, or family services setting, or a related field; **OR**
  - 2) Completion of coursework equivalent to a current certification in social work/human services or related field; **OR**
- An Associate degree in any field and either:
  - 1) Two years of direct, full-time experience that prepares the incumbent for providing protective services to children, such as work in a social work, child welfare services, or family services setting, or in a related field; **OR**
  - 2) One year of social work-related experience and a current certification in a social work/ human service-related field, such as children's services, social services, child development, early childhood education, counseling, or juvenile corrections.

See the training requirements for SSS1s attached. (Attachment 71)

##### *Supervisors (Child Welfare Supervisor 2)*

The following are the minimum qualifications for a Child Welfare Supervisor 2 in terms of education and experience.

- Bachelor's or higher-level degree in Social Work/Human Services or a closely related field and two (2) years' experience related to social or human services protective services; **OR**
- Bachelor's degree in a field not closely related to Social Work/Human Services and two (2) years of experience in supervision, staff technical, or professional-level social or human services-related experience (e.g., experience, paid or non-paid, assisting individuals and groups with issues such as economically disadvantaged, employment, abuse and neglect, substance abuse, aging, disabilities, prevention, health, cultural

competencies, inadequate housing). One year of this experience must have included program/project leader responsibility involving one or more of the following areas:

- Development of program rules and policies
- Development of long- and short-range goals and plans
- Program evaluation and/or project evaluation, or
- Monitoring and controlling or preparing a budget

See the training requirements for supervisors attached. (Attachment 72)

#### *Data on Education, Qualifications, and Training of CPS Personnel*

*\*The data reflected in Figures 40-49 is a point in time snapshot of all SSS1s and supervisors employed on May 29, 2024, and is self-reported by employees.*

#### *Race and Ethnicity Data*

Child Welfare Supervisor 2 – supervising primarily caseworkers (SSS1s)

*Figure 40*

<b>Race/Ethnicity</b>	<b>Number</b>
American Indian or Alaska Native	5
Asian	6
Black or African American	9
Hispanic or Latino	15
Native Hawaiian or Other Pacific Islander	0
Two or More Races	13
White	206
I do not wish to answer.	3

Social Service Specialist 1 – includes CPS and permanency caseworkers, certifiers, and screeners

*Figure 41*

<b>Race/Ethnicity</b>	<b>Number</b>
American Indian or Alaska Native	41
Asian	35
Black or African American	64
Hispanic or Latino	233
Native Hawaiian or Other Pacific Islander	9
Two or More Races	56
White	1075
I do not wish to answer.	50

## Education Data by Highest Reported Degree

## Child Welfare Supervisor 2

Figure 42

Degree	Number
Bachelor's Degree	160
Doctoral Degree	3
Master's Degree	55
Associate's Degree	4
Certificate Program	3
Unreported	32

## Social Service Specialist 1

Figure 43

Degree	Number
Associate's Degree	109
Bachelor's Degree	795
Certificate Program	60
Doctoral Degree	11
Education Specialist (EDS)	1
High School Diploma or Equivalent	2
Master's Degree	186
Post-Graduate Diploma	1
Unreported	398

## Disability

## Child Welfare Supervisor 2

Figure 44

Disability	Number
Disability Reported	4
No Reported Disability	253

## Social Service Specialist 1

Figure 45

Disability	Number
Disability Reported	17
No Reported Disability	1546

## Binary Gender

Child Welfare Supervisor 2

Figure 46

Binary Gender	Number
Female	203
Male	54

Social Service Specialist 1

Figure 47

Binary Gender	Number
Female	1247
Male	316

## Age Range

Child Welfare Supervisor 2

Figure 48

Age Range	Number
20-29	2
30-39	53
40-49	116
50-59	78
60+	8

Social Service Specialist 1

Figure 49

Age Range	Number
20-29	298
30-39	573
40-49	393
50-59	249
60+	50

## Caseload/Workload Requirements for CPS Personnel

CW will be referencing caseload ratios based on the Oregon Caseload Standard Ratios. Transitioning to these standards will take some time and creates a consistent framework for

analysis of workforce needs and targeted strategies. The ratio goal will be 7 assigned assessments per month (1:7 worker/assessment). However, there are circumstances under which caseloads may vary from these standards. For example, caseloads may be higher when CW is faced with staff vacancies (due to promotions, rotations, leaves, or other reasons), or if administrative case functions (for example, entering notes, filing, etc.) are assigned to other personnel. CW has a caseload data dashboard to analyze the current caseload for safety workers, permanency workers, certification workers and adoption workers.

## 2. Juvenile Justice Transfers

In FFY 2023, CW transferred 16 children to the custody of the Oregon Youth Authority (OYA).

## B. Education and Training Vouchers

Refer to Federal Attachment D.

## C. Inter-Country Adoptions

CW reviewed the cases of children who entered care during FFY 2023 to determine if any previously experienced an international adoption. No children met these criteria.