



Oregon Department of Human Services
Child Welfare Division

Child and Family Services Plan
2025- 2029

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I. Vision & Collaboration

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. Attachment 44 is an organizational chart of where CW sits in ODHS and how the design programs are organized.

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-Kids¹; 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.

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.

¹ OR-Kids is Oregon's statewide CW information system.

- 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.

C. Collaboration

In January 2024, CW met with the Parent Advisory Council (PAC) and Child Welfare Advisory Council (CWAC) to identify policy priorities. In February, CW did policy mapping with the Governor's Office, System of Care Advisory Council, and Self Sufficiency Program (SSP) to identify cross-system priorities and gaps.

CW used work that was underway with the Nine Tribes of Oregon (listed below) to inform the development of priorities:

- CW/SSP Prevention and Preservation Mapping with Tribes on 2/29/24
- Data-driven meetings with Tribes
- Klamath Tribes meeting on 3/12/24 identifying priorities based on their needs
- Feedback from an assessment of the Oregon Indian Child Welfare Act (ORICWA) implementation completed by a contracted provider.
- Quarterly ICWA Advisory Council

In late spring and summer 2024, CW took the developed roadmap to partners, Tribes, and community to develop a more complete draft and to ask for input and feedback on next steps.

CW has an ongoing collaborative relationship with the Juvenile Court Improvement Project (JCIP). CW is a vital partner in the Safety Questions project, described in detail on page 62 of the APSR. The State Tribal Partnership Grant, described in Attachment 67, is focused on expanding ICWA courts beyond Klamath's ICWA court and implementing intergovernmental partnership models to improve ICWA practice.

The Family First Addendum Design team and the Service Equity Advisory Council intentionally sought out diverse memberships, identifying individuals to represent historically underserved populations including fathers, Black and African American communities, Tribal members, and those with lived experience in child welfare systems as parents or youth.

CW gathered information to complete the Statewide Assessment for CFSR Round 4 in summer 2024. Case reviews and partner interviews for CFSR Round 4 will be completed in winter 2024/2025. All this information and the continued input of CW's partners, the Tribes, providers, those with lived experience, and community will contribute to a living document. Outreach to various partners, communities, providers, Tribes, and others for the first part of CFSR Round 4 was designed to inform these groups of the subsequent stage of designing the upcoming program improvement plan (PIP). Those responding with interest were able to indicate their desire to participate in PIP planning and development in spring 2025.

Refer to APSR Attachment 3 for a list of all of CW's ongoing collaborations.

II. Assessment of Current Performance in Improving Outcomes

The Statewide Assessment, completed in August 2024 for the federal CFSR Round 4 process, contains a detailed analysis of the content that is summarized briefly in this section. The information in the Statewide Assessment forms the foundation for future annual updates to this report as intended by the federal continuous quality improvement and reporting structure.

A. Child And Family Outcomes

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 1

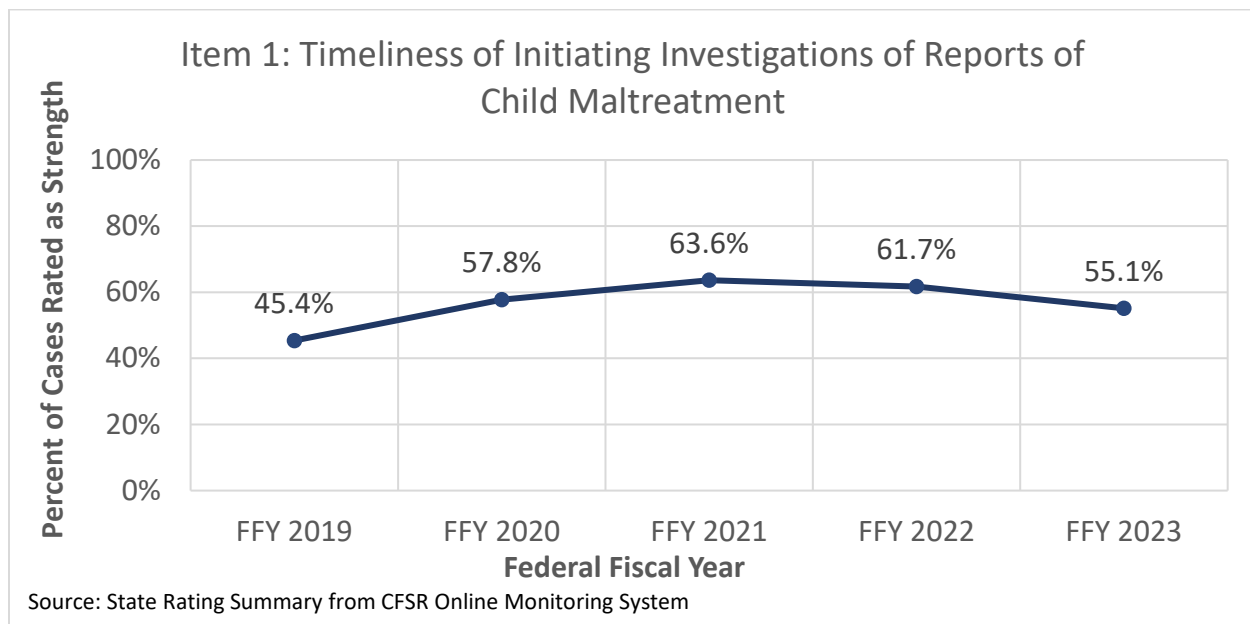


Figure 1 shows CW's performance on timeliness to initiating investigations of reported child maltreatment. ORCAH met its goal of timely assigning reports to child protective services (CPS) workers nearly 90% of the time in the past year. Child Safety Program is working with local offices to identify practical barriers to timely contact. Refer to pages 13-14 of the APSR for in-depth analysis of efforts to improve timeliness to initial contact.

CW's collaboration with partners to define the door to child welfare, described beginning on page 42 of the CFSP, may affect performance on this measure in the long run.

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 2

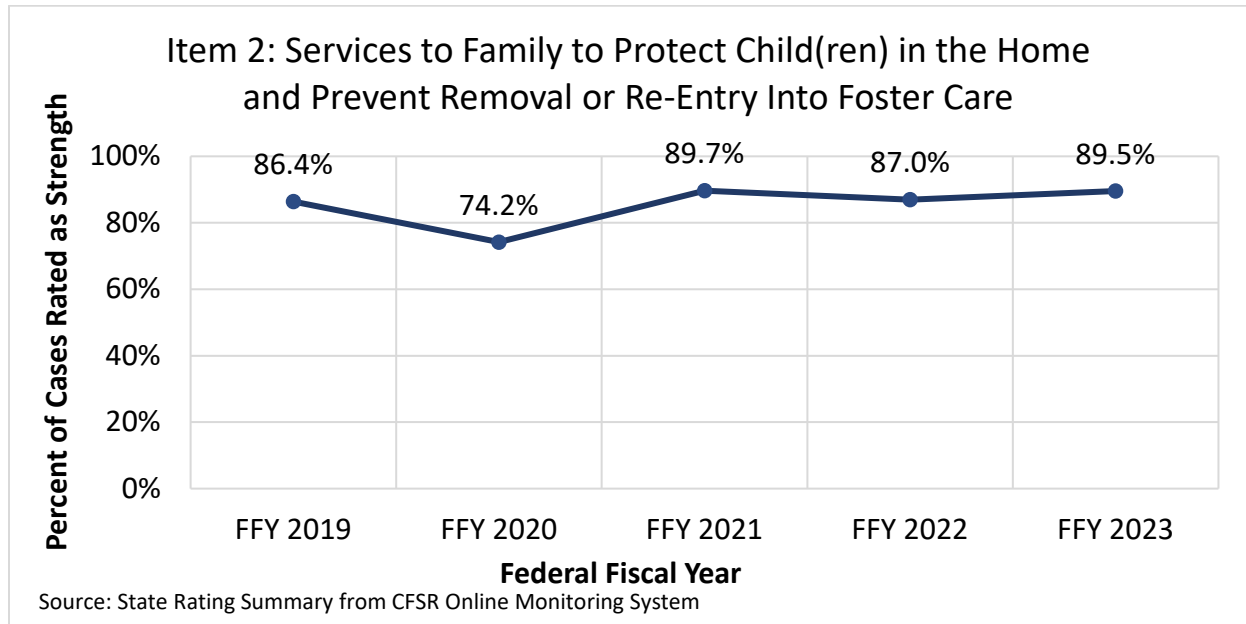
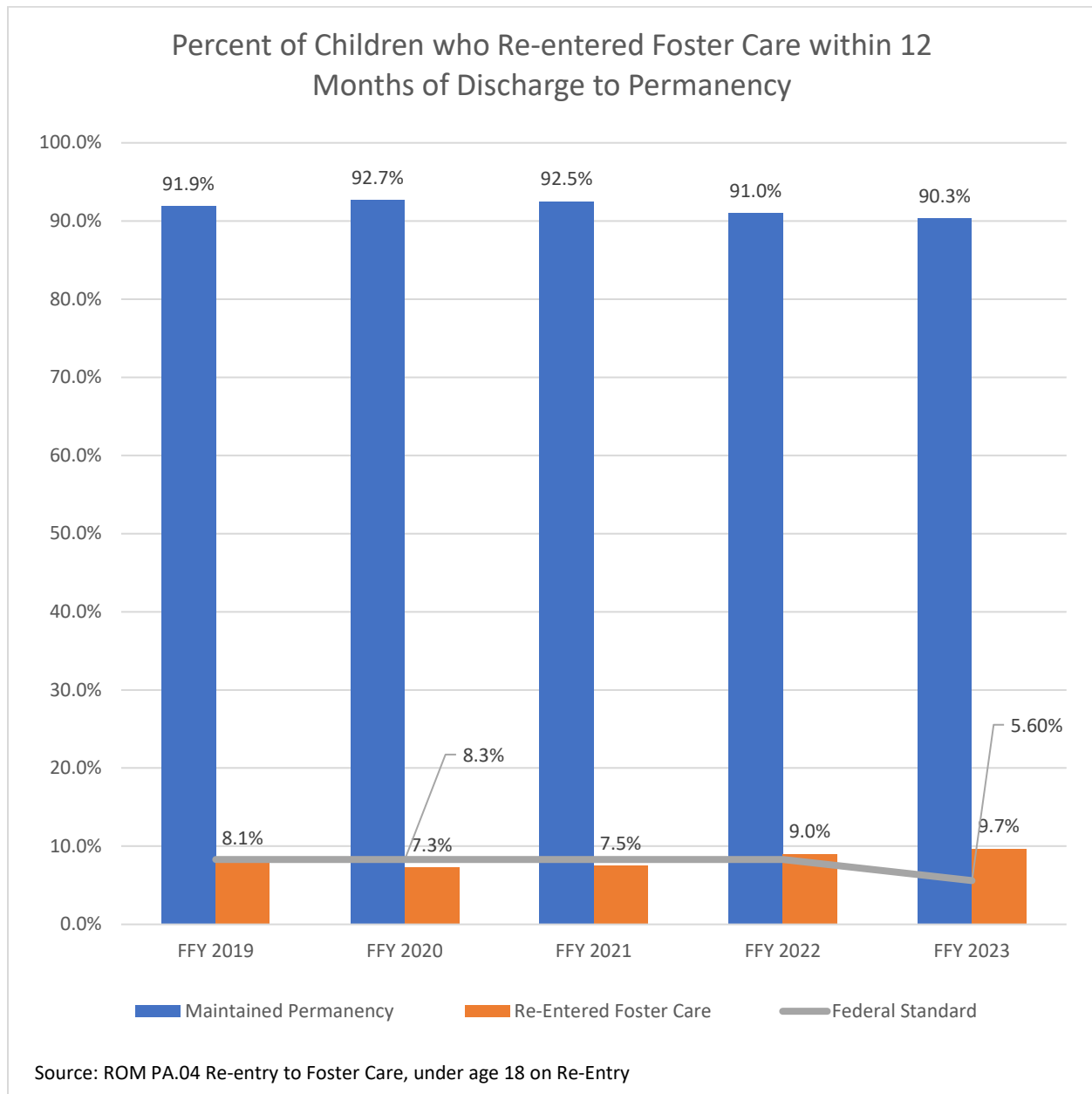


Figure 2 measures how well caseworkers are working diligently to keep children at home with support instead of removing them whenever possible. The work Oregon plans to increase access to services and supports, described on pages 47-49 of the CFSP, will support continued high performance on Item 2.

Figure 3 below, re-entry within twelve months of discharge to permanency, is a companion measure to Item 2.

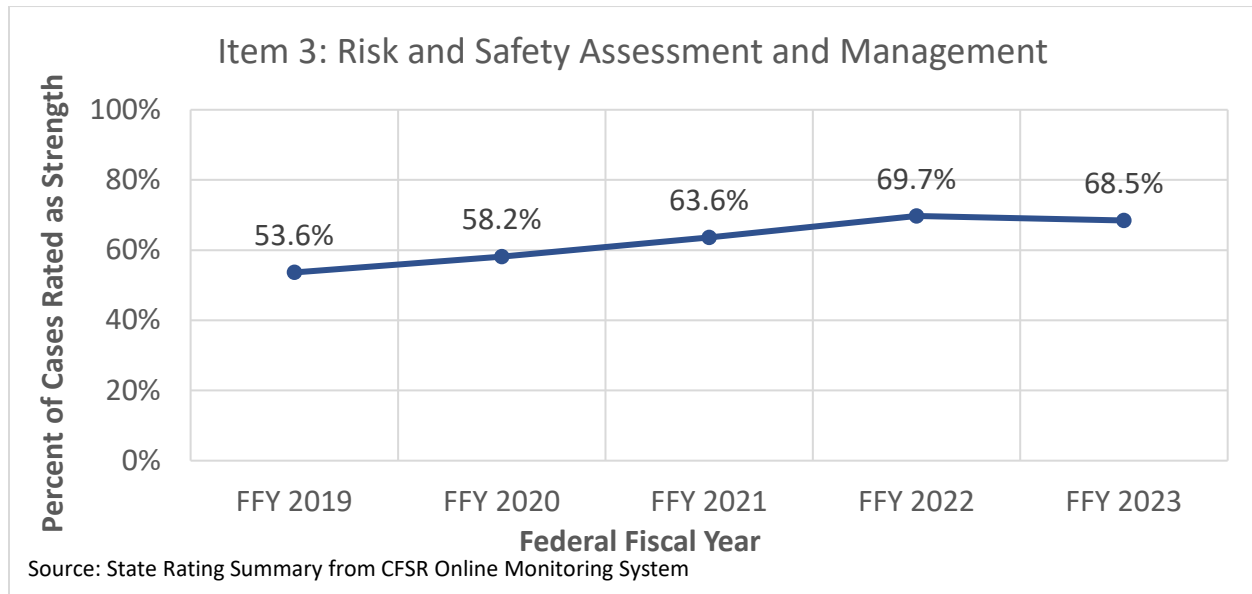
Figure 3



See the analysis on page 16 of the APSR. The work districts are doing to improve accuracy and sufficiency of ongoing safety plans, described on pages 17-19 of the APSR, and face-to-face contact with parents will likely 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?

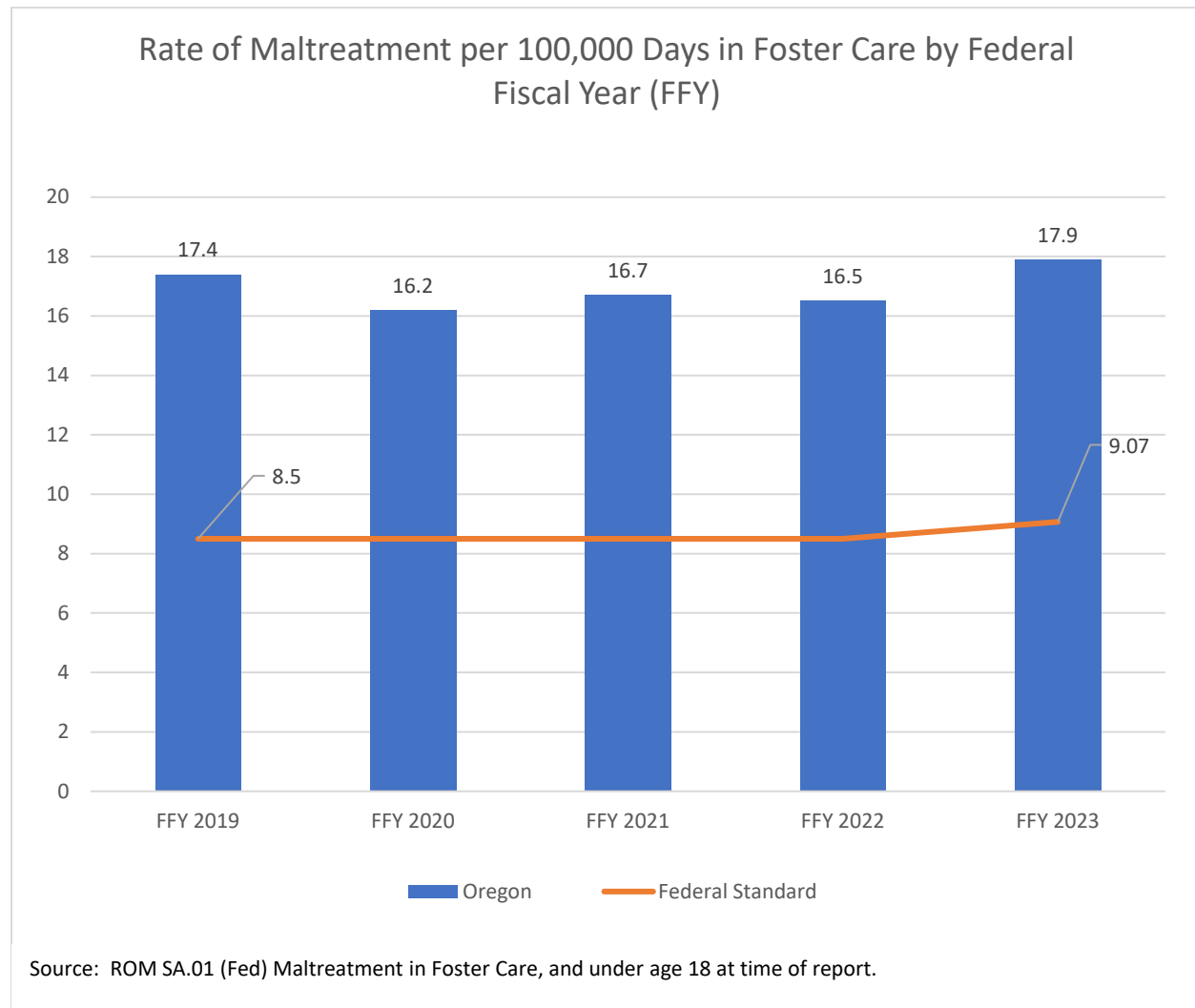
Figure 4



See pages 17-19 of the APSR for a detailed description of the work local offices are doing to improve their ongoing safety plan practice.

Statewide Data Indicator: Maltreatment in Foster Care

Figure 5



This measures the rate of maltreatment per 100,000 days in foster care by federal fiscal year². 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.

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 5 includes

² 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>

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 5 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.

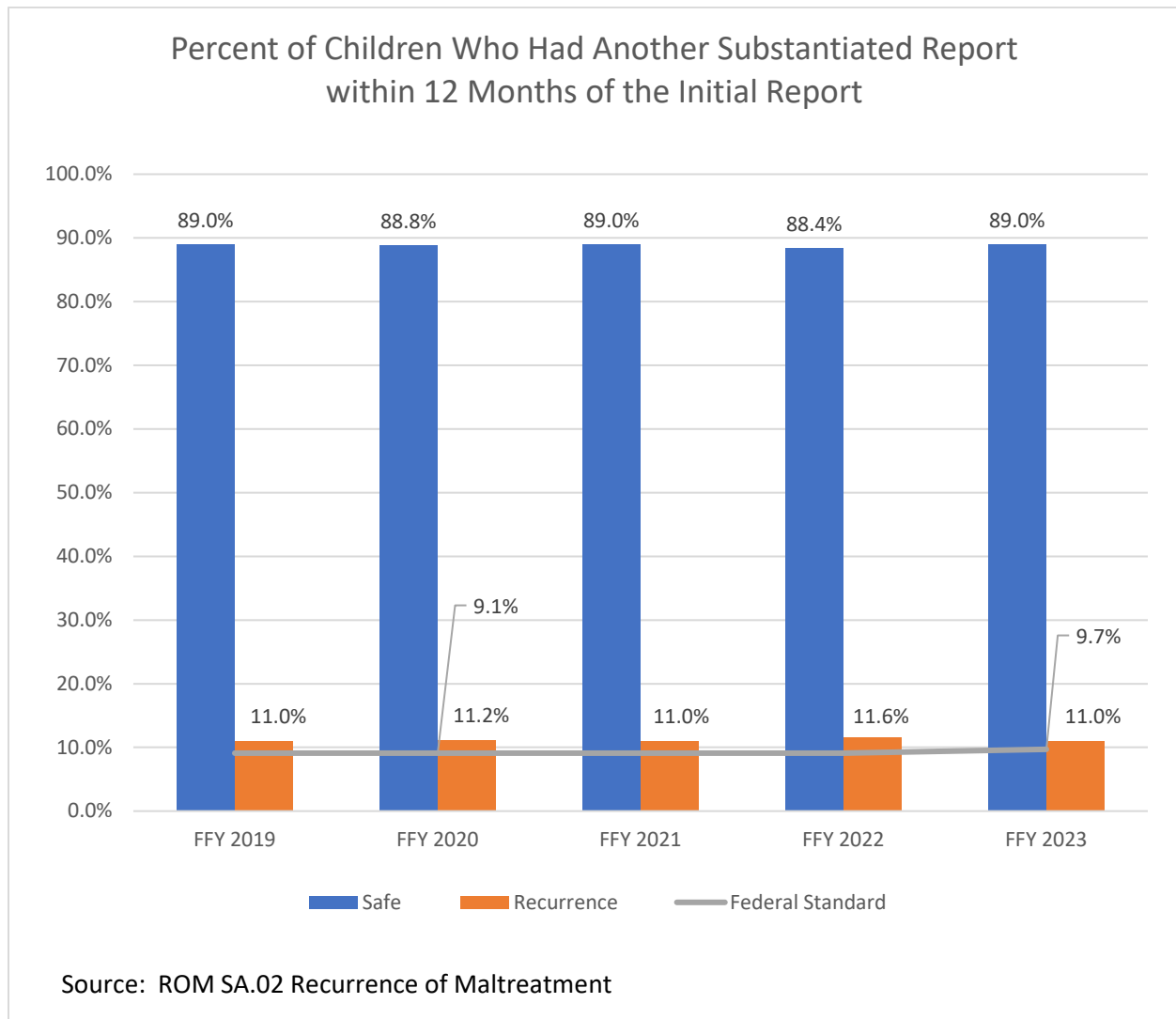
Third, Oregon is one of the only states in the country that consistently uses six months of trial home visit for most children or young adults who return to their parent(s)³. This impacts maltreatment in care rates because those trial home visits are extensions of the foster care episode. When a trial 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.

³ 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.

Statewide Data Indicator: Recurrence of Maltreatment

Figure 6

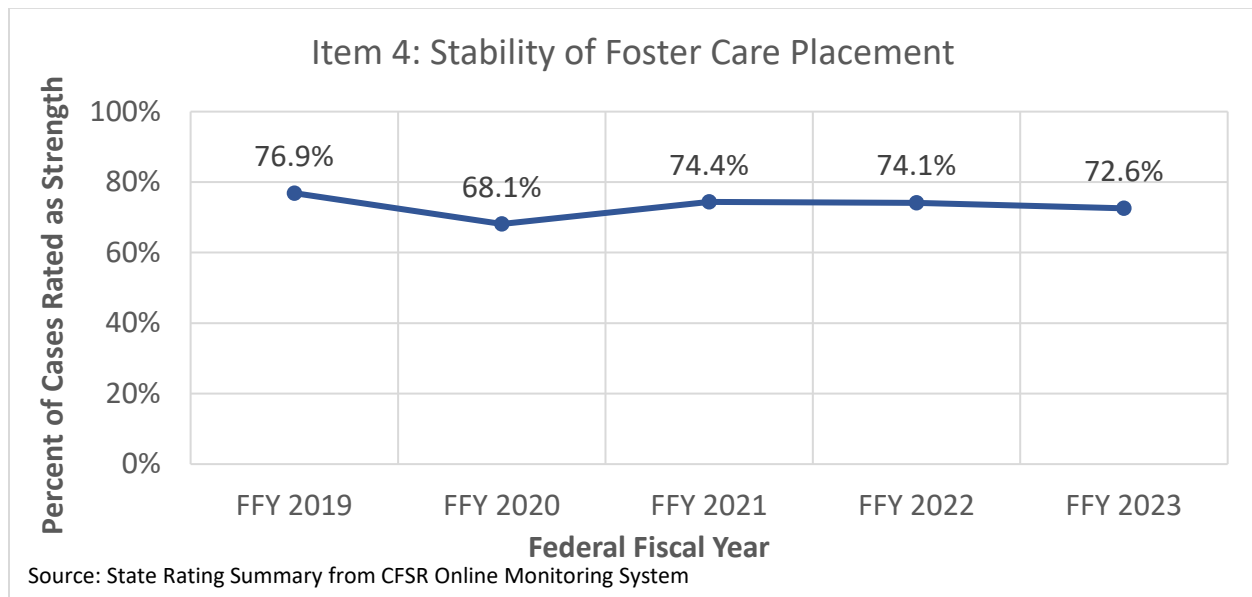


This statewide data indicator looks to see how safe children are within the first year after the initial report of maltreatment. The federal standard (gray line) applies to the recurrence percentage, seen as the orange bars in Figure 6. Oregon has held fairly steady performance on this measure, even during the pandemic. Because many local offices are working on the quality of ongoing safety plans, we expect the increased practice quality to improve child safety and performance.

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

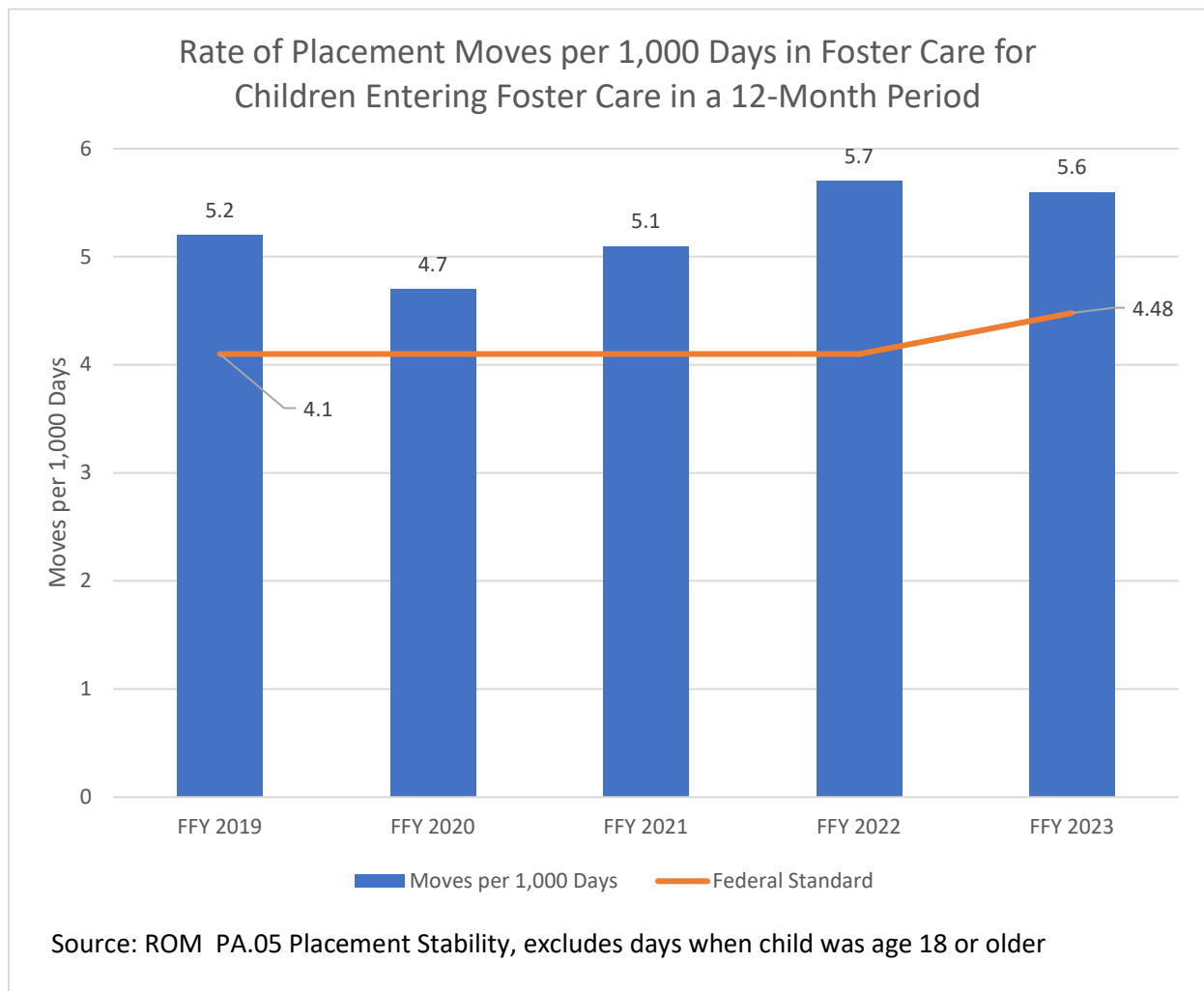
Item 4: Is the child in foster care in a stable placement and were any changes in the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?

Figure 7



See pages 23-24 of the APSR for detailed analysis of performance on Item 4 (Figure 7 above) and the Statewide Data Indicator for placement stability (Figure 8 on the following page). Refer to pages 46-47 of the CFSP for a description of the work on relative placement and family engagement that will affect performance on placement stability.

Figure 8



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

Figure 9

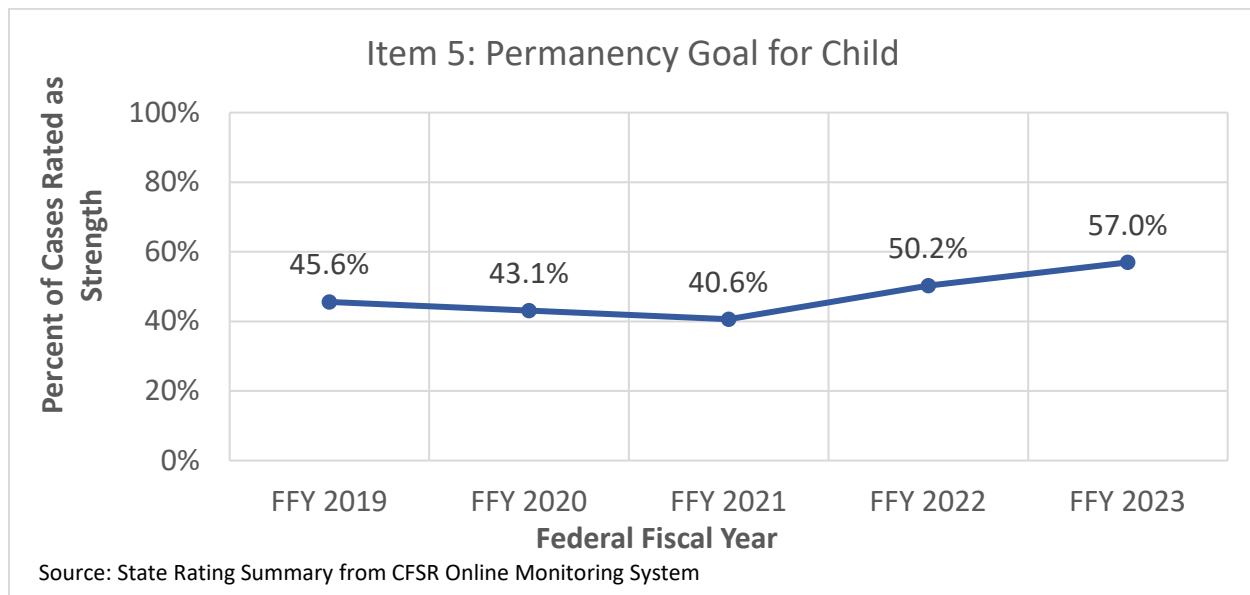
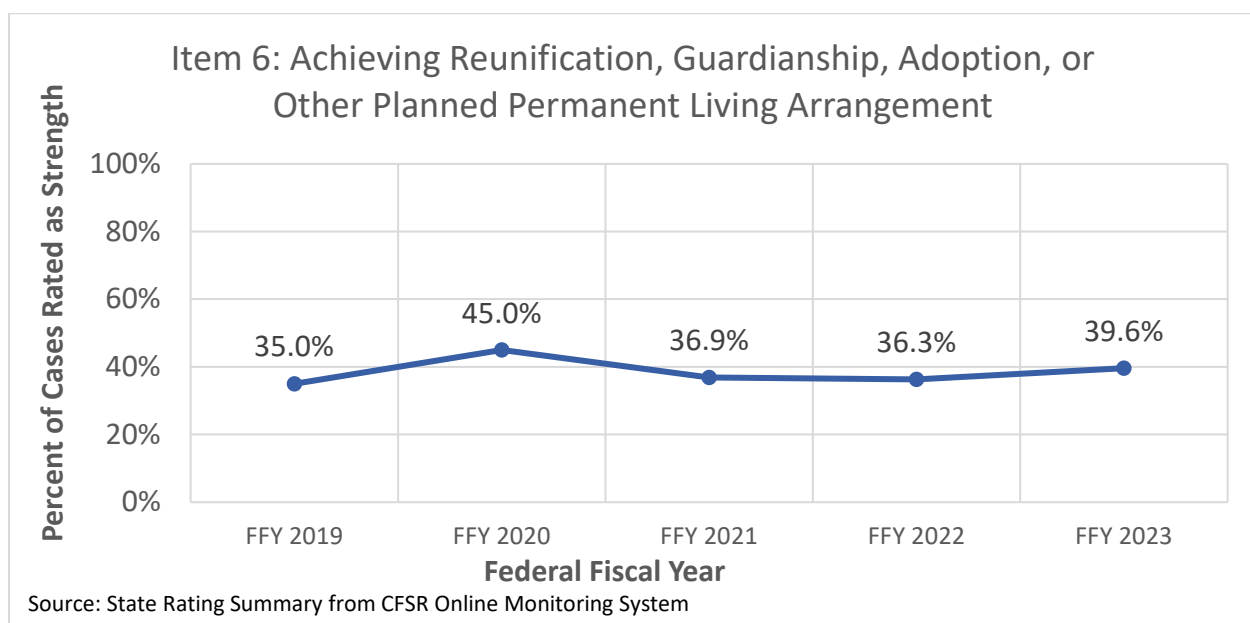


Figure 9 shows improvement over time from creating a single case plan document, the Family Report, within a business process aligned to the federal timeline. The Permanency Dashboard helps sustain this momentum, providing case level data to ensure timely completion of case plans, among other things. See page 25 of the APSR for further information.

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

Figure 10



Performance on Item 6 is closely linked to the timelines set in the federal Adoptions and Safe Families Act (ASFA) for reunification, guardianship, and adoption. This measure is also tightly connected to the three statewide data indicators below in Figures 11-13. See pages 26-29 of the APSR for analysis of current performance. Oregon is performing above the federal standard on all three of the statewide data indicators for permanency in FFY 2023.

Figure 11

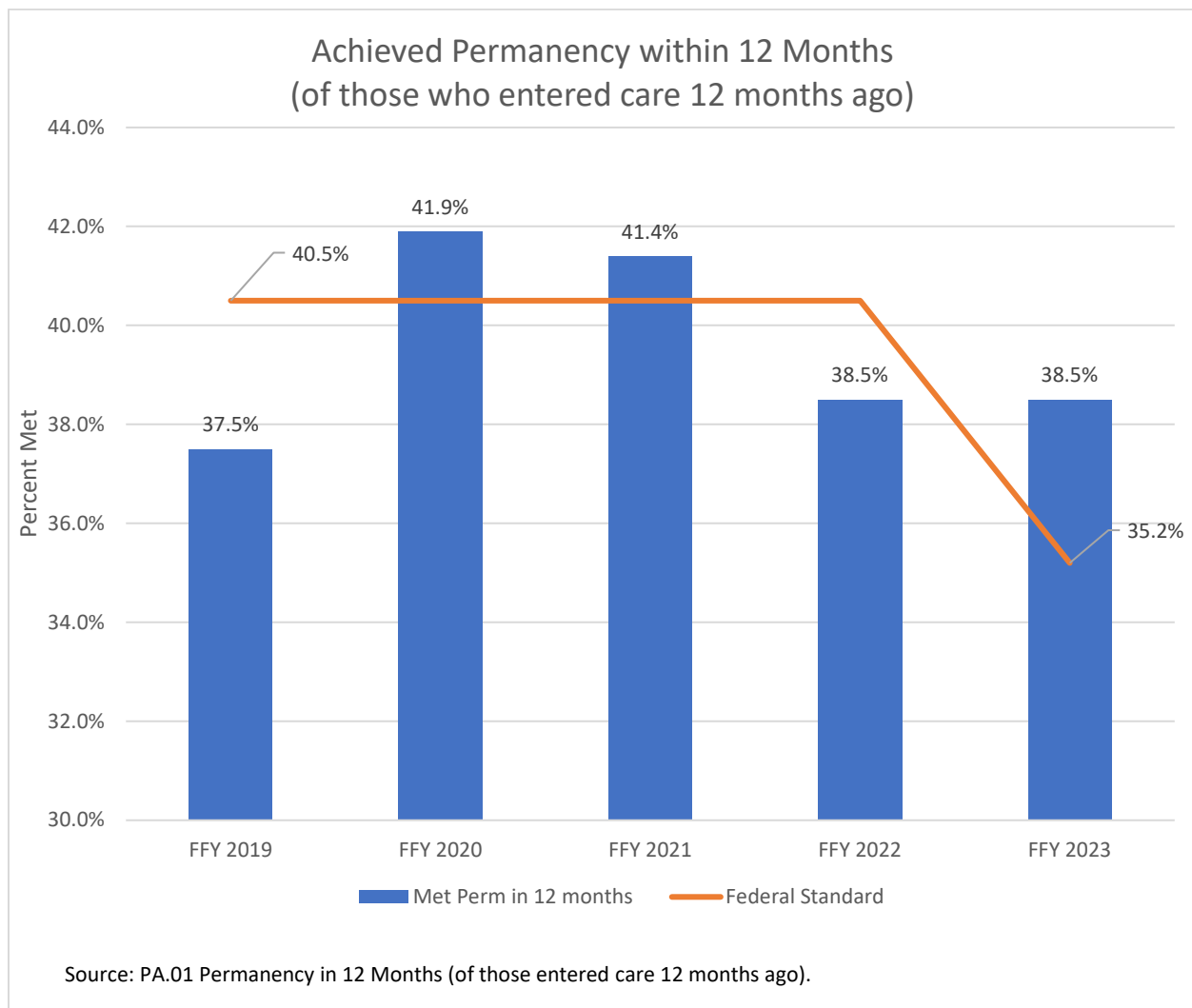


Figure 12

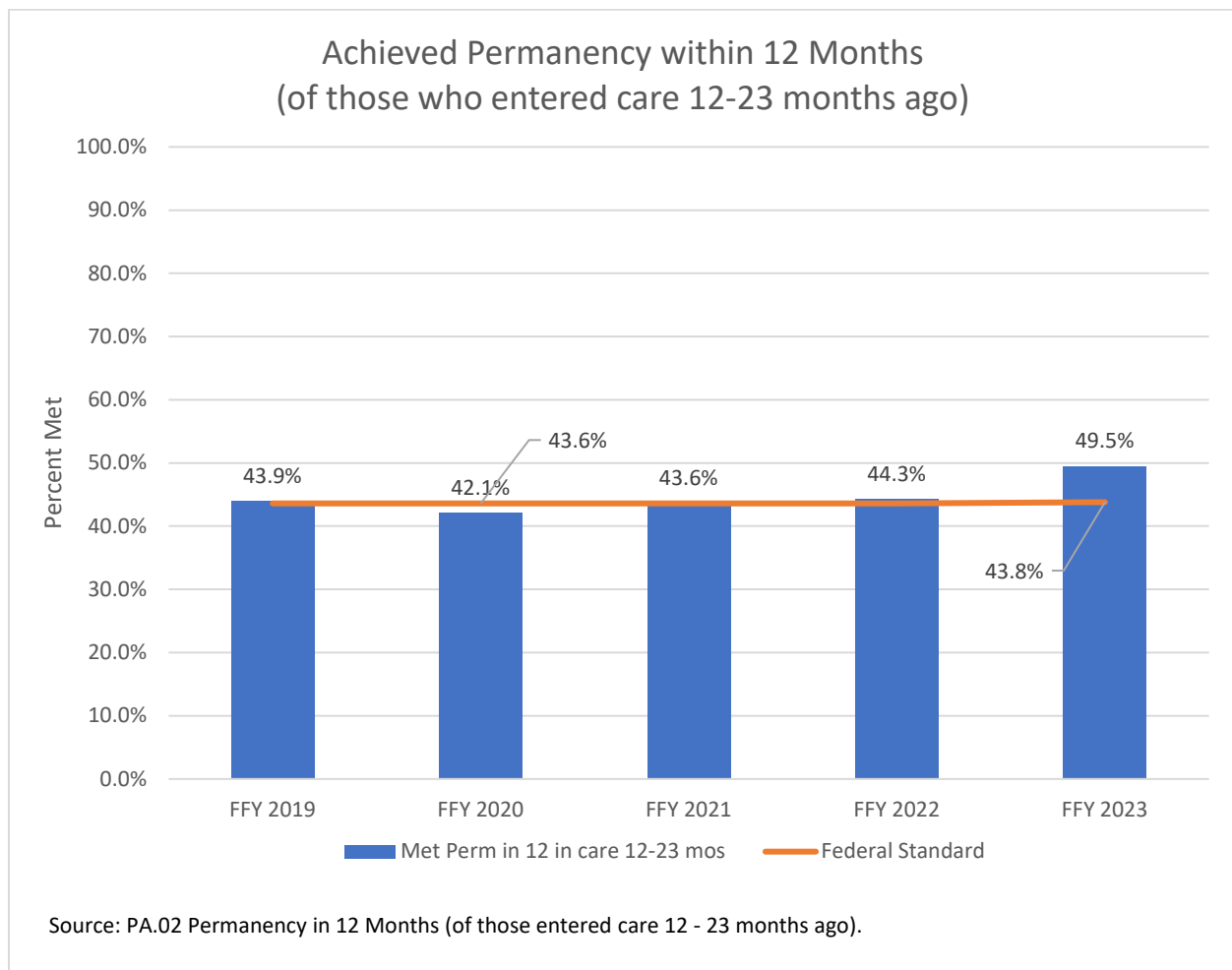
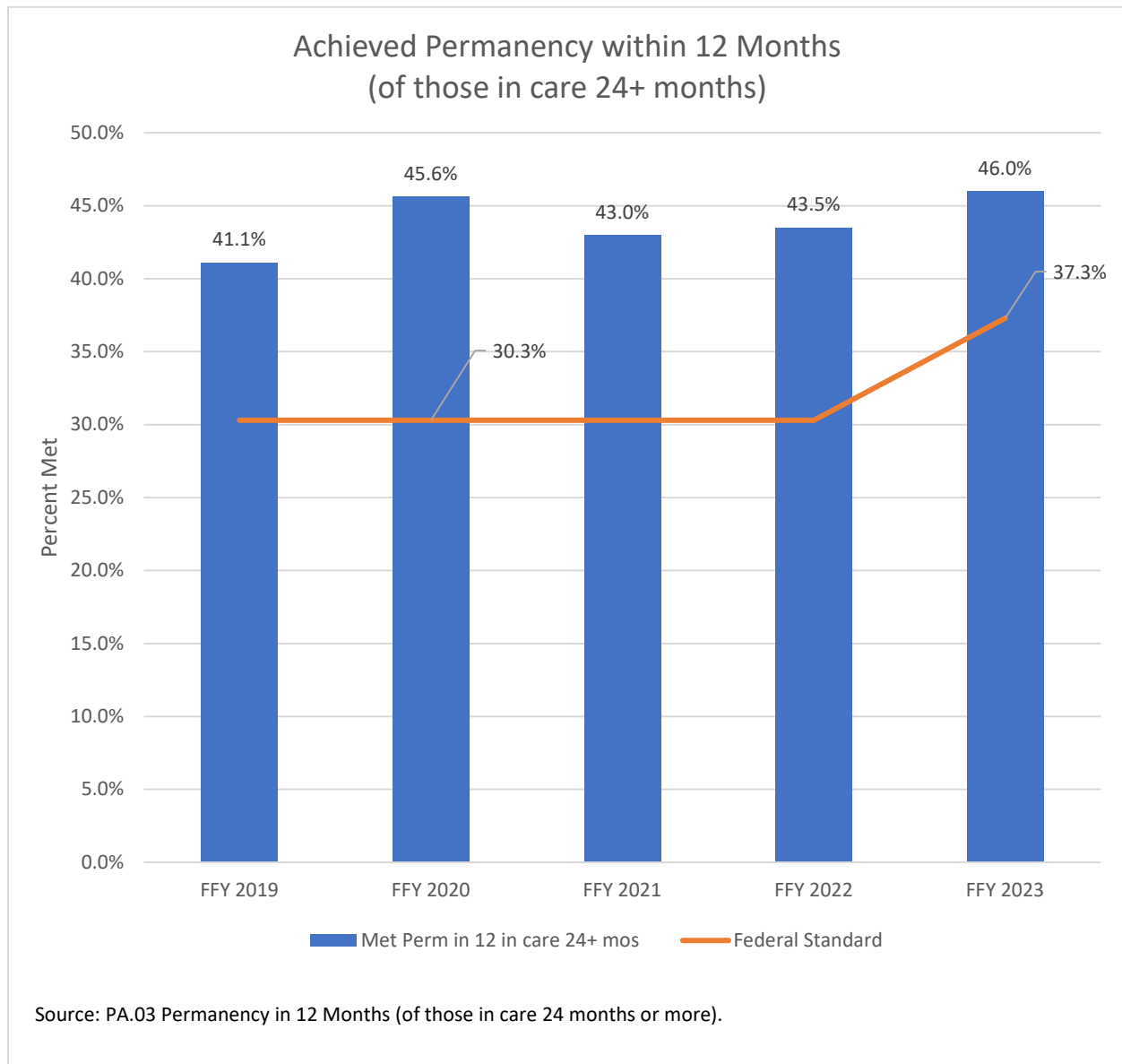


Figure 13



The initiatives described on pages 42-49 of the CFSP to define the door to child welfare, increase relative placement and family engagement, and increase access to services and supports are all expected to have positive effects on timely permanency.

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 14

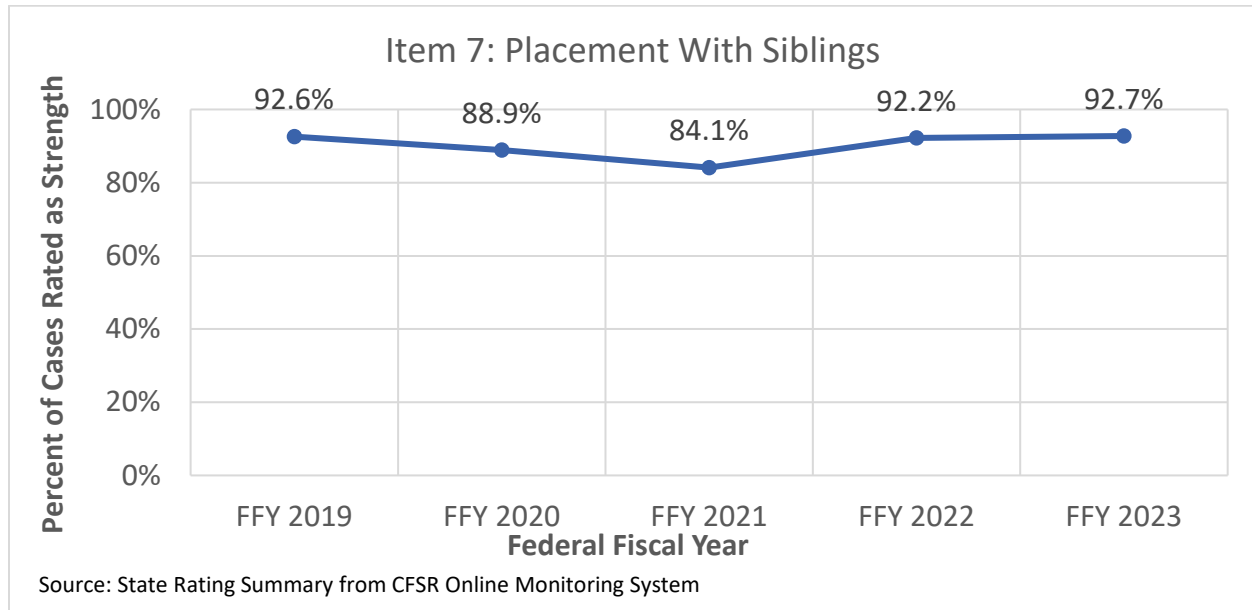
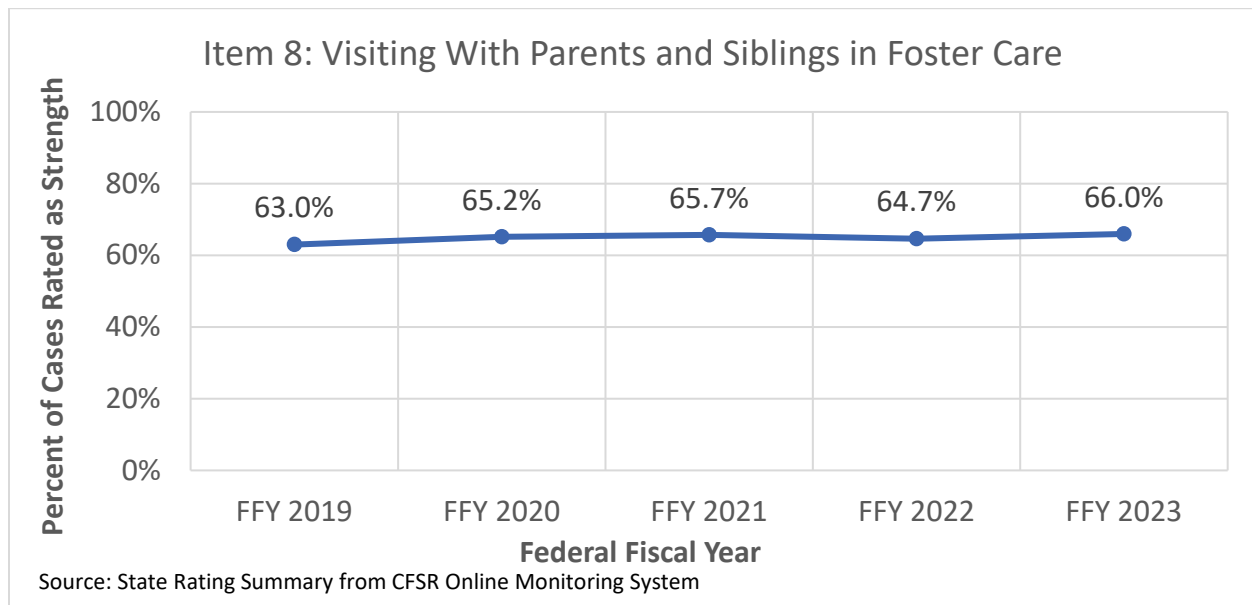


Figure 14 shows the high value CW places on placing siblings together. See page 30 of the APSR for a full discussion of current practice. This work ties in with the focus on relative placement and family engagement discussed on page 46-47 of the CFSP.

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?

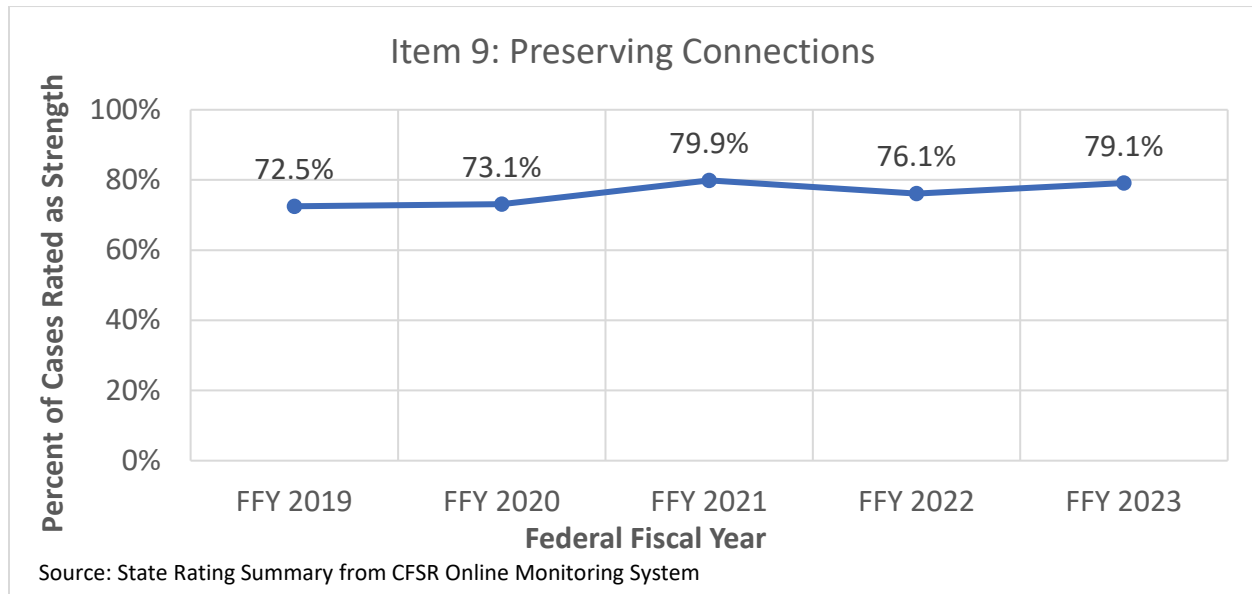
Figure 15



When children are in substitute care, families are still able to spend time together and connect in meaningful ways. See pages 31-32 in the APSR for how three local offices are using their CQI cycles to focus on improving Family Time, and new statewide guidelines to support direct service staff.

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 16



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. See pages 32-34 in the APSR for a description of the work in Columbia County, the Equity Micro Lab in District 16 that gained national attention, the CQI Program's work with the Tribes in Oregon, and the Native Teen Gathering.

The work to engage families (pages 46-47 of the CFSP) and to support Tribes' funding and autonomy (page 50 of the CFSP) will connects to this as well.

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

Figure 17

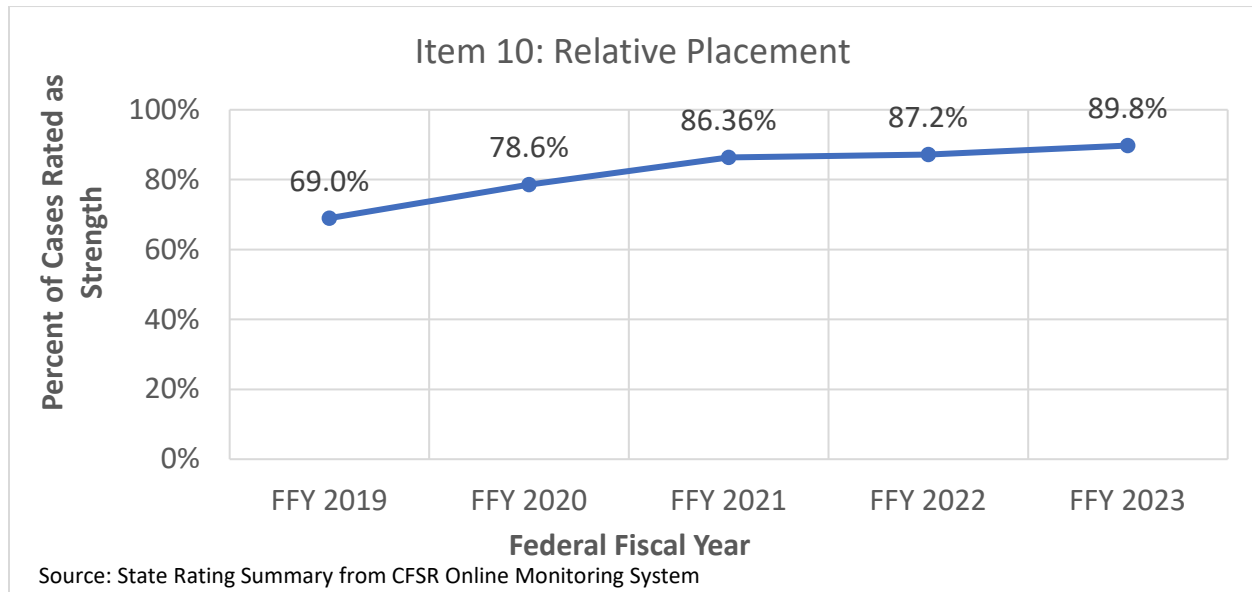


Figure 17 shows CW values placing children with relatives and has continued to improve in this area. See pages 34-35 in the APSR for a description of the work Tillamook and Clatsop Counties did to increase initial placement with relatives during their first CQI cycle. Oregon's selection as one of five pilot sites for a new pathway to certification for relatives is in part due to consistent strong performance.

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 18

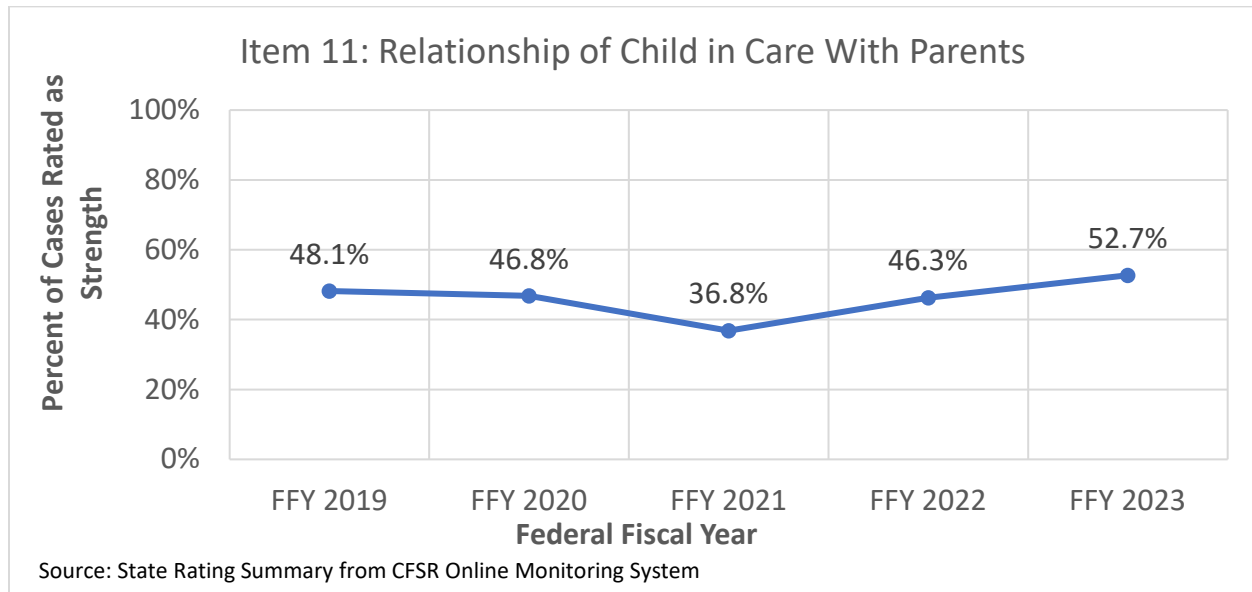


Figure 18 shows how CW facilitates the relationship between a child and their parent(s) aside from Family Time. Several local offices are focusing their CQI efforts on improving practice in this area. See page 35-36 in the APSR for descriptions of those efforts. Family engagement work described on pages 46-47 of the CFSP will also lift performance on this item.

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?

Figure 19

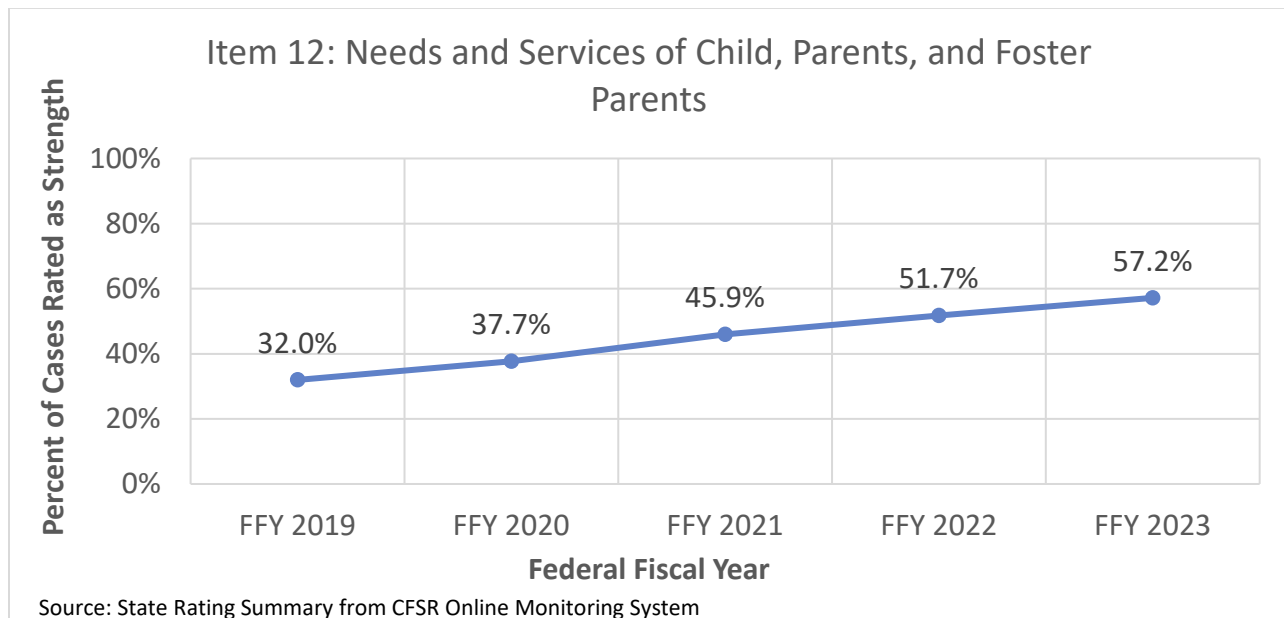


Figure 19 above is an overall measure of CW's performance for the three distinct groups: children, parents, and resource parents. It is not an average; for Item 12 to be rated a strength overall on an individual case review, all three sub-items must be rated a strength.

The three groups have differing needs and CW's efforts are tailored to each group individually, discussed in detail on pages 54-58 of the APSR.

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 20

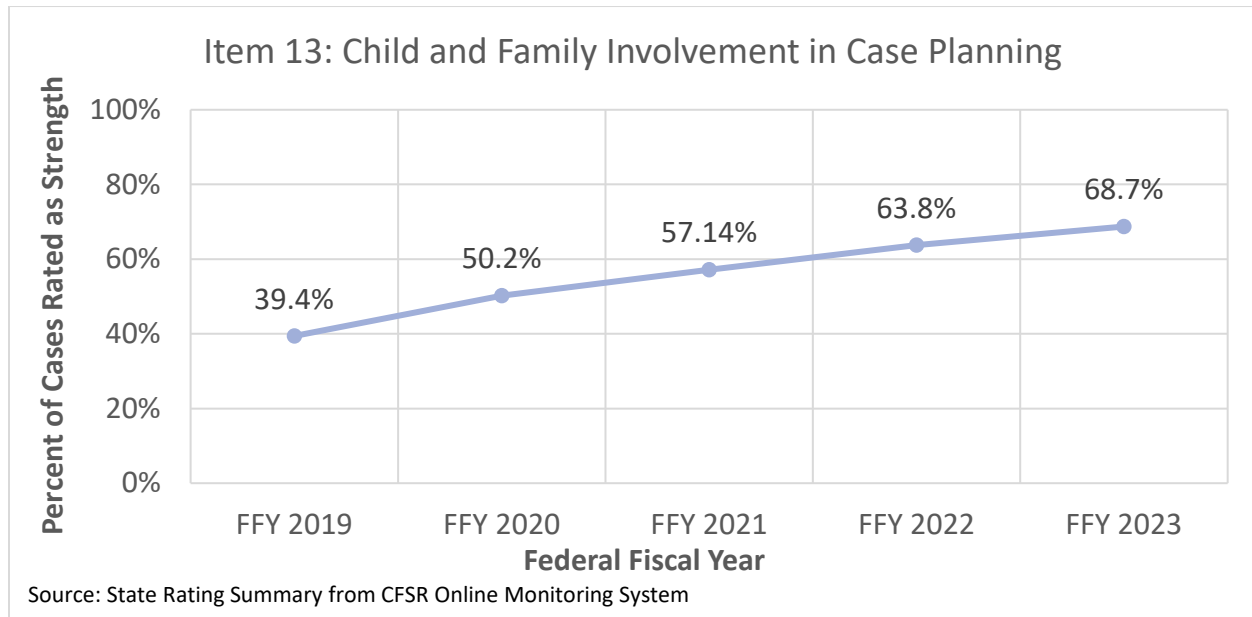


Figure 20 shows continued improvement in involving parents and children in case planning. It is likely that the CQI work many local offices did on improving parent face-to-face contact had a positive effect on this measure.

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 21

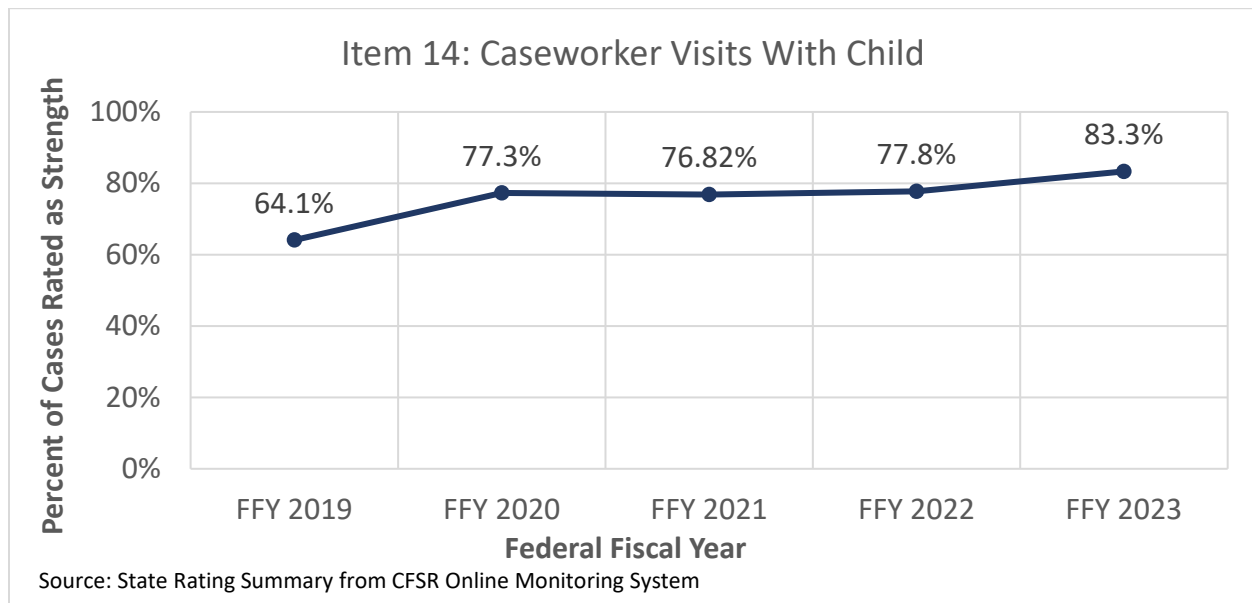


Figure 21 shows continued improvement in monthly face-to-face contact with children in care. See pages 38-39 of the APSR for analysis and additional data.

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 22

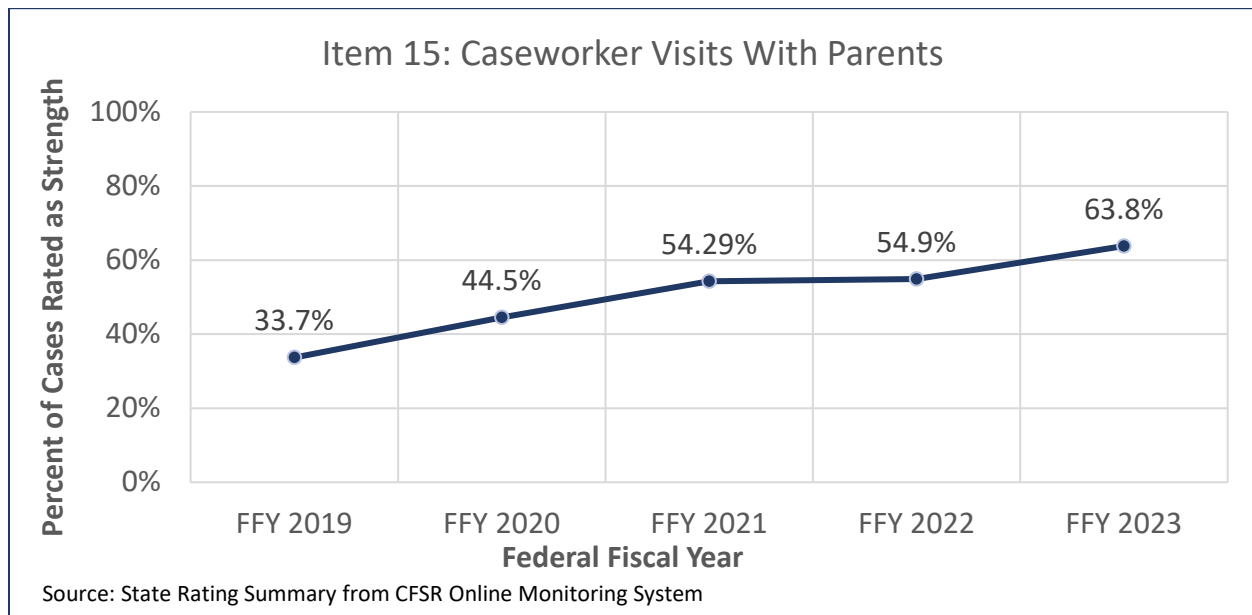


Figure 22 shows the improvement in performance CW has achieved in parent face to face contact. Five CQI sites made this their focus during their first CQI cycle, and it was the subject of the first CQI Learning Collaborative, which occurred in February 2024. The event was open to all CW, and sites that had focused on parent face to face contact shared about their experience, successes, and lessons learned. See pages 39-42 in the APSR for descriptions and analysis.

Improvement on parent face-to-face contact has the potential to positively affect the family's experience in so many ways, for example, a safety plan that is tailored to their needs, improved placement stability, culturally appropriate services, and early permanency planning that may improve stability for the child and ongoing connection to the parent if reunification is not possible.

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 23

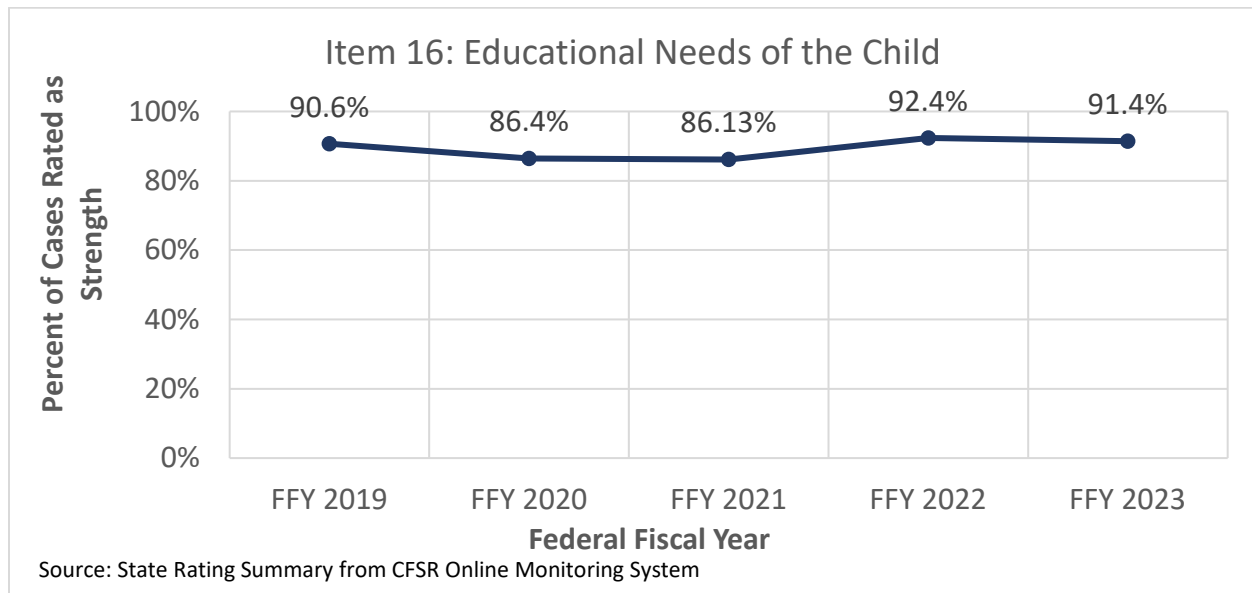


Figure 23 shows CW's continued high performance meeting children's educational needs while in substitute care. See pages 43-44 in the APSR for analysis.

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 24

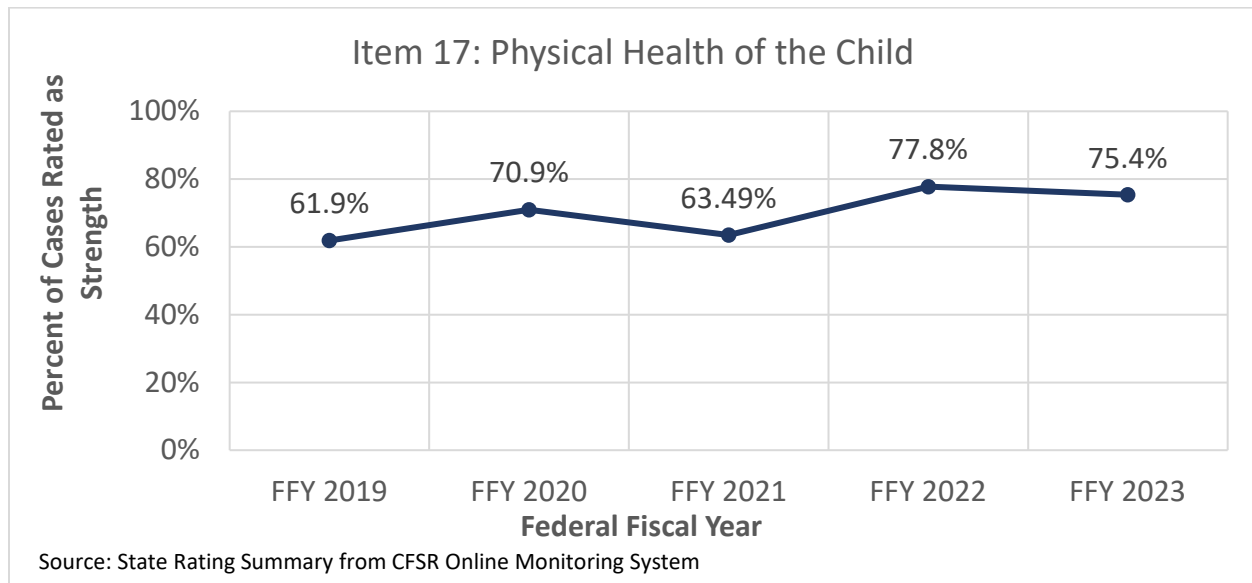
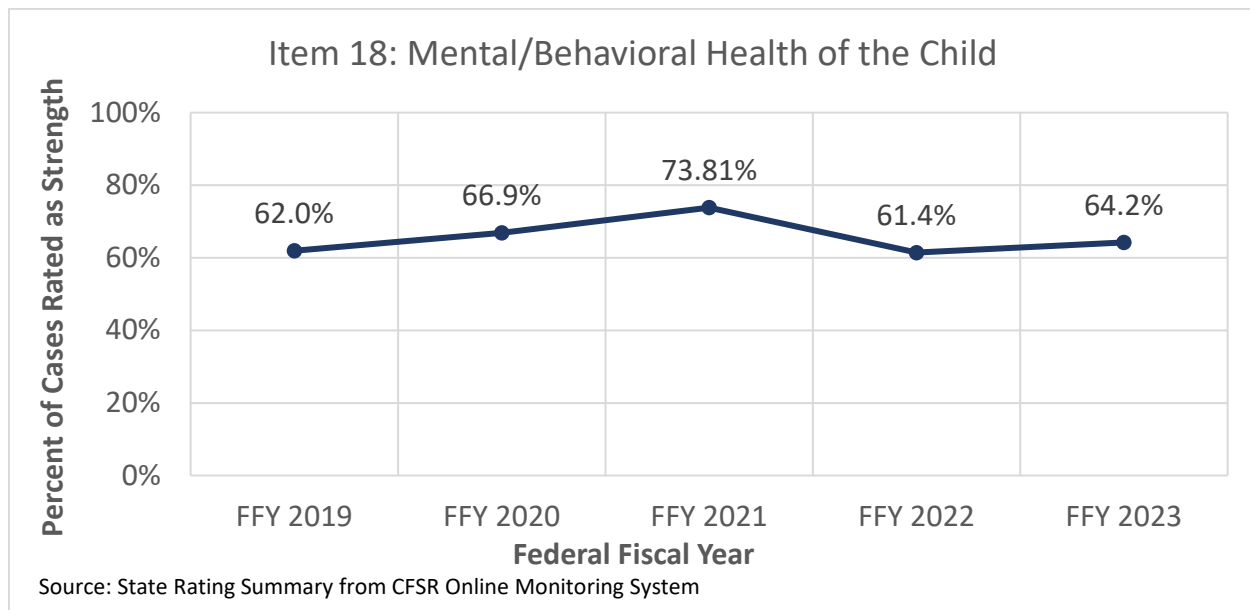


Figure 24 shows the focus on assessing and addressing children's physical health and dental needs. This is an area where CW has performed well and continues to improve, although the pandemic impacted performance particularly in FFY 2021 (October 2020 to September 2021, when vaccines were still unavailable for all children).

See pages 74-79 of the CFSP for more information.

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

Figure 25



Item 18 measures the work CW does in partnership with resource parents and treatment service providers to ensure the child's mental and behavioral health needs are assessed regularly and are met with appropriate services, including medication if appropriate. See pages 45-47 of the APSR for analysis of recent work.

See the section on increasing access to services and supports beginning on page 47 of the CFSP for CW's plans.

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 data.

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. An internal workgroup is developing a solution to include temporary lodging location data in the

OR-Kids placement module. Logistical and technical issues to resolve include CCO auto-enrollment tied to placement address, a stable destination for the child's mail, etc.

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.

The primary case plan document is the Family Report (form 2873, Attachment 45). Attachment 46 describes the process of updating the child's case plan and details what information caseworkers must include in that process. The case plan contains the following required provisions:

- Description of services offered and provided to prevent removal of the child from the home and to reunify the family.
- Description of the type of home or setting in which the child is placed (if not in-home).
- Discussion of the safety and appropriateness of the placement and how CW plans to ensure safe and appropriate care while the child is placed out of home.
- A plan for ensuring that the child receives safe and proper care, and services are provided to the parent, child, and resource parents to improve the conditions in the parents' home to facilitate the child's return to their own safe home or a different permanent placement.
- A plan for ensuring that services are provided to the child and resource parents to address the needs of the child.
- Discussion of the appropriateness of the services that have been provided to the child under the plan.
- Where appropriate for a child age 14 or older, a transition plan developed in consultation with the child.
- During the 90-day period prior to the child turning 18, a transition plan including specific options on housing, health insurance, education, mentors, workforce supports and employment services, etc.
- Documents the steps to finalize a placement when the case plan goal is or becomes adoption or placement in another permanent home.
- When the permanency plan is placement with a relative for guardianship, include:
 - Steps CW has taken to determine return home and adoption are not appropriate.
 - The reason for any sibling separation.

- Why kinship guardianship assistance is in the child's best interests.
- Eligibility for kinship guardianship assistance.
- Efforts the state has made to discuss adoption and why it was not pursued.
- Efforts the state made to discuss guardianship assistance payments or why efforts were not made.
- How the case plan is designed to achieve a safe placement for the child in a least restrictive (most family-like) setting available and in close proximity to the home of the parents.
- If the child is placed a substantial distance from the home of the parents, the reasons why such a placement is in the best interests of the child.
- If the child is placed in substitute care outside the area of the parents' home, a caseworker from the area where the parents live visits the child in-person at least every six months and submits a report on the visit.
- A plan for ensuring the educational stability of the child while in substitute care.
- Incorporates the health and education records of the child.

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 children in foster care in 33 of Oregon's 36 counties 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 data regarding CRB and court review for every child at least every six months.

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 26

Calendar Year	% Timely to First Permanency Hearing
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 27

Calendar Year	% Timely to Later Permanency Hearing
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 likely 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. See page 49 of the APSR for analysis of this trend.

See the Statewide Assessment for data regarding a sample of cases reviewed for the 15 of 22 months timeline to file for TPR over the past two years.

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?

See page 49-50 of the APSR for a detailed description of the Family Report data source in OR-Kids.

The data below in Figure 28 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 28 also meet the two criteria above: court involvement and at least some substitute care.

Figure 28

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

When answering the question, a caseworker may mark “not applicable” when the placement the child is in 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

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?

See pages 68-70 of the APSR for a detailed description of CW's Continuous Quality Improvement Program and its implementation statewide. Pages 71-73 of the APSR address quality assurance processes in specific program areas within CW.

The CQI Program launched data literacy efforts, detailed on page 69-70 of the APSR. The data dashboards CW created and continues to improve inform practice and improvement. See pages 54-55 of the CFSP for details on REALD and SOGIE data collection, still in the planning and development stage.

4. 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?

See pages 63-66 of the APSR for a detailed description of the initial training requirements for caseworkers, supervisors, Coaching and Training specialists, and Family Time Coordinators. See CW's plans to enhance workforce development and cross-agency collaboration beginning on page 50 of the CFSP.

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?

See pages 66-67 of the APSR for a detailed description of ongoing training opportunities for CW staff. See CW's plans to enhance workforce development and cross-agency collaboration beginning on page 50 of the CFSP.

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?

See pages 67-68 of the APSR for a detailed description of the initial and ongoing training requirements for resource parents.

5. Service Array

See pages 47-49 below and the Statewide Assessment for activities targeting improvement in the 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?

See pages 58-59 of the APSR for a description of the current service array in Oregon. See the Statewide Assessment for information received from focus groups.

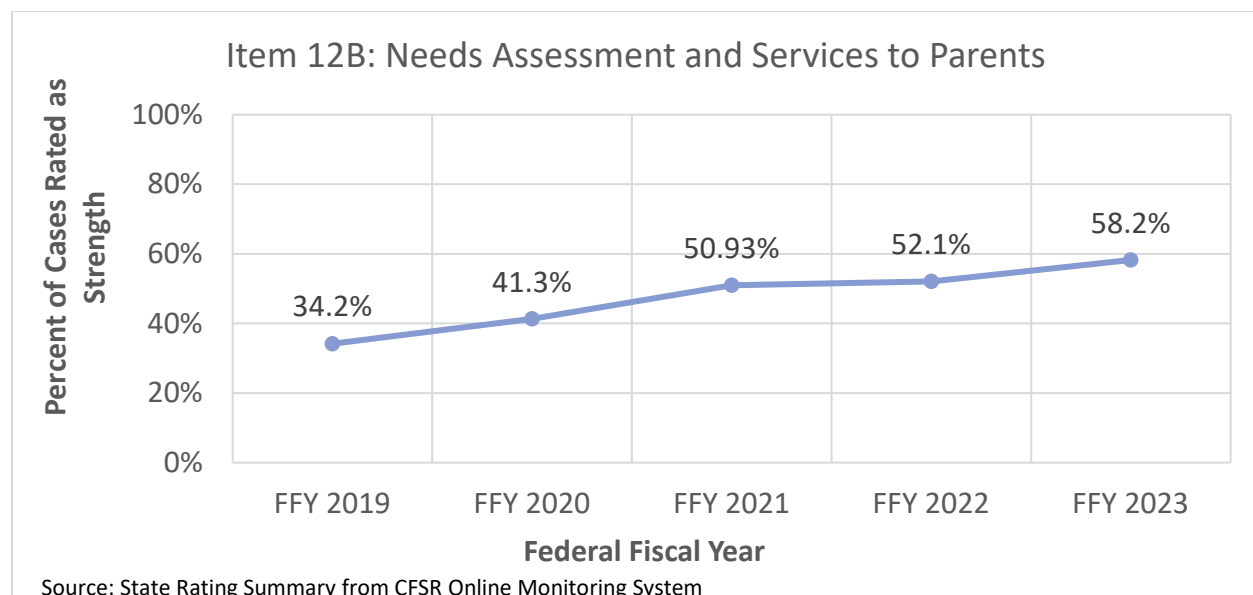
Item 30: How well is the service array and resource development system functioning statewide to ensure that the services in item 29 can be individualized to meet the unique needs of children and families served by the agency?

Performance on CFSR measures 12a, 12b, and 16-18 is instructive for Item 30. Each of these measures considers whether a child (12a, 16-18) or parent (12b) received the services that were appropriate for them as an individual in their case.

Parents

Item 12b measures whether parents were appropriately assessed for and provided services during the period under review. During FFY 2024, 58.2% of cases were rated a strength. This represents a five-year period of steady improvement for CW on this measure. When this item is rated a strength, it means that the parent was being assessed (formally and informally) to determine what their individual needs were, and they were receiving services to meet those needs. See Figure 33 below for the last five years of data on this measure.

Figure 33



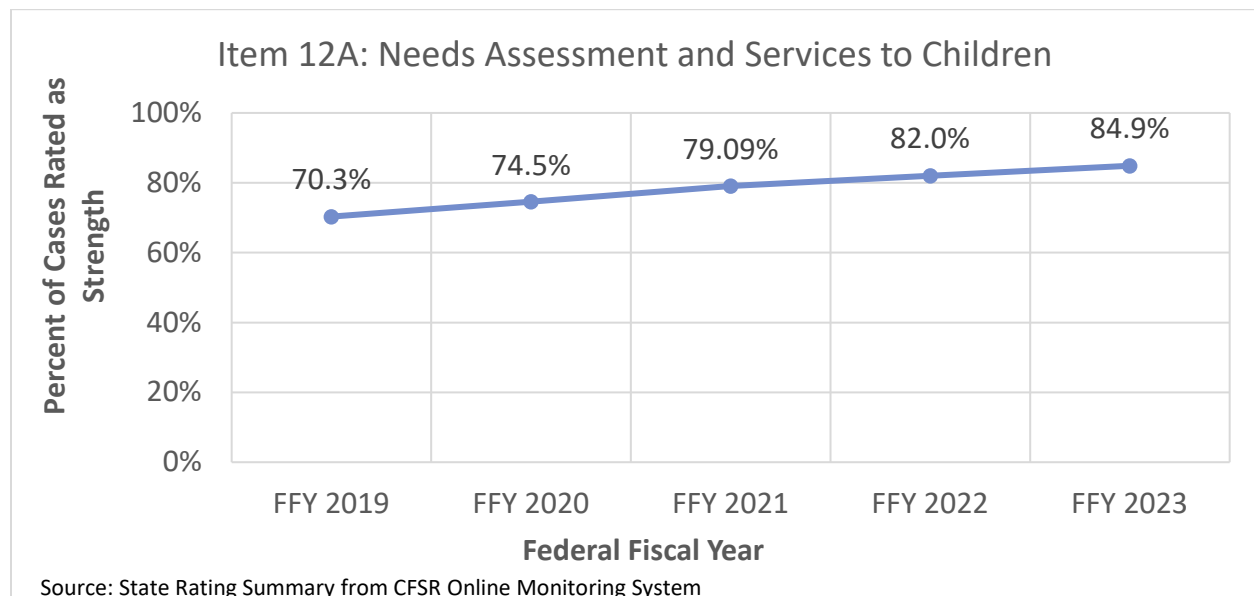
Children

Several items combine to measure whether the child centered in a CFSR review is getting their individualized needs met. Item 16 focuses on education, an area where CW has performed at a steadily high level over the past five years. In FFY 2024, 91.4% of cases reviewed were rated a strength. Figure 23 on page 31 of the CFSP shows performance over the last five years.

Item 17 focuses on physical health (medical and dental). In FFY 2024, 75.4% of cases reviewed were rated a strength. Figure 24 on page 32 of the CFSP shows an overall upward trend over the last five years.

Item 12a, focused on assessment of needs and services provided (excluding the specific topics of other items) rated a strength 84.9% of the time in FFY 2024 and is on a steady upward trend. See Figure 34 below for the last five years of data on this measure.

Figure 34



The mental and behavioral health service array in Oregon is not consistently meeting the complex needs of children and young adults. Item 18 measures whether children are getting these needs met. In FFY 2024, 64.2% of cases reviewed were rated a strength. Figure 25 on page 33 of the CFSP shows performance over the last five years. See pages 45-47 of the APSR for a description of the work CW is doing to expand the service array to ensure children get what they need.

6. 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?

See page 59 of the APSR for a description of CW's current systems for collaborating with partners, Tribes, and the community.

In collaboration with the ODHS Office of Equity and Multicultural Services (OEMS), CW has chartered the Service Equity Council, described below on pages 48-49 of the CFSP.

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?

See pages 60-62 in the APSR for a description of coordination with:

- Community-Based Child Abuse Prevention Grant (CBCAP)
- Juvenile Court Improvement Program (JCIP)
- Temporary Assistance for Needy Families (TANF)
- Supplemental Nutrition Assistance Program (SNAP)
- Maternal, Infant, and Early Childhood Home Visiting (MIECHV)
- Medicaid
- Raise Up Oregon: Statewide Early Learning System Plan

See pages 47-49 below regarding increased access to services and supports for families, especially the focus on funding services through the Family First Prevention Services Act.

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

Planned activities to improve resource parent training are described on page 51 of the CFSP.

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?

See pages 72-73 of the APSR for a description of the SAFE Home Study QA Reviews.

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?

See page 51 of the APSR for a description of current background check processes and case planning for safety in out of home placements.

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?

See page 63 of the APSR for current data regarding timely completion of home studies for placements that fall under the Interstate Compact for the Placement of Children (ICPC).

III. Plan for Enacting the Vision for Transformation

A. Supporting Families and Promoting Prevention

Define the Door to Child Welfare

In 2024 the Oregon legislature passed House Bill (HB) 4086 which requires ODHS to commission two studies:

- A multidisciplinary cross-system group will assess the **scope of ODHS child abuse investigations**, child abuse definitions, investigation process, and due process; and
- Another multidisciplinary group will assess the **statewide response to children exhibiting complex sexual behavior**.

Both groups will report back to the legislature with recommendations in September of 2025.

Overall Goals/ Related Work:

Clarify the intent of CW and enable responses from other community, systems, and agencies.

The commissions created by HB 4086 will consider best practice in child abuse investigation scope, definition, and process. The goal is to ensure CW is only involved with families when it is

necessary. When family and child serving systems in the community can better address needs without CW involvement, Oregonians should get that service instead.

To prepare for the two study committees, ODHS established an Interagency Steering Committee with expertise from the following:

- ODHS Child Welfare,
- ODHS Office of Training, Investigations, and Safety (OTIS),
- ODHS Office of Developmental Disabilities Services (ODDS),
- ODHS Office of Equity & Multicultural Services (OEMS),
- ODHS Government Relations,
- Oregon Health Authority (OHA) – Children’s Behavioral Health,
- Oregon Health Authority (OHA) – System of Care Advisory Council,
- Oregon Youth Authority (OYA), and
- Parent Mentor Program (individuals with lived experience with CW).

This time limited steering committee met from May through August of 2024 to develop an application process for membership on the committees and a scoring process for selection. The committee received 77 applications offering to fill 162 potential roles on the two committees. All applications were deidentified and scored, with additional points available to promote a well-represented committee. For example, the representation scoring section awarded extra points for members of Tribes, applicants from rural/non-urban communities, or individuals who identify as a part of a racial or ethnic group disproportionately impacted by CW, among other items.

Committee members received appointment letters in August and will attend an orientation session in September, with the full committees both having kick-off events in early October. The committees will be guided by contracted facilitators and both commissioned groups will report back to the Oregon legislature with recommendations in by September 2025. Their recommendations and the legislature’s decisions about what actions to take will determine CW’s next steps in this process.

[ORCAH Community Response Guide \(Evident Change\)](#)

ORCAH is working with Evident Change to develop a Community Response Guide. As described in Attachment 3, the goal is to develop shared understanding between community, families, and CW about when an individual can best help a family by directing them to community supports versus when a call to the hotline is appropriate.

The guide’s development process is critical to its success. Community response guides are created collaboratively by a community team of CPS staff and leadership partnering with:

- Educators;
- Medical and mental health practitioners;

- Law enforcement;
- Children’s advocates;
- Parents and caregivers;
- Tribes; and
- Others with lived experience in the child welfare system.

The participatory nature of the guide development is part of the intervention, helping this diverse array of participants imagine new ways of improving child and family safety and well-being.

Estimated Timelines

Because the community involvement is so important, timelines for this work are especially dependent on community readiness.

June 2024 – January 2025

- Project planning and kickoff
- Data acquisition and analysis
- Review of Oregon statute, rule, policy, and procedure regarding mandatory reporting
- Review of Oregon mandatory reporter training
- Discovery activities with partners

January 2025 – June 2025

- Community summit on mandated reporting reform
- Review of community and Tribe input
- Initial customization workgroup formation (if supported by community and Tribe input)

June 2025 – December 2025

- Pre-implementation testing
- Change management strategy plan (continues through 2026)
- CQI and evaluation planning (continues through 2026)

October 2025 – February 2026

- Finalize Community Response Guide Tool

February 2026 – September 2026

- Consultation on curriculum and training

Mandatory Reporter Training and Communication

Led by ORCAH, this effort is focused on providing updated mandatory reporter training to ODHS employees and Oregonians who are mandatory reporters. In April 2024, National Child Abuse Prevention Month and ORCAH's five-year anniversary, CW released the updated ODHS Mandatory Reporter Training to all ODHS staff.

For training Oregonians outside the agency who are mandatory reporters, this work will follow the progress of the Community Response Guide described above. CW has identified an external partner to host the online training and a Memorandum of Understanding is in negotiation.

Success will be measured by the percent of mandatory reporters who have taken the new training. The first target is 80% of child welfare district multi-disciplinary team members once the training is available via the external platform.

Structured Decision Making (SDM) in Screening

ORCAH collaborated with Tribal members and community partners to update the Structured Decision Making (SDM) tool for screening. The updates focus on screening assessment and response time. Success will be measured by the following metrics:

- Screener feedback and perceived clarity of the tool (qualitative)
- Interrater reliability goal (continuous 6-month quantitative measure)
- Percent of staff who complete training Structured Decision Making (starting with screeners and child protective services)

Integrate Prevention in Screening in Collaboration with the Doris Duke Foundation

Oregon was awarded a grant from the Doris Duke Foundation with support from the Harvard Government Performance Lab, Foster America, Think of Us and Chapin Hall to support innovative practices related to economic and concrete supports for families and the impact on preventing child abuse and neglect. The award is technical support paired with \$9 million over three years. \$6 million is to support the technical assistance around innovations and \$3 million is to support economic and concrete supports directly for families through community providers.

Four priority areas of the Doris Duke Award in Oregon:

ORCAH Process Improvements: Redesign ORCAH processes for sending Closed at Screening (CAS) referrals to Lifeworks (with applications for other screening processes)

Lifeworks CAS Practice Improvements: Work with Lifeworks to look at data in real time, identify actions we can test to improve family outcomes, and capture what works.

D11 Family Stability Project (FSP) Data Management and Qualitative Interviewing:

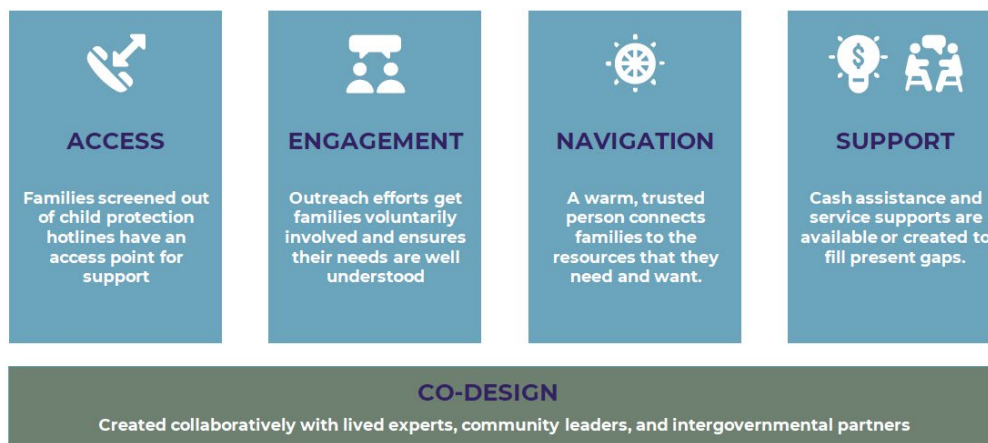
- Partner with District 11 to redesign data management practices so the district is better equipped to use pilot data to improve outcomes for families.

- Simultaneously, engage in qualitative interviews with families to identify opportunities for practice improvements.

Concrete Supports (still being determined): Work with communities to identify site(s) and population(s) to pilot Basic Income for families and/or flexible funding opportunities for community agencies to support families.

Figure 29

In partnership with visionary communities, we'll develop an alternative pathway, collaborating to meet family needs and provide resources



*Prevent unnecessary child protection system interactions
Improve lives, so families and children thrive*

Deepen Family Engagement & Increase Relative Placement

Senate Bill (SB) 865⁴, passed in 2023, defined new requirements and timelines for relative notifications and placements for children entering substitute care, including changing the onset of relative search placement processes to “immediately upon child ... entering substitute care.” As described on pages 32-36 and 54-57 of the APSR, CW is prioritizing relative and family engagement as overall practice improvement beyond compliance with SB 865.

Overall Goals/ Related Work:

Reducing Institutional Bias toward Fathers

Child Fatality Prevention and Review Program is partnering with community to increase engagement with fathers in CW practice and reduce institutional bias toward fathers. See pages 28-29 of Attachment 4 for details.

⁴ <https://apps.oregonlegislature.gov/liz/2023R1/Downloads/MeasureDocument/SB865/Enrolled>

Relative Pathways for Care Project

Oregon was selected for a national pilot to make it easier for children to be cared for by their relatives when they cannot be with a parent. The national pilot is supported by Child Welfare Playbook, A Second Chance, Inc. (ASCI), and the Children's Bureau. The work is divided into three major phases.

Phase One

January – August 2024

- Consulted with Child Welfare Playbook, Bloom Works, and ASCI
- Determined district demonstration sites
- Developed data collection parameters and trackers
- Reviewed and analyzed forms and templates provided by national consultants
- Initiated contract process with ASCI
- Revised and in process to change Oregon Administrative Rules and forms
- Creating Oregon Relative Caregiver Home Study Assessment

Fall 2024

- Schedule ASCI Readiness Assessment
- Kickoff meeting for district demonstration site team leads and CW subject matter experts
- Begin ASCI Readiness Assessment
- Schedule ASCI Values training for Oregon staff in demonstration sites
- Presentations and initial trainings with demonstration sites
- Complete OAR and form changes
- Complete ASCI Readiness Assessment
- ASCI Values training for Oregon staff in demonstration sites
- Workforce training in demonstration sites

Phase Two

In late fall 2024, implementation in at least one demonstration site, with plan for rollout in other sites through early 2025. Implementation will be supported by review and revision per feedback from the demonstration sites.

Phase Three

Statewide implementation will follow. The timeline is unknown as of August 2024 and will be determined based on implementation in the demonstration sites.

Increase Access to Services & Supports

ODHS has put forward Family First Prevention Services Act Implementation and Service Coordination Model Policy Option Packages for the 2025-2027 budget.

Overall Goals

- Rebalance Child Welfare funds to support prevention and preservation.
- Remove Self Sufficiency Program (SSP) work requirements.
- Ensure access to services and supports (especially housing, resource centers, early learning, behavioral health)

Related Work

Family Preservation Approach

See page 54 of the APSR and Attachment 60 to the APSR for details about Family Preservation. Oregon has two cohorts of demonstration sites (four sites in each cohort).

Family First Prevention Services

CW is amending its Title IV-E Family First Prevention Services Plan, a process that will allow expansion of how federal funds can be used in Oregon to support prevention and preservation efforts. CW has established a Family First Design Team, comprised of a combination of professionals with expertise in child welfare and equally represented members of communities disproportionately impacted and people with lived experience. The Design Team is co-chaired by a CW executive leader and a Parent Mentor, and the workgroup plans to meet over the course of the next year to help define Oregon's amendment to the Family First Prevention Services Plan. This includes a review of potential target populations, candidacy requirements, evidence-based models, and pathways to services. This will include listening sessions with the Nine Tribes of Oregon. CW felt strongly that the amendment should be co-designed with community, Tribes, and people with lived experience.

Service Equity Council

The ODHS Child Welfare Service Equity Council is onboarding its first members in late June and early July 2024. Its first meeting will occur in fall 2024. The purpose of the Service Equity Council is to advise, consult with, and make recommendations to the executive leadership of CW on policy, programs, practice, and data with equity advancement centered around a belief that children do best growing up in a family.

Membership of the council is structured to ensure diversity. The council must have at least 19 members as follows:

- Four membership seats will be reserved for ODHS employees. These members do not vote and these representatives which will include:
 - (1) ODHS Child Welfare Director or designee
 - (1) ODHS Director of Tribal Affairs or designee
 - (1) ODHS Child Welfare representative that can support in the development of council recommendations or goals
 - (1) Office of Equity and Multicultural Services representative

- The remaining membership seats will consist of:
 - Two representatives for The Nine Tribes of Oregon and Tribal Government Partners
 - (1) ICWA Advisory Council representative
 - (1) Oregon Tribal Government Social Services representative
 - Three representatives from Community Based Organizations/Service Providers
 - (1) Substance Use & Mental Health provider representative
 - (1) Family Violence and Domestic Violence organization representative
 - (1) Culturally Responsive Fathers Program representative
 - Ten representatives for disproportionately affected communities
 - (1) Representative who is a former foster youth with child welfare system lived experience
 - (1) Representative who is a caregiver/parent with child welfare system lived experience
 - (1) Representative who is a relative/kith/kin person with child welfare system lived experience
 - (1) Representative who is a person with incarceration lived experience and with child welfare system lived experience
 - (1) Resource family representative with child welfare system lived experience
 - (1) Representative from the 2SLGBTQIA+ community
 - (1) Representative from the immigrant and refugee community
 - (1) Representative from the disability community
 - (2) Representative members from each of the two most overrepresented populations in the ODHS child welfare system*

*Data will be pulled annually to identify the most overrepresented populations. The Child Welfare Service Equity Council will review this data at one of their regular meetings. A member may complete their term in the staggered manner described under the terms portion however this data should be reviewed prior to each term start when filling these designated seats.

Family Rights are Uplifted and Protected

Overall Goals

- Center CW practice on engagement with families with respect for their rights as laid out in statute and rule. This work is beginning as described in the APSR and the work to support fathers on page 46 of the CFSP. CW anticipates that the work of HB 4086 and the Doris Duke Foundation, which could narrow the door to CW and disentangle poverty from safety threats, may further define this work.
- Implement a tool to bring caregiver and family voice easily and accessibly to the court process.

Current Work

CW collaborated with community providers to bring parent mentors to almost all districts in Oregon, and to support Morrison Child & Family Services' efforts to develop evidence around the effectiveness of parent mentorship services in improving outcomes for children and families.

B. Enhancing Our Staff and Infrastructure

Tribal Funding & Practice Autonomy

Tribes have been supporting their people with prevention and preservation services rooted in their cultures and communities for a long time. Currently, CW provides technical support to assist Tribes in developing implementation plans to meet the administrative challenges for Title IV-E Family First Prevention Services funding, and advocates for preferred Tribal services.

CW's goal is to leverage the Tribal Consultation Policy that ODHS implemented 1/1/2024 to identify possible funding set aside so Tribes can have more autonomy over their funding streams and use them to fund practices that truly fit their cultures and communities with fewer administrative requirements that do not fit their resources. CW will continue to work with federal partners to identify and encourage changes to the interpretation of federal policy that would benefit the Nine Federally Recognized Tribes of Oregon.

Enhance Workforce Development & Cross Agency Collaboration

Overall Goals/ Related Work:

Expand University Partnerships

As title IV-E funding for tuition stipends has expanded to include related degrees, CW is able to establish partnerships with additional universities in Oregon. The partnerships allow CW to expand training, tuition stipends, and research support to local offices.

The first new partnerships are with the University of Oregon in Eugene (District 5) and the Oregon Institute of Technology in Klamath Falls (District 11), with a campus in Wilsonville (primarily District 15). These are expected to be finalized in December 2024.

CW intends to expand as follows:

- Southern Oregon University in Ashland (District 8) by June 2025
- Eastern Oregon University in La Grande (District 13) by June 2025
- Oregon State University in Corvallis (District 4), with a satellite campus in Bend (District 10) by December 2025
- Western Oregon University in Monmouth (District 3) by December 2025

Standardize the Training Policy

CW is developing policy that will define standards for training that staff and resource parents are required to attend, as well as standards for how training is developed and delivered. This policy will align all training with ODHS requirements and Oregon Department of Administrative Services (DAS) requirements, supporting the Governor's recommendations, Equity North Star, and Vision for Transformation.

Training requirements for staff will include a training plan for each classification in CW that identifies their core competencies, pre-service training courses, refresher trainings, and the number of hours of professional development required to complete annually.

Standards for training content will include requirements standards of instructional design, curriculum development, and course evaluation, as well as training delivery, administration, and communication.

Training Standards (Course requirements and Development) are expected to be completed December of 2024.

Expand the Workforce Pipeline

CW currently funds 25 IV-E tuition stipends for students seeking a Bachelor's degree in Social Work (BSW) or Master's Degree in Social Work (MSW) through Portland State University. Graduates who received this stipend agree to work at CW for the same number of years they received the stipend. CW is expanding the available universities and degree paths as follows:

University	Degree	Concentration	Establish Partnership	First Tuition Stipend
Oregon Institute of Technology	Bachelor of Art/Science	Applied Psychology	December 2024	2025-26 Academic Year
University of Oregon	Bachelor of Art/Science	Family & Human Services		
Eastern Oregon University	Bachelor of Art/Science	Sociology/Social Welfare	June 2025	2026-27 Academic Year
Southern Oregon University	Bachelor of Art/Science	Human Services		
Oregon State University	Bachelor of Art/Science	Human Development and Family Sciences	December 2025	2026-27 Academic Year
Western Oregon University	Bachelor of Art/Science	Psychology		

Retain and Engage the Workforce

CW is creating local training teams. These teams consist of local office leadership, Coaching & Training Specialists, program consultants, and Learning & Development Specialists. Facilitated by the Training Program, each team will develop a district training plan. The goal is for plans to be drafted for each district by December 2024, and to be reviewed annually.

Tri-annual trainings are currently in place for Coaching & Training Specialists, supervisors, and program consultants. The trainings are focused on the leadership, coaching, and training skills these positions require of staff. This format is currently under review, with consideration to hold specialized tri-annuals for each position with an all-inclusive conference to be held every other year. This review is expected to be completed by December 2024.

In-service training is in development for caseworkers and support staff. It will provide refresher training, ongoing professional development, and other learning opportunities. The first iteration is planned for May 2025.

Oregon Leadership Coaching (OLC)

In collaboration with the Capacity Building Center for States, ODHS CW and Self-Sufficiency Program (SSP) are adapting a coaching model to implement for staff and supervisors that will have a parallel process for work with families. The Atlantic Coast Child Welfare Implementation Center (ACCWIC) Model was chosen in 2022 but was designed for child welfare agencies so needs adaptation to implement successfully in both program areas.

Purpose and Goals

- Create a systemwide coaching practice characteristic of reflection, appreciative inquiry, curiosity, creativity, and professional growth.
- Ensure a culture of inclusion and empowerment.
- Assist Child Welfare and Self Sufficiency workforce with the skills, time, and capacity to utilize a model which supports implementation of best and innovative practices to guide system transformation.
- Establish a practice standard to guide consistent operations across the organization, use of data to inform continuous quality improvement measures with the goal of increased positive outcomes for children and families.
- Increase inclusivity, collective shared responsibility, and power, to successfully achieve safety, well-being, and belonging for all.
- Demonstrate equity among the workforce and those served.
- Provide culturally informed messages within ODHS and with external community partners and families.

Estimated Timeline

Q1 2024

- Onboard New staff and leadership team to ACCWIC model
- Determine what implementation teams are needed for successful implementation of the OLC model.
- Plan how to adapt the ACCWIC model to serve both CW and SSP staff.

Q2 2024

- Peer to Peer conversations with other states that have successfully implemented the ACCWIC model.
- Long term resource planning and research based on peer-to-peer conversations.
- Onboard new leadership to OLC Project.
- Prepare high level communications materials for wider audiences.

Q3 2024

- Rebrand coaching model and develop materials with new branding.
- Begin development of a CQI plan.
- Elicit leadership decision of first implementation strategy.
- Strategy of specific resources needed to implement and sustain OLC.

Q4 2024

- Finalize what resources are available to support OLC.
- Finalize what groups will receive coaching training first.
- Begin communicating with leadership and supervision staff regarding OLC.
- Form a core team to begin implementation tasks and plans.

Q1 2025

- Form Implementation Sub Teams
- Onboard Implementation Sub Teams
- Adapt the ACCWIC curriculum.
- Begin developing a CQI plan.
- Infuse ODHS Context and practices into OLC.
- Procure contracts to support coaching element.

Q2 2025

- Document a process for onboarding people to OLC (training, TOL, fidelity measures).
- Develop a communications plan for the pilot and later implementation.

Q3 2025

- Launch pilot.

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

REALD & SOGIE Collection Standards

CW is determining how best to implement REALD (Race, Ethnicity, Language and Disability) and SOGIE (Sexual Orientation and Gender Identity/Expression) data collection standards in a way that addresses some of the concerns that have been raised, including:

- Gathering data in a way that is trauma informed.
- Gathering data in a way that fits into family engagement.
- Protecting individuals' right to be informed about how their data is used and protected.
- Protecting individuals' data from being disclosed without their consent.

The goal of gathering this data is to have a more detailed understanding of the families CW serves and the outcomes they experience. With more complete data CW can more directly and fully understand and address issues of disparity and disproportionality.

Senate Bill 209 – Implemented

SB 209 was enacted in June 2023 with an implementation deadline of January 1, 2024. The law protects the confidentiality of a child's SOGIE disclosure (with specific safety exceptions). This allows CW to better serve children by gathering accurate information about their identity and needs, while preventing disclosure that may undermine a child's sense of safety and/or prevent the child from sharing their identity and need for services or affirming placements with CW.

CW implemented a process and confidentiality form in January 2024. During the first three quarters of 2024, CW has communicated with staff, community, providers, Tribes, advisory groups, and those with lived experience to support implementation and to get feedback on the effectiveness of the process.

CW created and implemented a micro-learning on completion of the new SOGIE Confidentiality form that is available to all staff through Workday. All CW staff who interact with children and families are expected to complete the training by Oct. 31, 2024.

In Q4 of 2024, CW will continue CQI activities and integrate feedback to increase effectiveness of the implementation. This information will also support the upgrades to the OR-Kids person management module.

OR-Kids Upgrades to Person Management Module

As a major part of the ongoing CCWIS upgrades, the first phase of the upgrade to the person management module of OR-Kids is in testing. This module touches all other parts of the system and provides information that is critical to caseworkers' ability to engage with families. In July 2024, Oregon Health Authority (OHA) finalized rules relating to standardization of REALD/SOGIE

questions and data. These rules apply to both OHA and ODHS. The rules are designed for delivery of voluntary medical and well-being services, a different format than much of child welfare service delivery.

CW is working with the Office of Equity & Multicultural Services (OEMS), as well as the ODHS Director's Office and other ODHS programs, to determine when and how these standards will be implemented across agency programs and each program's ability to determine how and when this data is gathered. For example, gathering SOGIE data at screening is not considered a best practice as reporters are rarely the individual alleged to have abused a child. While screeners may note SOGIE information shared by a reporter that is relevant to the case, we would not recommend our screeners put that information in our system as a demographic item unless it has been confirmed by the individual whose identity is being discussed.

D. Implementation Supports

CW is receiving technical support from many partners on the following projects. To prevent duplication of effort and to align all these efforts, CW brings all TA partners together to meet quarterly (three times per year virtually, once in-person).

Capacity Building Center for States

- Statewide Supervisory Coaching Project, described on pages 65-66 of the APSR.
- CFSR Round 4 support, currently focused on gathering and analyzing data for the Statewide Assessment.

Casey Family Programs

- Thriving Families Safer Children, described on page 88 of the APSR.
- Family First Prevention Services Act implementation, including implementation of the Family Preservation program and CW's CQI program and structure.
- Structured Decision-Making tools, including implementation at ORCAH and exploration of tools for other areas of practice, and exploration of Safety-Oriented Practice.

Chapin Hall at the University of Chicago

- Leadership, governance, and strategy consultation, including:
 - Amendments to Oregon's Family First Prevention Plan;
 - Ongoing implementation of Oregon's Family First Prevention Plan; and
 - Leverage Family Preservation and Family First implementation to strengthen alignment between CW and Self-Sufficiency Program and increase deployment of economic and concrete supports.
- Continuous quality improvement consultation, including:
 - Evaluation of the initial implementation of the statewide integrated and holistic CQI system;

- Data and analytic support to assist CW and Self-Sufficiency Program with data integration; and
- CFSR Round 4 consultation and support.

Kaye Implementation

- Implementation of evidence-based practices; and
- Establish comprehensive FFPSA evaluation and data tracking services for CQI and federal reporting.

Evident Change

- Structured Decision-Making screening and response tool;
- Safety-Organized Practice;
- Community Response Guide; and
- Structured Decision-Making safety and risk assessment.

The Contingent

- Every Child Oregon to increase recruitment and retention of resource parents;
- Foster Parents' Night Out to provide consistent monthly respite during the school year; and
- Thriving Families parent advisory to learn from families what upstream supports would help them avoid child welfare involvement.

IV. Services

A. Child & Family Services Continuum

Oregon offers an array of child and family programs and services to prevent child abuse and neglect and promote safety, permanency, and well-being. Refer also to the APSR, pages 45-47 and 58-59.

Figure 30: Services and programs available throughout the “Journey of a Family”

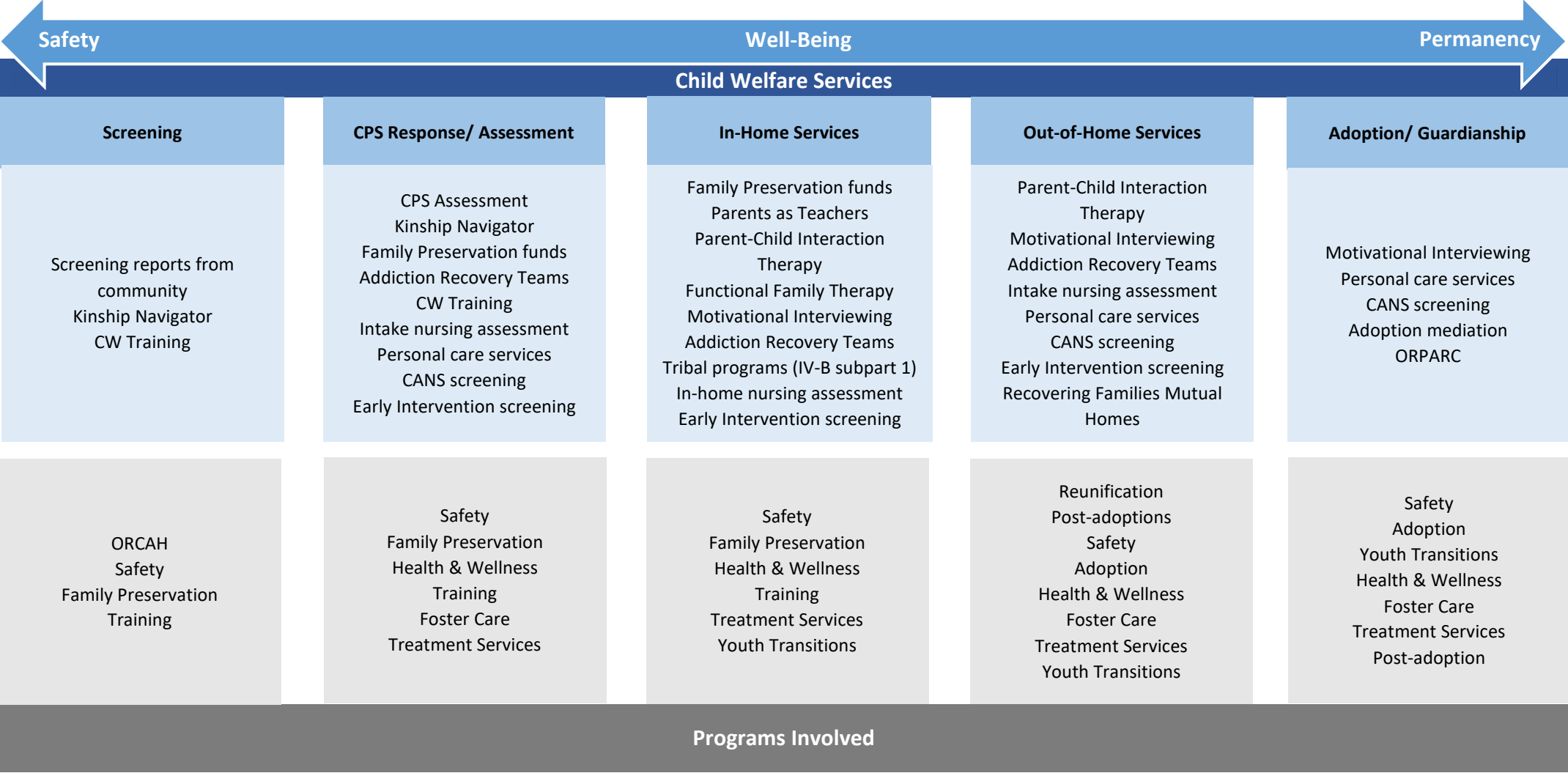
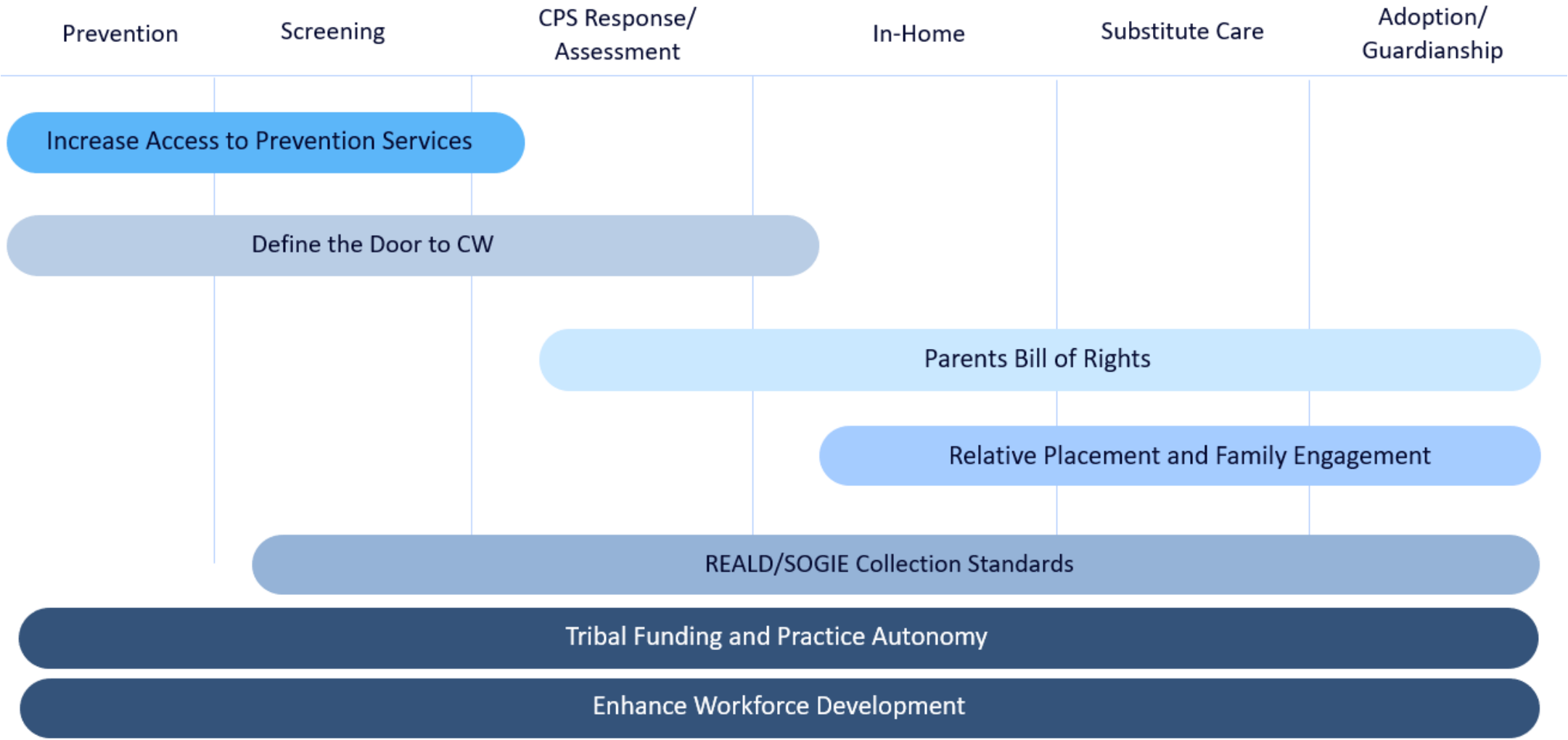


Figure 31

Policy Roadmap Key Concepts and Journey of a Family Overlay



Service Coordination

See APSR pages 43-44 and CFSP page 67 for education coordination, APSR pages 45-47 for behavioral health coordination, and APSR pages 60-62 for a description of coordination of the service array with other federally funded programs. See pages 87-89 of the APSR for a description of coordinating services funded through the Title IV-E Prevention Services plan.

The Children's Justice Act Grant is administered by the Oregon Department of Justice (DOJ)⁵, in collaboration with a multidisciplinary task force. The task force includes the Child Safety Program Manager from CW.

Service Description – Strengths & Gaps

Refer to the Statewide Assessment.

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

1. Services

See pages 76-78 of the APSR for services funded by Title IV-B subpart 1.

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

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

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

See pages 77-78 of the APSR for services funded by Title IV-B subpart 1 that address the developmental and permanency needs of children under the age of five.

Oregon's statewide context data for the permanency statewide data indicator of achieving permanency within 12 months of those in substitute care 12-23 months shows a 10% increase of children aged 1-5. The work CW plans to increase relative placement and family engagement (pages 46-47 of the CFSP) and to increase access to services and supports (pages 47-49 of the CFSP) will positively affect length of stay in foster care.

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

See page 78 of the APSR and Attachment 4 of the CFSP for a detailed description of CW's Child Fatality Prevention and Review Program and how it meets ODHS' statutory obligation, in collaboration with the Oregon Health Authority, to coordinate a statewide team to review child

⁵ See <https://www.doj.state.or.us/crime-victims/grant-funds-programs/childrens-justice-act-grant/> for recent reports on the grant allocation and use.

fatalities and critical incidents. CW also reviews critical incidents where the child was known to CW.

C. MaryLee Allen Promoting Safe and Stable Families Program (Title IV-B, Subpart 2) Title IV-B, subpart 2 resources supported extensive services during the past year. See pages 79-80 of the APSR for a full description.

1. Service Decision-Making Process for Family Support Services

See page 82 of the APSR for a description of the recent expansion of Oregon's Family Support and Connections Program (FS&C).

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

See Attachment 4, the Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities.

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

See pages 38-39 of the APSR for a description of current practice regarding face-to-face contact with children.

CW requires that caseworkers see children face-to-face at least monthly. If the child is in substitute care, the caseworker must visit the child in their placement at least every other month. See Attachment 5.

CW is in an RFP process for a policy and procedure IT solution that would allow caseworkers and Family Time Coordinators to access rule, policy, procedure, and useful tools and guidance via mobile devices to support engaged face-to-face contact with children and families in the community. These documents are currently accessible as downloaded PDFs which are large and difficult to navigate on mobile devices. CW plans to use the Monthly Caseworker Visit Grant to support this tool.

E. John H. Chafee Foster Care Program for Successful Transition to Adulthood

The services funded under the John H. Chafee Foster Care Program for Successful Transition to Adulthood are administered by the CW Foster Care and Youth Transitions program.

Program Design & Delivery

Youth Advisory Board

CW is developing a Request for Information to post for a new Youth Advisory Board. A contract is the best way to allow for compensation for members of an advisory.

CW seeks input from youth receiving services and youth with recent lived experience in less formal ways. For example, refer to Attachments 61-63 of the APSR for youth feedback provided regarding events that occurred this year. Treatment Services program's QA process includes regular interviews with youth receiving services from the providers being reviewed.

Principles of Positive Youth Development

CW aligns with the principles of Positive Youth Development in several ways. CW uses youth surveys to determine how youth view the services provided to them. It was this kind of feedback that drove a change from the tiered approach to ILP services.

Peer Navigators are a key part of the contract with FosterClub. Peer Navigators are young adults who have experienced foster care and are paid for their time and their lived experience. They assist young people who are still in foster care or who have recently exited to advocate for themselves through the NYTD survey process. This contract also requires FosterClub to develop youth-friendly information about NYTD in partnership with the Peer Navigators.

CW contracts with ILP providers include:

- Youth leadership opportunities: funding for ILP providers to include young people in leadership roles within their program and communities. Recently, the manager of the ILP provider in Central Oregon supported a youth who spoke at a community forum about her lived experience.
- The ability to provide a peer specialist with a stipend for assisting with creating or co-facilitating a group activity.
- Providers are encouraged to allow young people to help determine:
 - skill building areas to focus on;
 - outreach to peers to encourage attendance at group meetings;
 - what types of food are provided; and
 - where experiential learning activities should be held.
- Transition plan goals should be led by the young person.

Child Welfare's Youth Transitions Program sponsors at least one FosterClub All-Star intern⁶ to inform policy and practice, while also providing the youth with the opportunity to gain leadership skills and build their resume.

Youth Transitions summer events include peer leaders who assist with implementing and leading activities or workshops. These interactions with peer leaders are always appreciated by the youth attending the events.

⁶ <https://www.fosterclub.com/allstar-internship>

Gathering NYTD Data and Sharing It with Partners

NYTD surveying and reporting is conducted through a contract with FosterClub. Lived Experience (LEx) Leaders serving as peer navigators facilitate the process by creating youth-friendly informational content (including an educational video) and completing peer outreach to youth and young adults for each of the NYTD cohorts, while supporting young people and providing incentives (financial incentives based on age, provided via email or mail)) to encourage survey completion. Outreach includes emails, text messages, phone calls, and virtual meetings. Peer Navigators also help answer questions about NYTD, guide youth and young adults through the online NYTD survey and connect young people to resources that were identified as needs during the survey process.

At the conclusion of a reporting period, data is collected, and a written report is provided along with a presentation of both the data and insights from peer navigators on lessons learned through the survey outreach and engagement process. At the conclusion of each six-month reporting period, FosterClub opens new peer navigator opportunities for young adults to join the team while encouraging current peer navigators to take on leadership opportunities.

Each month, FosterClub identifies young people who have a birthday and need to be surveyed (cohorts are surveyed at 17, 19, and 21). Youth Transitions supports this effort by emailing an informational flyer and video to the caseworkers supporting these young people to encourage survey participation.

CW posts NYTD data on the public website⁷. CW also provides NYTD data directly to ILP providers with a focus on improving outcomes for youth in Oregon. CW collaborates with FosterClub to create youth-friendly videos that explain NYTD.⁸ CW is developing a portal for ILP providers to enter data directly into the CCWIS system, OR-Kids. The initial launch will support entering monthly service reports, and further planned phases will allow providers to directly update demographic and contact information to support improved NYTD data.

Services

Geographical Availability

Chafee services are available in all districts in Oregon. In some areas, youth are experiencing waitlists for services. Providers are now required to report their waitlist (when the provider is at 100% contract utilization) or their enrollment hold list (when the provider is unable to serve due to staffing or other issues but is not at 100% contract utilization). The report must be submitted via the monthly invoice submission. During the last FFY, provider reporting under the new process was inconsistent. Local office CW staff were sometimes told a provider could not accept referrals while a provider was not submitting reports of waitlists or holds with invoices.

⁷ <https://www.oregon.gov/odhs/providers-partners/child-welfare/pages/nytd.aspx>

⁸ For an example, follow this link:

<https://www.loom.com/share/52506ca4f7be46f59c074c91396163c1?sid=5c5bfaa3-8c19-47f1-ba5e-66e317057f49>

CW created a guide and provided additional support to providers via quarterly reviews and anticipates data in the next FFY will be more useful.

Services for All Ages & Stages

Independent Living Plan (ILP) Services

Youth Transitions contracts with community-based non-profits, for-profits, and two community consortiums to provide independent living skills training. ILP skill-building services are available to young people ages 14-20 currently in foster care and young people who experienced the child welfare system, discharged from care at age 14 or older with at least 180 days of substitute care placement services after age 13, and who are not yet 24. The permanent living situation for young people no longer in foster care does not impact eligibility: they can be reunited with parents/family, in a finalized permanency plan such as guardianship or adoption, or living interdependently and still retain eligibility. This service expansion was initially made possible by Division X funding from the Supporting Foster Youth & Families Through the Pandemic Act. CW continues to serve this population with the investment made by the Oregon Legislature.

The ILP service model requires consistent peer groups, including experiential learning activities and co-facilitation/leadership opportunities for the older ILP participants to coach and mentor younger youth. Groups do not require enrollment in ILP skill-building and are open to ILP-eligible young people ages 14-23 within the community. This allows ILP providers to conduct regular, direct outreach through peer events without requiring a referral. ILP skill-building services are offered statewide to 14-15-year-olds, including:

- More service flexibility for providers in how they serve youth ages 16-23.
- Engagement to inform services.
- Services responsive to the needs of young people.

This is Oregon's largest investment in ILP services, including funding to support provider engagement efforts, youth leadership opportunities, and experiential learning activities.

Discretionary Funds for Concrete Supports

Discretionary funds are flexible funds available to assist eligible young people with items, services, or extra-curricular activities to help them achieve the goals identified in their transition plan while gaining life skills for a successful transition to adulthood. Guidelines for frequently accessed items include:

- \$1,200 in auto insurance coverage if the young person completed a driver education course (or \$500 if a young person did not);
- up to \$400 for the cost of a cell phone;
- up to \$400 to assist with phone service needs;
- a housing start-up kit up to \$1,200 (with furniture included) or \$800 (without furniture);
- up to \$350 for laptops through junior year and up to \$500 for laptops senior year and beyond; and

- up to \$500 for camp fees and other extra-curricular activities.

Independent Living Housing Subsidy

Youth Transitions facilitates the Independent Living Housing Subsidy program for young people in the legal care and custody of CW. This step-down model allows a maximum rate of \$1,022 per month based on the need for the first 12 months. The rate gradually decreases from month 13 through month 30. Young people must have court approval, 36 hours of productive time activities per week (paid employment, school, volunteer activities, or a combination of the three), high school completion (diploma or GED), or be actively working towards educational goals and be enrolled in ILP skill building services (including financial literacy).

Chafee Housing Services

This program serves young adults who left CW care and custody at age 18 or older with at least 180 days of placement services after age 13. It allows for a maximum rate of \$1,022 per month based on need. \$12,000 is the maximum amount available before a young person's 24th birthday. Young adults must have 36 hours of productive time activities per week (paid employment, school, volunteer activities or a combination of the three which requires at least 4 hours of paid employment), high school completion (diploma or GED) or actively working towards educational goals and be enrolled in ILP skill building services (including financial literacy).

Transitional Living Program (TLP)

Youth Transitions also contracts with three Transitional Living Programs (TLP), supporting young people ages 18-23 preparing to leave foster care or those that have recently exited and need some support. They are designed to help young people gain and practice self-sufficiency skills. The funding sources support different populations:

- Foster Care budget supports young adults who remain in CW custody.
- Chafee funds support young adults who are no longer in CW custody ages 18 – 22.
- General fund (GF) supports young adults who are undocumented and/or who are 23 years old.
- Youth Experiencing Homelessness Program (YEHP) is partnering to pilot a new braided funding contract with one of the TLP's which allows either young people with foster care experience or youth experiencing homelessness to access the program.

Consumer Credit Reports

Youth Transitions ensures that children in foster care 14-17 receive a copy of a consumer credit report annually from each of the three main credit reporting agencies (Equifax, Experian, and TransUnion) until discharged from foster care, assisting caseworkers in analyzing and interpreting the credit reports, discovering, and researching any potential fraud, resolving any inaccuracies, and undoing the damage resulting from the theft of a child's identity. Once the young person is over age 18, their written consent is required for such checks to continue.

Social Security Benefits & Supplemental Security Income

According to Social Security Administration (SSA) policy, Social Security benefits (also known as Title II, or sometimes as death benefits) automatically switch to direct pay to the young adult at age 18, when they become their own “payee.” CW mails a letter to the young adult with this information and also notifies the caseworker.

Supplemental Security Income (SSI) does not automatically pass directly to the young adult. SSA makes the final determination whether the young adult is able to manage their funds independently based on the young adult’s disability. If the SSA does determine the young adult can be their own payee, CW mails a letter to the young adult encouraging them to apply to be their own payee. This letter includes the information and documentation the young adult needs to proceed with managing their own benefits.

Collaboration with Other Private & Public Agencies

Former Foster Care Youth Medical Program

Oregon Health Authority (OHA) manages the Former Foster Care Youth Medical (FFCYM) program. The following table identifies the changes needed to bring Oregon practice in line with the SUPPORT Act.

Figure 32

Oregon's FFCYM rules prior to 1/1/2023	Changes effective 1/1/2023 <i>These changes apply exclusively to individuals who turn 18 on or after 1/1/2023. Individuals who turned 18 prior to 1/1/2023 continue to follow the rules in the first column except as noted</i>
Program is for individuals up to the age of 26 who were on Medicaid and in foster care when they turned age 18	No change
State can choose one of two options: <ol style="list-style-type: none"> 1. Cover only those individuals who age out in your state (Oregon), or 2. Cover children who age out of foster care in any state. Oregon has chosen option 1 but is in the process of obtaining a 1115 demonstration waiver to choose option 2 and cover children who aged out of foster care in any state.	State must cover children aged out of foster care in any state
Individuals must be determined eligible considering a program hierarchy, at the end of the hierarchy, FFCYM comes before the Adult Program	No program hierarchy considered, i.e., they can be enrolled into FFCYM without screening for

	other programs and even if they would be eligible for other programs
No income test	No change

The online application for Medicaid benefits was updated in December 2022 to remove the condition "in Oregon" from the FFCYM program eligibility requirements. OHA is working with their contractor for the online eligibility system to reduce the number of questions for young adults who experienced foster care because there is no longer a program hierarchy that must be addressed.

OHA will be working in partnership with CW to update the relevant Oregon Administrative Rules (OARs) and do public outreach.

Housing

Some local offices have maintained or reestablished relationships with their local Public Housing Authority (PHA) to support the needs of families served by CW and young people preparing to exit foster care. Currently, six Oregon PHAs have effective Foster Youth Independence (FYI) awards and seven have the Family Unification Program (FUP) awards (only Portland has both FYI and FUP). The Youth Transitions Program Manager, Housing Analyst and Program Coordinator have held meetings with interested local branch representatives, the Federal Housing and Urban Development (HUD) representative, the Regional HUD representative and local PHAs to discuss FYI implementation. There are three counties working towards an FYI award. A new full-time position is focused on expanding the use of FYI vouchers and coordinating housing efforts across the state.

The Oregon ILP services model partners with local entities to provide services and supports for young people during the transition to adulthood. Young people prefer this model and are more willing to work with the ILP Providers because they do not see their local entities as CW.

Determining Eligibility for Benefits and Services

As described above, eligibility for services for youth who are nearing transition age is primarily based on age. Caseworkers refer youth to service providers for ILP services in their geographical region. This policy will undergo review by the equity policy review described on page 53 of the APSR. CW is developing a provider portal to gather additional data about service availability and delivery that will shed light on any inequitable practice not intended by policy.

Cooperation in National Evaluations

CW will cooperate in any federal national evaluations of the effects of the programs in achieving the purposes of Chafee.

Education & Training Vouchers (ETV) Program

CW partners with the Higher Education Coordination Commission (HECC), Office of Student Access and Completion (OSAC) team to implement the Chafee ETV awards. CW does direct outreach via email to help and ensure young people are aware of the opportunity. OSAC also lists ETV as one of the available student grants on its website.

Collaboration with HECC ensures that students do not receive awards that exceed the cost of attendance or federal awards that duplicate each other. ETV awards are capped at \$5000 are tied to the cost of attendance at the specific school and coordinated with any other grants or financial aid the student is awarded.

ETVs are available to students who experienced foster care in other states. The OSAC website⁹ clearly identifies the documentation required to confirm eligibility and provides a directory of Chafee contacts in each state so students can obtain that documentation.

ETVs Awarded

Youth Transitions continues to access Adoption Incentive funding to provide as many post-secondary awards to young people as possible, serving students who experienced an adoption or guardianship that finalized after 8/30/15 and when they were 13 years or older. This funding source will be important should Oregon's ETV allocation continue to shrink due to the success in decreasing the number of children entering foster care.

Chafee Training

Youth Transitions program is developing computer-based trainings for CW staff focused on individual services for older youth in foster care including transition planning, discretionary funds, post-secondary, housing, etc.

CW conducts quarterly reviews with ILP providers. The reviews raise some areas of overall opportunities for improvement among providers: how to plan and implement an experiential learning activity and how to create leadership opportunities for youth. Youth Transitions program plans to offer capacity building to providers in these areas.

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

A. Collaboration with Tribes in Development of CFSP

As described on pages 7-8, and pages 75-87 of Attachment 7, CW used work that was underway with the Nine Tribes of Oregon to inform the development of priorities. In late spring and

⁹ <https://oregonstudentaid.gov/grants/chafee-education-and-training-grant/>

summer 2024, CW is taking the developed roadmap to Tribes to ask for input and feedback as we move into next steps and develop a more complete draft.

CW is gathering information to complete the Statewide Assessment for CFSR Round 4 in summer 2024. Case reviews and partner interviews for CFSR Round 4 will be completed in winter 2024/2025. All this information and the continued input of the Tribes will contribute to a living document.

1. Tribal Representatives

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B. Plan for Ongoing Coordination and Collaboration

Coordination and collaboration with the Tribes occur at many levels and is invaluable to implementing the Vision for Transformation. The following are examples of current and ongoing collaboration.

Statewide Level

The ODHS Tribal Consultation Policy was adopted and went into effect on January 1, 2024. See Attachment 6 and page 86 of Attachment 7.

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.

The Continuous Quality Improvement Program has a dedicated Tribal Engagement analyst, described in the APSR on page 33. The CQI Advisory Committee includes a representative from a Tribe in Oregon, a member from the ODHS Office of Tribal Affairs, and a representative from NAYA (Native American Youth & Family Center) in Portland Oregon. See page 78 of Attachment 7.

Oregon actively works with the Tribes in Oregon that have IV-E agreements to support their unique Tribal Prevention. See page 54 of the APSR and pages 83-84 of Attachment 7.

The Child Fatality Prevention and Review Program's work on Father and Noncustodial Caregiver Engagement resulted in five recommendations for improving child welfare practice. One of these, developed in consultation with the Tribes in Oregon and the ODHS Office of Tribal Affairs, is to develop specialized advocate roles for Indigenous father engagement. See Attachment 4 for more details.

The Child Fatality Prevention and Review Program has received consultation and guidance from the ODHS Office of Tribal Affairs about reducing traumatic impact when a child with Native ancestry dies. The Fatality Protocol was revised to ensure Tribal engagement and voice is centered when this occurs. See Attachment 4 for more details of CFPRP's collaboration with the Tribes in Oregon.

District Level

District 1 hosts monthly ICWA Connections discussions (see Attachment 8). They also invited the Klamath Tribes Children & Family Services Program Manager and the District 11 Regional ICWA Case Specialist to present in-person about how to develop strong working relationships between ODHS and Tribes. The presentation in Tillamook took place on Thursday, June 27, 2024. The Klamath Tribes Children & Family Services Program Manager and District 11 Regional ICWA Case Specialist made a similar trip to present in District 6 in March regarding the effective relationship and collaboration they have built in Klamath County and how it has improved outcomes for Klamath Tribal members.

District 13 met with the Burns Paiute Tribe Social Services Director on Friday, June 28, 2024. One of the main topics of learning for the CW staff is what Tribal services and assistance individuals are eligible to receive when they are Burns Paiute Tribal member but live off the reservation, or when they are a member of a different Tribe and live near the Burns Paiute Tribe.

See also pages 79-80 of Attachment 7.

C. Update on Provision of Child Welfare Services for Tribal Children

Oregon has a Tribal State ICWA Agreement with each of the nine federally recognized Tribes of Oregon. Each agreement describes these agreements are developed between ODHS and the Tribes of Oregon and are intended to establish a cooperative delivery of child welfare services to Indian children in this state. This includes services provided by ODHS, and to the extent available, services provided by the Tribe or an organization whose mission is to serve the American Indian/Alaska Native population to implement the terms of the Tribal-state agreement. If services provided by the Tribe or an organization whose mission is to serve the American Indian/Alaska Native population are unavailable, the agreements may provide for the department's use of community services and resources developed specifically for Indian families and that have the demonstrated experience and capacity to provide culturally relevant

and effective services to Indian children. ODHS has developed agreements with all nine Oregon Tribes.

Due to changes in leadership and significant impacts of the pandemic, creation of state ICWA statute and the recent Supreme Court case challenging the constitutionality of ICWA, several tribes have been unable to update expired agreements.

D. Complying with ICWA & ORICWA

CW contracted with a provider to assess the strengths and challenges of CW and the Office of Tribal Affairs regarding the implementation of ORICWA and compliance with ICWA. The assessment analyzed the strengths of the relationship and partnership between the agency and the nine federally recognized Tribes of Oregon. It was necessary to review the level of engagement and collaboration with the Oregon Tribes and the role of leadership at all levels specific to ORICWA and compliance with ICWA. The assessment emphasized the competency of training that is offered on ICWA/ORICWA, resulting in the creation of the Training Collaborative.

The Training Collaborative involves the ODHS Office of Tribal Affairs, Child Welfare and its university training partner Portland State University, Oregon Judicial Department, Department of Justice, ODHS Human Resources, and the Bureau of Indian Affairs in shared responsibility for ICWA and ORICWA training. This must be done in ongoing engagement and consultation with the Oregon Tribes and with their feedback to inform improvement. The purpose of the collaborative is to align training deliverables, share resources, prevent duplication of work, and engage with Oregon Tribes in an effort to provide clarity and transparency on all ICWA/ORICWA training.

The final piece of the assessment focused on improvement in efforts to collaborate on resources and services to include funding of specific Native services. This final piece will be incorporated into the funding set-aside required by ODHS' Tribal Consultation Policy which was signed in October 2023 and implemented January 1, 2024. This assessment provides the framework that Child Welfare and Office of Tribal Affairs will be using to improve outcomes for Tribal families and reduce the disproportionality of the Alaska Native/American Indians in the child welfare system.

See also the JCIP State Tribal Partnership Grant, described on page 7 above.

E. Chafee & ETV Benefits for Tribal Youth

The Youth Transitions Program reached out to all nine of the Tribes in Oregon to discuss collaboration, updates, services, funding, and eligibility for Tribal children in Oregon. The following meetings occurred:

- Confederated Tribes of Coos, Lower Umpqua, and Siuslaw Indians, 10/2/23
- Cow Creek Band of Umpqua Indians, 10/2/23
- Confederated Tribes of Siletz Indians, 10/10/23

- Klamath Tribes, 11/17/23

The Confederated Tribes of Warm Springs currently administer their own allocated portion of the ETV award for Oregon and are collaborating with the Children's Bureau to ensure the funds are fully utilized.

F. Exchange of State and Tribal CFSPs and APSRs

CW and the OTA provide copies of the APSR and CFSP to each Tribe for feedback and comment during the revision period before the reports are finalized and approved by the Children's Bureau.

Tribes in Oregon with active Title IV-E Tribal-State Agreements provide a copy of their final APSR reports to the Federal Policy & Resources Program within CW.

VI. Targeted Plans

A. Resource and Adoptive Parent Diligent Recruitment Plan

Characteristics of Children for whom Resource and Adoptive Homes are Needed

See Statewide Assessment.

Reaching All Communities in Oregon Using Diverse Methods

Since 2020, Oregon has a dedicated team of 15 Retention and Recruitment Champions who support the districts in creating tailored retention and recruitment plans that address their specific needs. These Champions work closely with their local office leadership and certification teams to develop and implement strategies that will work in their locations with their communities. See Attachment 9, Quarterly Retention and Recruitment Action Plan Summary, which details the action plans for each district for the first quarter of calendar year 2024. CW also contracts with Every Child for resource parent recruitment. (Attachment 10)

See Attachment 11, current print promotions for resource parent recruitment. All print promotions provided as attachments here in English are also available in Spanish, Vietnamese, and Russian.

The following regions have Facebook accounts to reach local communities through social media:

- Clackamas County
- Central Oregon
- Coos & Curry Counties
- Linn & Benton Counties
- Polk County

- Tillamook County
- Malheur County
- Josephine County
- Lincoln County
- Yamhill County
- Klamath & Lake Counties
- Jackson County
- Lane County
- Marion County
- Multnomah County

See Attachment 10, which includes general information and describes events in the community for information sharing.

Recruitment for specific children takes several different forms:

Relative searches are initiated at the very beginning of a family's involvement with CW and includes identifying relatives (interpreted broadly to include those identified by the family or Tribe as family) who can be supportive in any way, not just for placement. These continue throughout a family's involvement with CW.

Placement searches among current resource families occur when a child comes into care, or a placement change is imminent. In this case, the caseworker and certification team work together to identify the child's needs and contact certified resource families to identify potential placements.

Adoptive recruitment is a formal process where a child's permanent plan is adoption and their parents' rights have already been terminated, but the current caregiver is not able to be the adoptive parent. CW contracts with Boys and Girls Aid Society (BGAID) for Child Focused Recruitment (CFR). CFR includes customized services that may include therapeutic activities, having a life story book, or discussing what they would like in an adoptive family. CFR includes cultural considerations for the child and how the prospective family meets the child's needs for identity development.

CW also contracts with the Northwest Resource Associates for the services of the Oregon Adoption Resource Exchange (OARE). This recruitment service uses a password protected website to post bulletins to prospective families who are approved to adopt. This service is also used for guardianship recruitment.

The Northwest Adoption Exchange (NWAE) is a regional recruitment service that works worker-to-worker. This provides a wider pool of waiting families for children who are in sibling groups, older, or have higher needs. This site is also used for guardianship recruitment.

Strategies to Ensure Equitable Access to Certification

CW has staff assigned in all districts in the state to strategize recruitment and staff specific to certifying resource parents. Initial training is available virtually, and other required training has both in-person and virtual options. CW certifies resource families directly and certifiers are able to be flexible with families' schedules, setting interviews and home visits around work and other obligations. Oregon does not charge fees for certification of resource families at any stage of the process. CW can issue Temporary Certificates of Approval to allow a child to be placed in the home of a relative or other known individual quickly.

Timely Search Procedures for Adoptive Placements

The procedure for adoptive placement search is detailed in Chapter 6 of the Child Welfare Procedure Manual (Attachment 12).

B. Health Care Oversight and Coordination Plan

Physical, Dental, and Mental Health Assessments

CW continues to partner with the Oregon Health Authority (OHA) and its contracted Coordinated Care Organizations (CCOs) to ensure children receive timely physical, dental, and mental health assessments. Data collected through such measures report whether a child in foster care received the required assessments within 60 days of CCO enrollment. However, ensuring the child gets all three assessments within 60 days does not align with the timelines established by CW policy and what the American Academy of Pediatrics (AAP) recommends. CW policy and AAP guidelines require that all children entering foster care receive physical and dental assessments within 30 days and mental health assessments within 60 days. The misalignment between the incentive measures and CW policy creates an additional challenge for CW to ensure initial physical and dental assessments occur within 30 days of a child or young adult entering care.

In 2018, the CW Health and Wellness Program successfully petitioned OHAs Metrics and Scoring Committee to redefine the incentive measures. However, the COVID-19 pandemic and a change in OHA leadership delayed this workgroup's activities until 2023. Strides are currently being made to redefine the physical and dental incentive measures to 30 days, slated to occur in 2026.

One of the key factors contributing to delayed assessments is the time it takes for a child to enroll and become active in a CCO. In January 2024, OHA rolled out phase one of the Next Day Medicaid Enrollment project to address this issue. This project is designed to reduce enrollment time, positively impacting assessment timeliness. The next phase of this project is scheduled to for later this year. Historically, enrollment has taken between five and 11 days through a weekly enrollment cycle. However, we anticipate a significant reduction in this time frame; post-implementation, enrollment is expected to occur within two to five days.

Oregon's administrative rule formally outlines the timelines for the required assessments and screenings (for entry into substitute care) discussed in this section.

Refer to Attachment 13: OAR 413-015-0465 Req Assessments and Screenings for all Children Entering Substitute Care

Nursing Intake Assessments

Children and young adults receive a comprehensive intake nursing assessment shortly after entering foster care. These assessments include screening for medical needs and referrals to various services or providers, such as specialists, therapists, or other healthcare professionals, as necessary. Nursing assessments also occur in cases where the child is in the home, either receiving in-home services or on trial reunification. This approach differs slightly, adjusting to those circumstances; however, the intent remains to identify needs and provide relevant services or referrals.

Refer to Attachments:

- ODHS CW Procedure Manual, Chapter 5, Section 48, Child Welfare Field Nurses Intake Nursing Assessment (Attachment 14)
- CF0174 Intake Nursing Assessment (Attachment 15)

Child and Adolescent Needs and Strengths (CANS)

Every child entering substitute care receives a CANS screening. The screening integrates the child's assessed needs and strengths into more informed case planning and service delivery. For children demonstrating higher needs, the CANS screening may result in an additional payment to the provider. Subsequent screenings are completed annually or if there are notable changes in the child's behavior or functioning.

Refer to Attachment 16: ODHS CW Procedure Manual, Chapter 5, Section 6, Child and Adolescent Needs and Strengths (CANS)

Healthcare Coordinators

In November 2022, Health and Wellness Program implemented the LPN Healthcare Coordinator Program. This program is a team of Licensed Practical Nurses (LPNs) brought on as Healthcare Coordinators (HCCs).

Some of their duties include, but are not limited to:

- Monitoring the ongoing health needs of children in care.
- Ensuring timely initial assessments and ongoing well-child checks.
- Ensuring health-related case information is recorded in the case file.
- Collaborating for better parent participation and voice in healthcare for their child.
- Obtaining parental consent for immunizations.

Another important facet of these positions is medication oversight. Refer to the Medication Oversight section for additional information.

Medication Oversight

When the child is initially placed into foster care, the caseworker must request medical and mental health information from known providers and a list of current medications. Any prescribed or over-the-counter medication routinely provided to the child or young adult and administered by the resource parent must be documented on the child's or young adult's medication Log. The caseworker or HCC must review, sign, and ensure individual medication logs are uploaded into the OR-Kids File Cabinet as received. The caseworker or HCC is also responsible for reviewing each medication log monthly. In 2023, 90.3% of children had their HCC complete the review.

Children and young adults aged 15 or older can be authorized to self-administer medication if they are determined capable and self-administration is developmentally appropriate. Medication education is essential for these young adults, and the Health and Wellness Program Manager or Nurse Consultant is available to consult as needed.

For young adults, 18 or older, who are living independently in or out of a foster home and self-administer, medication logs are not needed. However, the caseworker should review medication usage during face-to-face contact.

Refer to Attachments:

- ODHS CW Procedure Manual, Chapter 5, Section 44, Managing the Use of Medications (Attachment 17)
- CF1083 Individual Child Medication Log (Attachment 18)

Psychotropic Medications

The collaborative effort of psychotropic medication oversight continues to be successful. The two-part process of authorizing new psychotropic medications and annual psychotropic medication reviews by the nurse consultant in consultation with the Oregon Psychiatric Access Line-Kids (OPAL-K) child psychiatrist works well to address prescribing concerns as they arise. In CY 2023, the oversight team processed 844 authorizations for new psychotropics; 31 were referred to OPAL-K for consultation (51 fewer than the previous year), and of those, 19 were not approved, and clinician-to-clinician consultation was recommended. The oversight team also conducted 1102 annual psychotropic medication reviews for children in foster care: 200 of those required an additional records review, and 16 were sent to OPAL-K for further review and clinician-to-clinician consultations.

As part of psychotropic medication oversight, the Health and Wellness Program provides an extensive annual review process for every child in CW custody (age 0-20) who is prescribed any psychotropic medication. The review process involves a pharmacist, a nurse consultant and a

team of child psychiatrists when needed. By policy, psychotropic medications require CW approval before their administration.

Refer to Attachments:

- ODHS CW Procedure Manual, Chapter 5, Section 21, Managing the Use of Psychotropic Medications (Attachment 19)
- CF173C Psychotropic Medication Authorization (Attachment 20)

Electronic Case File

Health data for children and young adults is stored electronically in OR-Kids, both in the person record and in the case file. Information stored in the person record include a child or young adult's current health providers, growth chart measurements, immunization information, treatment history, and medication history. Health records, such as visit summaries from well-child checks, psychological evaluations, and other documents are uploaded and stored in the case file's electronic filing cabinet.

Health information is provided to resource parents at the time of placement to assist them in meeting the child or young adult's needs. Updated information is provided to parents, resource parents, child or young adult's attorney, CASAs, and any other legal parties through the discovery process during the legal case.

Ensuring appropriate diagnoses and placements for medically fragile children, children with developmental disabilities, and children with emotional or behavioral disorders

The state of Oregon does not operate medical group homes. Currently, all medically fragile or medically involved children are placed in family foster homes with caregivers trained to meet their specific needs. In addition to the assessment the child receives when coming into care, the ODHS Field Nurse also assesses at periodic intervals (intervals are established by the nurse, based on child-specific circumstances) to provide ongoing training and supervision in the home, coordinate in-home services and review any changes to care. Those assessments are then reviewed and approved by the Nurse Coordinator to ensure the accuracy and appropriateness of the Service Care Plan. In CY2023, CW provided in-home services for 21 medically fragile children in 13 homes with 44 in-home care attendants.

Health and Wellness Program staff is also available to consult with local office staff regarding the types of placements required to meet the medical needs of medically fragile and medically involved children. Additionally, ODHS Field Nurses are available to conduct in-hospital assessments to assist in determining the type of placement a child may need.

In addition to the above, non-routine assessments may be completed when there is reason to believe a child has been subject to or endured a specific type of trauma or neglect. An example

of this is Oregon’s Karly’s Law examination requirement¹⁰. The law mandates that children in Oregon who exhibit suspicious physical injuries during a child abuse investigation must receive medical attention within 48 hours. Assessment outcomes are often used to inform the courts about why CW requests the service.

Behavior Rehabilitation Services (BRS)

Sometimes, a child or young adult exhibits behaviors and has needs that cannot be met in traditional family foster care settings. In these instances, the caseworker may submit a referral and request consultation with a Residential Resource Consultant (RRC) to determine whether a BRS services placement is an option. If so, the referral moves into the prior authorization stage. During the prior authorization stage, the Licensed Practitioner of Healing Arts (LPHA) reviews the case and will make a preliminary determination of whether BRS placement is the most appropriate option for the child or young adult. If the LPHA determines that BRS is the most appropriate placement, the referral continues through the next steps. The Nurse Coordinator is the final authority regarding whether a child or young adult is approved to enter the BRS program. As part of the review and approval process, the nurse coordinator reviews the LPHA determination and all available medical and mental health records, medication logs, and case notes to ensure appropriate referral.

Medical Home Structure

Research shows that continuity of care in the medical home environment provides better outcomes and can decrease the need for higher-cost urgent care or emergency services. In 2024, the Health and Wellness Program began formalizing a structure to reinforce continuity and a patient-centric approach within the medical home for Oregon’s medically fragile children in care. The framework will guide resource parents who oversee caregiving staff and tools for documenting care and services provided in their homes. Resource parents will receive a certification designation, ongoing training, coordination and collaboration for in-home supports, care coordination and respite services.

Health Components of the Youth Transition Plan

When the court dismisses custody of a young adult, the caseworker must provide the young adult with a “Transition Took Kit.” The kit contains essential documents, written records, official forms, and information that will benefit the young adult as they embark on their journey into adulthood. The following health-related matters must be addressed in preparation for the young adult’s transition:

- Health and immunization records;

¹⁰ Karly’s Law, ORS 418.806 to 418.816 and 419B.023

- Information regarding the importance of and their right to identifying a Health Care Representative (a person with decision-making authority for their health and mental health services);
- Information regarding the importance of and their right to complete an Oregon Advanced Directive (designating another individual to make health care treatment decisions on their behalf if they become unable to participate in such decisions and do not have or do not want a relative who is otherwise authorized under state law to make such decision); and
- Assistance completing the Oregon Health Plan (OHP) application for the Former Foster Care Youth Medical Program Coverage.

Refer to Attachment 21: ODHS CW Procedure Manual, Chapter 5, Appendix 5.18, Requirements at Independence - Transition Tool Kit Checklist.

C. Disaster Plan

CW has current Continuity of Operations Plans (COOPs) for Central Office, ORCAH, and each district. (Attachments 22-40).

D. Training Plan

Refer to APSR pages 63-65 for descriptions of initial training programs. Attachments 41-43 describes each training activity in brief as required.

VII. Financial Information

A. Payment Limitations

1. Title IV-B, Subpart 1

- For comparison purposes, submit the amount of title IV-B, subpart 1 funds that the State expended for childcare, foster care maintenance and adoption assistance payments in FY 2005.

Response: The amount expended in FY 2005 was \$2,737,077.

- For comparison purposes, submit the amount of non-federal funds the state expended for foster care maintenance payments and applied as match for the title IV-B, subpart 1 program in FY 2005.

Response: The amount of foster care maintenance payments applied as match in FY 2005 was \$938,153.

- Estimated and actual administrative cost expenditures cannot exceed 10% of title IV-B, subpart 1 federal funds spent.

Response: Administrative cost expenditures are reported on the CFS-101, Parts I, II and III. Estimated expenditures, if any, are reported in Parts I and II. Actual expenditures for the most recently completed grant year are reported in Part III.

2. Title IV-B, Subpart 2

- States are required to spend a significant portion of their title IV-B, subpart 2 PSSF grant for each of the four service categories of PSSF: family preservation, family support, family reunification, and adoption promotion and support services.

For each service category with a percentage of funds that does not approximate 20 percent of the grant total, the state must provide in the narrative portion of the CFSP a rationale for the disproportion.

Response: Actual and estimated spending in each service category is at least 20% of the title IV-B, subpart 2 grant total. Actual and estimated expenditures are reported on the CFS-101, Parts I, II and III forms.

- Provide the FY 2022 state and local share expenditure amounts for the purposes of title IV-B, subpart 2 for comparison with the state's 1992 base year amount, as required to meet non-supplantation requirements in section 432(a)(7)(A) of the Act.

Response: The FY 1992 Child Welfare state and local base year amount was \$59,196,600. FY 2022 Child Welfare state and local expenditures were \$409,594,396.