

# Progress Report

Wyatt B., et al. v. Tina Kotek, et al.

May 1, 2026

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## Executive Summary

### Overview

The Oregon Department of Human Services (ODHS) Child Welfare Division submits this first semi-annual Core Strategies and Efforts<sup>1</sup> Report to the Neutral pursuant to the [Wyatt B. Collaborative Agreement](#) and the [Neutral's Initial Review](#). The report establishes baseline performance, documents the breadth and depth of ODHS' ongoing reform Efforts, and demonstrates ODHS' commitment to implementing substantial, sustained, and meaningful improvements in services and outcomes for children and families—with the goal of achieving the identified Ultimate Outcomes.<sup>2</sup>

ODHS is implementing a [Vision for Transformation](#) that is focused on:

- Keeping children safe and supporting families;
- Improving services and outcomes for children served at home or in foster care and their families;
- Ensuring a well-supported workforce and enhancing our infrastructure; and
- Using data for accountability and continuous quality improvement.

Child Welfare's work is inherently complex: our staff engage with some of Oregon's most vulnerable residents at the most difficult moments of their lives, and the decisions we make carry profound, lasting consequences for children, families and communities. Recognizing the weight of these decisions drives ODHS' work every day. We remain steadfast in our belief that children do best growing up in their families. Keeping children safe is fundamental to this goal.

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<sup>1</sup> Per the Collaborative Agreement, **Efforts** mean "all actions, policies, practices, and procedures made and/or undertaken by ODHS to achieve Ultimate Outcomes...."

<sup>2</sup> Per the Collaborative Agreement, **Ultimate Outcomes** "mean specific, concrete, and identifiable metrics that are goals to be met at the conclusion of the term of this Settlement Agreement." ODHS is not required to achieve strict compliance with the Ultimate Outcome numerical targets. Substantial Compliance is defined by the Collaborative Agreement and "means sufficient and sustained good faith and meaningful Efforts that work toward achieving the Ultimate Outcomes, which does not require strict compliance, but requires meaningful progress toward the Ultimate Outcomes."

In addition to our commitments in the context of this agreement, ODHS is accountable to the Governor's office, the Oregon Legislature, the federal child welfare oversight agency, Tribal governments, the community and most importantly, all Oregonians. Open, transparent and timely communication is crucial to building and maintaining public trust.

## Baseline Performance

The Neutral's Initial Review identified Measurements<sup>3</sup> and Ultimate Outcomes across the six practice categories below. ODHS is already near achieving several of the Ultimate Outcomes, reflecting the significant work and progress made over the past several years. Key findings include:

- **Re-Entry:** ODHS' baseline rate of children re-entering foster care is 5.7%, just above the Ultimate Outcome of 5.6%, representing near-compliance at baseline.
- **Timely Initial Case Plans:** 81.1% of families have initial case plans completed within 60 days of entering foster care. The Ultimate Outcome is 90%.
- **Medical and Mental Health Assessments:** 88% of children receive timely mental health assessments; 80.6% receive timely nursing assessments; and 75% receive timely medical assessments. The Ultimate Outcome is 90% for each of these three items.
- **Placements and Services:** Federal Child and Family Services Review (CFSR) Round 4 case review results show 83% of foster care cases rated as a strength for placement stability (CFSR Item 4); 75% rated as a strength for physical health needs (CFSR Item 17); 69% rated as a strength for mental/behavioral health needs (CFSR Item 18). The Ultimate Outcome for all three items is 90%. The CFSR Round 4 case review results show 82% of foster care cases rated as a strength for needs assessment and services (CFSR Item 12A). Item 12A will be assessed annually for progress unless the Neutral determines that

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<sup>3</sup> Per the Collaborative Agreement, **Measurements** mean "methods of assessing progress toward Ultimate Outcomes."

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Category 2.5 no longer needs to be a part of the Annual Review. ODHS performance on each of these four items improved from CFSR Round 3 to CFSR Round 4.

- **Maltreatment in Care (MIC):** ODHS' baseline rate of maltreatment in care is 24.7 per 100,000 days (and 22.0 excluding children on Trial Home Visits). The Ultimate Outcome is 9.07 or fewer. ODHS achieved a 65% strength rating for risk and safety assessment in foster care cases (CFSR Item 3).

There is important context for understanding Oregon's performance on this Ultimate Outcome. The Ultimate Outcome of 9.07 is based on average performance across all U.S. states. According to [a 2024 report by the Bipartisan Policy Center](#), conducted as part of the work on Oregon [HB 4086](#) (requiring evaluation of child abuse and neglect investigations in Oregon), **Oregon is unlike other states in that its child welfare system assesses third-party perpetrators who are not caregivers and applies lower thresholds for defining maltreatment than other states.**<sup>4</sup> Because Oregon casts this wider net, comparing Oregon's MIC rate to those of other states provides limited insight into ODHS' policies and practices aimed at keeping children safe while in care. Forty-one percent of the cases within Oregon's maltreatment in care rate reflect either third-party perpetrators or "historical" incidents. Historical incidents are cases in which the abuse/neglect occurred before the child's current foster care episode. These incidents appear as occurring during the foster care episode due to incorrect incident dates.<sup>5</sup> Excluding third party cases would make Oregon's rate calculation more like other states and would place ODHS' performance closer to the Ultimate Outcome threshold.

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<sup>4</sup> See [Statutory Analysis Pursuant to Oregon HB 4086 Regarding ODHS Jurisdiction](#) (2024), Bipartisan Policy Center.

<sup>5</sup> This typically happens when a caller to the hotline does not know the incident date and the incident may get recorded as the date of the hotline call instead of the actual date when the incident occurred. ODHS is implementing technical fixes and staff training to address this issue in 2026.

- **MIC Notification:** This area of practice speaks to ensuring that courts, attorneys and parents are notified when maltreatment in care has been alleged. Per the Neutral's Initial Review, the baseline year for assessing ODHS' MIC notification performance is 2027, with baseline performance available in 2028.

## **ODHS Efforts: A Substantial and Comprehensive Agenda**

This report documents that ODHS is implementing substantial, sustained and meaningful Efforts across every category<sup>6</sup> identified in the Settlement Agreement and Initial Review. As noted, above, major Efforts have already been implemented during the past several years that have contributed to the positive performance shown in this baseline report. Oregon has also made significant investments in the 2025-2027 budget including \$7 million in Family First Prevention Services to keep children safely at home and prevent the need for foster care placement; rate increases for Medicaid and Behavior Rehabilitation Service (BRS) providers in order to increase children's access to these critical services; \$1.88 million to continue expanding and improving capacity and services at Psychiatric Residential Treatment Facilities for children with complex mental health needs (which is part of a total of \$10.4 million invested since 2018); and \$10 million in services to enhance placement stability and avoid the need for use of temporary settings. Recognizing the importance of coordination between the child welfare and mental health systems, the Governor's Office coordinates a Behavioral Health Initiative Subcabinet for Child Welfare and Youth Behavioral Health that meets regularly to identify and track a range of improvement initiatives.

Current Efforts are continuing to strengthen services and results for children and families. These Efforts include data- and best practice-driven improvement strategies and detailed implementation plans; executive governance structures to drive, track and support the work; and workforce and infrastructure investments. The scope and depth of ODHS' Efforts reflect a deep commitment to improving services and outcomes for children and families.

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<sup>6</sup> "Categories" mean the particular areas of assessment set forth in Section 2.

### **Reducing maltreatment in care and re-entry into care**

ODHS commissioned a statewide safety practice assessment. Conducted by the Human Services Group (HSG) in 2025, the assessment produced a series of recommendations that have directly informed the Safety Action Plan ODHS is currently implementing. Core strategies include:

- High-quality screening, including a new quality assurance (QA) tool integrating fidelity and screening reviews; updated structured decision-making (SDM) tools with inter-rater reliability structures; and Review-Evaluate-Decide (RED) teams to reduce variability in decision-making.
- Timely Child Protective Services (CPS) assessments, supported by district-level action plans, real-time documentation protocols, streamlined data entry, and improved multi-disciplinary team coordination.
- Safety decision-making tools, including a new Supervisor Safety Plan Review Calibration Tool, updated case note templates, and a 90-day staffing guide, with implementation beginning in Q2 2026.
- Face-to-face contacts with children, parents, and resource parents — with monthly contacts serving as a key safety and risk assessment strategy — supported by updated contact guides, new QA tools, and district-level tracking.
- Monthly safety plan reviews and 90-day staffings to ensure ongoing safety assessment and service coordination.
- Supporting resource parents through the KEEP evidence-based program and expanded respite care.
- Developing new procedures and practice tools to support children and families in successful transitions from foster care back home, including safety planning for children on Trial Home Visits. These tools are being developed in partnership with community members, people with lived experience, resource parents, and staff.

### **Improving timely initial case plans**

ODHS has improved case plan timeliness from 39.5% in 2021 to 81% in 2025. To close the remaining gap to 90%, ODHS is:

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- Deploying a bi-weekly Permanency Strategy Team that is reviewing data, identifying best practices, driving improvement strategies, and tracking implementation.
- Providing real-time dashboards to all district managers and reviewing case plan timeliness in monthly District Manager (DM) meetings.
- Implementing a case plan reminder system by integrating due dates into workers' calendars at the time of case transfer.
- Streamlining case plans with court reports to reduce administrative delay and accelerate family engagement.
- Providing technical assistance in lower-performing districts and conducting Permanency Fidelity Reviews.

### **Improving timely medical and mental health assessments**

ODHS has identified that the primary barrier to timely nursing assessments is delay in data entry of placements. As such, ODHS is implementing targeted solutions, including a mandatory real-time documentation protocol; a new referral desk created in fall 2025 to efficiently distribute assignments; and a new nursing dashboard enabling supervisors to track timeliness by nurse and branch. ODHS works closely with the Oregon Health Authority (OHA) to ensure timely mental health and medical assessments through Coordinated Care Organizations, Community Escalation Teams, and Mobile Response and Stabilization Services. An updated referral checklist is being integrated into 90-day staffing guidance to reduce missed or delayed assessments.

### **Strengthening Placements and Services**

ODHS maintains a robust continuum of placements and services. Improvement strategies include:

- Expanding Behavioral Health Treatment Foster Care (BH-TFC);
- Increasing relative placement and resource home (also called foster home) recruitment;
- Partnering with OHA to meet high acuity needs;
- Providing supports for resource parents including the evidence-based KEEP model and respite care; and

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- Providing services for children and young adults who have complex behavioral, mental health needs through the Focused Opportunities for Children Utilizing Services (FOCUS) program.

### **Improving maltreatment in care notification**

A staff expert work group convened in January 2025 identified process and technical improvements. In August 2025, ODHS implemented OR-Kids system alerts requiring caseworkers to notify legal parties within three days of assignment and submit documentation within five days of supervisory approval. A qualitative review methodology and guide were developed, submitted to the Neutral in November 2025, and an amended draft was submitted in March 2026. An online training module was launched statewide in January 2026.

### **Governance and infrastructure supporting all Efforts**

Undergirding all Efforts is an **Integrated Program Improvement Governance Structure** established by ODHS. Four Program Improvement Strategy Teams—focused respectively on safety, permanency, health/mental health, and placements and services—meet to review data, track implementation and refine strategies. Progress is monitored through a Project Management Office and quarterly roadmap updates to executive leadership. ODHS also implements district-level Continuous Quality Improvement (CQI) plans aligned to the Collaborative Agreement and other priorities and is implementing a range of workforce training and development strategies.

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Taken together, the Efforts documented in this report reflect a reform agenda that is driven by data and best practices and is structurally supported. ODHS is committed to implementing, tracking, and continuously refining its core strategies in furtherance of improved safety, permanency, and well-being for Oregon's children and families.

## I. Introduction

The Oregon Department of Human Services (ODHS) Child Welfare Program is committed to improving services and outcomes for children and families served by the Child Welfare (CW) system. ODHS is implementing a [Vision for Transformation](#) that is focused on:

- Keeping children safe and supporting families;
- Improving services and outcomes for children served at home or in foster care and their families;
- Ensuring a well-supported workforce and enhancing our infrastructure; and
- Utilizing data for accountability and continuous quality improvement.

The work of Child Welfare is complex and involves some of the most vulnerable populations in Oregon. Our staff become involved in the lives of Oregonians during the most difficult times they may ever face. The choices and decisions we make can have profound and lasting impacts on the safety, health, and well-being of children, families and communities. Recognizing the weight of these decisions drives our work every day. We remain steadfast in our vision for a child welfare system built on a belief that children do best growing up in their family. Keeping children safe is fundamental to this goal.

In 2024, ODHS entered into the [Wyatt B. Settlement Agreement](#), a.k.a., the Collaborative Agreement. This agreement is “structured around a collaborative partnership between ODHS and an experienced Neutral with subject matter expertise...”

The Collaborative Agreement focuses on six elements of case practice for children in care:

1. Maltreatment in care (MIC)
2. Re-entry
3. Initial case plans

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4. Medical and mental health assessments and services
5. Placements and services
6. Notification of key parties when a report has been made that a child in care may have experienced maltreatment.

The Neutral, Kevin Ryan, issued his [Initial Report](#) on July 29, 2025, and [amended on April 15, 2026](#), which specifies 14 Measurements pertaining to these six practice areas.

ODHS is producing semi-annual reports by May 1 and November 1 to the Neutral, Kevin Ryan, each year documenting performance data and related Efforts<sup>7</sup> undertaken by ODHS.

**ODHS is pleased to submit this first semi-annual report as of May 1, 2026, which establishes the baseline against which performance will be assessed moving forward.** Reports such as this, made available to the public, are critical to ensuring transparency and accountability. In addition to these semi-annual reports, the Neutral will have ongoing access to an internal ODHS dashboard with live performance data.

## II. Organization of the Report

The report includes the following sections:

- **Section III** describes the comprehensive process ODHS undertook to develop measurement recommendations to the Neutral.
- **Section IV** describes the Integrated Program Improvement Governance Structure that ODHS put in place to coordinate effectively across multiple drivers of practice improvement.
- **Section V** provides general contextual data.

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<sup>7</sup> Per the [Settlement Agreement](#), “Efforts mean all actions, policies, practices, and procedures made and/or undertaken by ODHS to achieve Ultimate Outcomes.”

- **Section VI** provides a summary of ODHS' baseline year performance on all measures identified for the Collaborative Agreement.
- **Sections VII (Maltreatment in Care), VIII (Re-entry), IX (Initial Case Plans), X (Health/Mental Health), XI (Placements and Services) and XII (MIC Notification)** provide detailed information pertaining to each practice area respectively. Each of these sections includes:
  - Background information on the practice area;
  - Performance on the identified Measurements; and
  - Efforts in this area, including actions, policies, practices and procedures that ODHS and partners have implemented or are implementing.
  - Appendix A provides detailed Implementation Plans pertaining to Efforts described in these sections.
- **Section XIII** provides information about ODHS' Efforts pertaining to implementation of targeted Continuous Quality Improvement (CQI) plans in every district. Appendix B provides a description of the focus areas of each district office CQI plan.
- **Section XIV** provides information about ODHS' Efforts to support the workforce in its work with children and families.

### III. Process for Development of Measurements

Per the Wyatt B. agreement, ODHS had the opportunity to inform the development of the Measurements selected by the Neutral. ODHS identified the following principles to guide its recommendations for Measurements to assess progress against the Collaborative Agreement:

- Meaningful for improving services and outcomes for children and their families.
- Responsive to the Wyatt B. requirements.
- Contributing to an outcomes-focused, rather than compliance-driven, culture.
- Achievable within a reasonable time frame.

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- Aligned with state and/or federal monitoring structures, where appropriate.

ODHS undertook a robust process to develop recommendations to the Neutral. This process was overseen by Lacey Andresen, CW Deputy Director, Quality Outcomes and System Partnerships.

ODHS established workgroups covering each of the practice areas identified in the Agreement. The workgroups included relevant state and local ODHS program and service delivery staff, as well as data analysis and Continuous Quality Improvement (CQI) staff, and were supported by national experts from Casey Family Programs and Chapin Hall. These workgroups met regularly from December 2024 through February 2025. They reviewed ODHS performance data, current practice improvement initiatives and national best practice research. ODHS also examined measures used in other class action settlements and consulted with an expert child welfare statistician. In addition, ODHS considered insights generated through its ongoing work with the Tribes and engagement with community partners and advisory groups, incorporating broader feedback on case practice and system improvement into the development of the proposed Measurements.

ODHS provided detailed measurement recommendations to the Neutral on March 7, 2025, and participated in subsequent discussions with the Neutral. The Neutral submitted his [“Initial Review” to the Court on July 29, 2025](#). The Neutral then amended this review based on additional feedback from the parties as of [April 15, 2026](#). This review specifies the measures to be utilized for the Collaborative Agreement.

The Neutral has established “Ultimate Outcomes” for most of the Collaborative Agreement Categories. Per the agreement, “Ultimate Outcomes mean specific, concrete, and identifiable metrics that are goals to be met at the conclusion of the term of this Settlement Agreement.”<sup>8</sup>

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<sup>8</sup> <https://www.oregon.gov/odhs/agency/documentschildwelfare/settlement-agreement-ecf-481.pdf>

ODHS is working to achieve “Substantial Compliance.” ODHS is not required to achieve strict compliance with the Ultimate Outcome numerical targets. Instead, substantial Compliance is defined by the Collaborative Agreement and “means sufficient and sustained good faith and meaningful Efforts that work toward achieving the Ultimate Outcomes, which does not require strict compliance, but requires meaningful progress toward the Ultimate Outcomes.”<sup>9</sup> Efforts mean “all actions, policies, practices, and procedures made and/or undertaken by ODHS to achieve Ultimate Outcomes....”<sup>10</sup>

## IV. Integrated Program Improvement Governance Structure

ODHS has an **Integrated Program Improvement Governance Structure** that provides the central home for driving and coordinating all program improvement initiatives, including but not limited to work pertaining to the Collaborative Agreement and the federal Child and Family Services Review (CFSR). ODHS is conscious that class action settlements have been criticized for creating duplicative implementation and monitoring structures, as well as contributing to a compliance-driven (i.e., box-checking) culture.

The goals of this integrated structure are to:

- implement best and promising practices within an efficient structure that coordinates effectively across multiple drivers of practice improvement and avoids an approach that is siloed or duplicative; and
- communicate effectively to staff about why these efforts are important for children and families, avoiding a “box-checking” culture.

It should be noted that this report provides information about a broad range of strategies and measures, including some that are outside of the scope of the Collaborative Agreement. We have included this information to provide a more comprehensive picture of the work that ODHS is doing to improve child welfare

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<sup>9</sup> <https://www.oregon.gov/odhs/agency/documentschildwelfare/settlement-agreement-ecf-481.pdf>

<sup>10</sup> <https://www.oregon.gov/odhs/agency/documentschildwelfare/settlement-agreement-ecf-481.pdf>

services and outcomes. Our [2026 Annual Progress and Services Report \(APSR\) submitted to the federal Children’s Bureau](#) in June 2025 provides additional information about our extensive efforts to improve services and outcomes and children and families. The new APSR will be submitted in June 2026 and ODHS will provide that report to the Neutral when it is completed. Additional information also appears in [ODHS Child Welfare quarterly reports to the Governor](#).

Figure 1 below presents the overall governance structure which includes an Executive Governance Team, Core Team, Strategy Team and four Program Improvement Strategy Teams.

<b>Figure 1: Integrated Program Improvement Governance Structure</b>		
<b>Governance</b>	<b>Members</b>	<b>Role</b>
<b>Executive Governance</b>	<ul style="list-style-type: none"> <li>• <i>Rolanda Garcia, Interim Director</i></li> <li>• <i>Lacey Andresen, Deputy Director</i></li> <li>• <i>Molly Miller, Deputy Director</i></li> <li>• <i>Lisa Bender, Assistant Deputy Director, Child Welfare Systems Change and Implementation</i></li> <li>• <i>Alysia Cox, Program Improvement and Data Strategy Manager</i></li> <li>• <i>Patty Unfred, Strategic Outcomes Manager</i></li> </ul>	<ul style="list-style-type: none"> <li>• Executive oversight</li> <li>• Meet every two weeks</li> </ul>
<b>Core Team</b>	<ul style="list-style-type: none"> <li>• <i>Patty Unfred, Strategic Outcomes Manager</i></li> <li>• <i>Alysia Cox, Program Improvement and Data</i></li> </ul>	<ul style="list-style-type: none"> <li>• Project manage and implement the work on a day-to-day basis</li> <li>• Develop and implement overall work plan</li> <li>• Guide and approve work plans for</li> </ul>

<b>Figure 1: Integrated Program Improvement Governance Structure</b>			
	<p><i>Strategy Manager</i></p> <ul style="list-style-type: none"> <li>• <i>Kelly Scales, Continuous Quality Improvement Manager</i></li> <li>• <i>Kathy Steiner, Program, Reporting and Outcomes Analyst</i></li> <li>• <i>Abigail Ofstedahl, Senior Data Analyst Program Reporting and Outcomes</i></li> </ul>	<p>internal/external workgroups</p> <ul style="list-style-type: none"> <li>• Coordinate communication, ensuring feedback is incorporated</li> <li>• Ensure timely deliverables and progress reporting</li> <li>• Meet every two weeks</li> </ul>	
<b>Strategy Team</b>	<ul style="list-style-type: none"> <li>• Core Team (listed above)</li> <li>• CFSR Team</li> <li>• Strategy Team Leads</li> <li>• Continuous Quality Improvement (CQI) Office</li> <li>• Office of Reporting, Research and Analytics (ORRAI)</li> <li>• Federal Policy Office</li> <li>• Policy Analysts</li> </ul>	<ul style="list-style-type: none"> <li>• Provide considerations for external workgroups</li> <li>• Troubleshoot problems</li> <li>• Review PIP strategies from all workgroups; decide which ones are included in PIP</li> <li>• Provide analysis on data</li> <li>• Workgroup leads provide update on progress</li> <li>• Meet every two weeks</li> </ul>	
<b>Program Improvement Strategy Teams Leaders</b>			
<p><b>Safety</b> <i>Kristen Khamnohack, Child Safety Program Manager</i></p> <p><b>Maltreatment in Care (MIC) Notification and Reporting (Sub-group)</b></p>	<p><b>Permanency</b> <i>Jennifer Holman, In-Home and Reunification Manager</i></p> <p><i>Kim Keller, Child Permanency Manager</i></p>	<p><b>Placements &amp; Services</b> <i>Sara Fox, Treatment Services Program Manager</i></p> <p><i>Stacey Loboy, Foster Care Program Manager</i></p>	<p><b>Health &amp; Mental Health</b> <i>Heidi Beaubriand, Nurse Administrator</i></p> <p><i>Karolyn Campbell, Oregon Health Authority, Health Policy and Analytics</i></p>

<b>Figure 1: Integrated Program Improvement Governance Structure</b>			
<i>Leslie LaNier, Child Safety Program Coordinator</i>			<i>Transformation Analyst</i>
<i>Sonya Buchholz, In-Home and Reunification Program Assistant Manager</i>			

The four Program Improvement Strategy Teams (in green at the bottom of the table above) focus respectively on the major case practice areas of safety, permanency, health and mental health, and placements and services. Each of the Program Improvement Strategy Teams include program management leadership and staff as well as data and Continuous Quality Improvement (CQI) staff from the ODHS central office, and district office representation. Oregon Health Authority (OHA) Behavioral Health Division, Medicaid, and Health Policy and Analytics Division are also represented on the Placements and Services and Health/Mental Health Strategy Teams. The work of these groups is also informed by partnership with the Tribes and input generated from a range of interest-holder groups that ODHS participates in or organizes.

In 2025, these teams reviewed relevant data and current ODHS practices as well as national best practice information and developed a set of core strategies to improve performance pertaining to each of the identified practice areas of the Collaborative Agreement, building on existing work and initiatives. These strategies are memorialized in a set of Implementation Plans with quarter-by-quarter activities for Calendar Year (CY) 2026 (see Appendix A). The Strategy Teams meet every two weeks to track and discuss progress and refine existing or develop new strategies. On the alternate weeks, the leadership of each Strategy Team meets to discuss and plan priorities and agendas moving forward.

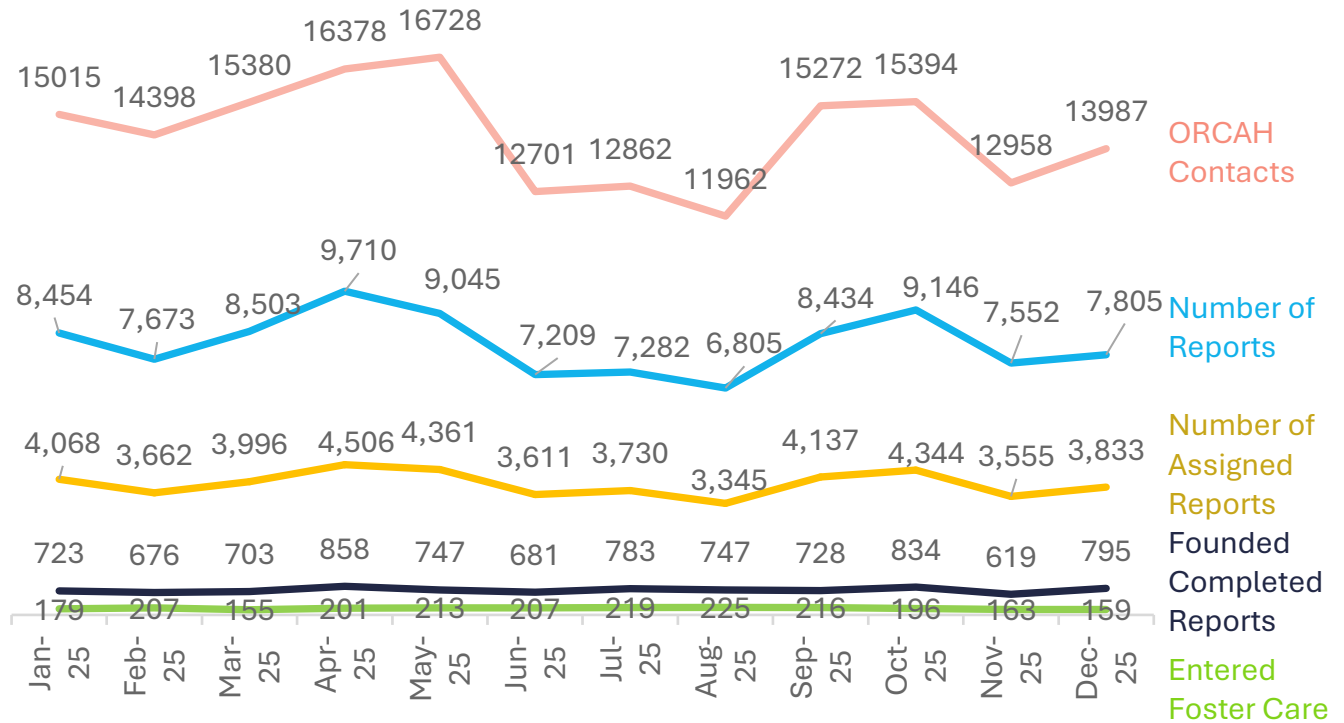
Implementation updates are captured and monitored in ODHS' Program Roadmaps, which are overseen by the Child Welfare Project Management Office (PMO). The roadmaps are a tool used by Child Welfare to plan, monitor and report on key program initiatives. Project owners provide quarterly updates and the PMO provides progress reports to executive leadership, flagging initiatives at risk that require attention.

## V. Contextual Information

This section provides basic contextual information about the population of children and families with whom ODHS interacts in its work.

Figure 2 provides the number of reports of abuse and neglect received, assigned, assessed and founded, along with the number of children entering foster care by month. The Oregon Child Abuse Hotline (ORCAH) receives thousands of contacts each month (tan/first line). A smaller "Number of Reports" (plum/second line) are documented as a report of abuse or a report describing conditions that pose a risk to a child, but do not constitute a report of abuse as defined by rule. The "Number of Assigned Reports" (yellow/third line) are reports of abuse and neglect assigned for CPS assessment. A small percentage of those assessments result in "Founded Complete Assessments" (blue/fourth line) and an even smaller percentage lead to children who "Entered Foster Care" (green/fifth line).

**Figure 2: Reports Received, Assigned, Assessed and Founded, Number of Children Entering Foster Care by Month<sup>11</sup>**



In CY 2025:

- 21.3% of alleged victims were founded on assigned reports (13,601/63,820);
- 17.7% of founded victims entered foster care (2,411/13,602); and
- 3.8% of alleged victims entered foster care (2,411/63,820).<sup>1213</sup>

<sup>11</sup> Openscape (Hotline program) and CW-SA-2010-D Screening Report monthly

<sup>12</sup> Duplication exists in the numbers for total number of alleged and founded victims if the child was the subject and/or founded victim of more than one assessment in the CY. In addition, while new foster care entries often coincide with a founded allegation of abuse, it is possible that a founded disposition occurred one CY and the child did not enter foster care until the following year. This makes all these figures approximate.

<sup>13</sup> Source: <https://www.oregon.gov/odhs/child-welfare-transformation/progressreports/cw-progress-report-2026-02.pdf>

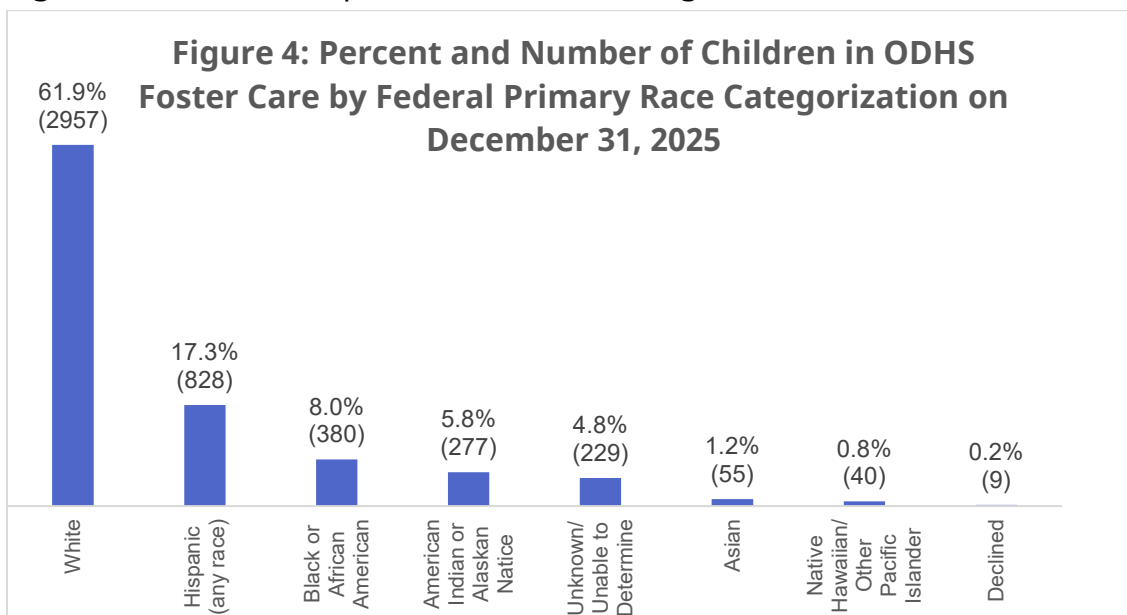
Figure 3 below provides the rate of entry into foster care (number of children entering foster care per 1,000 in the general child population) as well as the numbers of children in foster care.<sup>14</sup>

**Figure 3: Foster Care Entry Rate and Numbers of Children in Foster Care<sup>15</sup>**

Oregon	2020	2021	2022	2023	2024	% Change 2020-2025
<b>Foster care entry rate</b>	3.1	2.8	2.7	2.7	2.7	-13%
<b>Children in foster care on 9/30</b>	6,051	5,301	4,826	4,638	4,377	-28%

Oregon has a lower rate of foster care entry than the national median. Nationally, the median foster care entry rate in 2021 was 3.0, ranging from 0.8 children (New Jersey) to 13.1 children (West Virginia) per 1,000 in the population.<sup>16</sup>

Figures 4 and 5 below provide the race and age of children in foster care.<sup>17</sup>

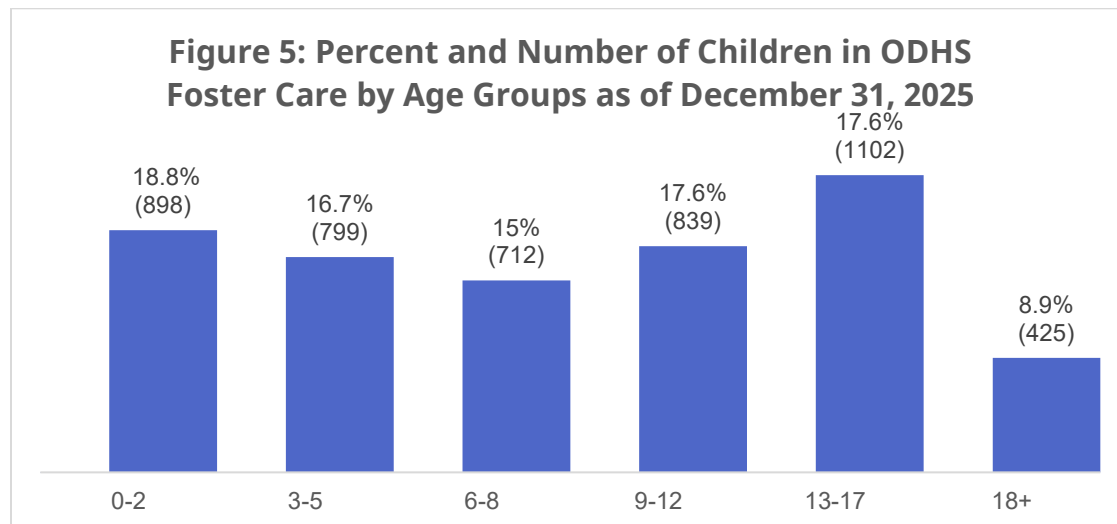


<sup>14</sup> Source: <https://cwoutcomes.acf.hhs.gov/cwodatasite/byState/oregon/>

<sup>15</sup> Source: <https://cwoutcomes.acf.hhs.gov/cwodatasite/byState/oregon/>

<sup>16</sup> Source: <https://acf.gov/sites/default/files/documents/cb/cwo-report-to-congress-2021.pdf>

<sup>17</sup> Data from FC-1049-D Total Served in FC for one or more days in December 2025. Data pulled 3/9/2026.



ODHS is focused on safely reducing the number of children entering foster care and for those children that do enter care, safely reunifying them with their family or, when that is not possible, achieving permanency through an alternate timely plan.

ODHS is working to provide supports and services to families further “upstream,” i.e., before child abuse and neglect occurs. In 2024, ODHS was [one of four sites across the country selected by the Doris Duke Foundation \(DDF\) to implement the Opt-In Initiative](#), serving families who have been reported to the hotline but who do not reach the threshold for a child abuse and neglect assessment, referred to as “screened out.” The premise of the initiative is based on national data indicating that screened-out families are likely to be re-reported and that providing engagement, navigation and flexible resources can help families at an early sign of need and prevent future child abuse and neglect. Oregon has also made a \$7 million investment in Family First Prevention Services in the 2025-2027 budget in order to expand services to keep children safe at home and prevent entry into foster care.

ODHS is [among only a few states that are meeting or exceeding all three of the federal standards](#) for ensuring that children transition from foster care to

permanent homes with families, either by reunifying with their parents or through kinship guardianship or adoption.

## VI. Summary of Baseline Performance on Collaborative Agreement

Figure 6 below provides a summary of baseline performance on the Measurements set by the Neutral in his Initial Review. As described in detail in this report, ODHS is implementing substantial, sustained and meaningful Efforts to continue to improve services and outcomes for children and families.

<b>Figure 6: Summary of Performance on Collaborative Agreement Measurements Set by the Neutral in the Initial Review</b>					
<b>FC= Foster Care IH= In Home</b>					
<b>Measure-ment #</b>	<b>Measurement</b>	<b>Baseline year</b>	<b>Baseline Year Performance</b>	<b>Ultimate Outcome</b>	<b>Timeline</b>
<b>Category 1: Rate of Maltreatment in Care</b>					
1	Rate of Maltreatment in Care	10/1/24-9/30/25	24.7 <sup>18</sup>	9.07 or less per 100,000 days	Achieve by 9.30.2029 and sustain for three years
2	Rate of Maltreatment in Care <u>excluding</u>	10/1/24-	22.0 <sup>19</sup>	9.07 or	Achieve

<sup>18</sup> The Ultimate Outcome of 9.07 is based on the federal standard which is an average of performance across all states. An [independent review by the Bipartisan Policy Center](#) found that Oregon is unlike other states in several significant ways. Thus, Oregon’s performance is not in fact comparable to the federal standard. This issue is described in detail later in the Maltreatment in Care section of this report.

<sup>19</sup> The Ultimate Outcome of 9.07 is based on the federal standard which is an average of performance across all states. An [independent review by the Bipartisan Policy Center](#) found that Oregon is unlike other states in several significant ways. Thus, Oregon’s performance is not in fact comparable to the federal standard. This issue is described in detail later in the Maltreatment in Care section of this report.

**Figure 6: Summary of Performance on Collaborative Agreement Measurements Set by the Neutral in the Initial Review**  
**FC= Foster Care IH= In Home**

Measurement #	Measurement	Baseline year	Baseline Year Performance	Ultimate Outcome	Timeline
	children who are at home on a trial home visit (THV)	9/30/25		less per 100,000 days	by 9.30.29 and sustain for three years
3	Percent of cases with a “strength rating” for Risk and Safety Assessment, CFSR Item 3: Did the agency make concerted <b>efforts to assess and address the risk and safety concerns</b> relating to the child(ren) in their own homes or while in foster care?	Round 4 results	All 65% FC 65% IH 67% <sup>20</sup>	N/A	Assessed annually
<b>Category 2: Rate of Re-Entry for Children in Care</b>					
4	Re-entry	Children who left care 10/1/23- 9/30/24	5.7%	5.6% or fewer	Achieve by 9.30.28 and sustain for three years
<b>Category 3: Timeliness of Initial Case Plans for Children in Care</b>					
5	Percent of children that have an <b>initial case plan</b> completed within 60 days <sup>21</sup>	1/1/25 - 12/31/25	All 81.1% FC 80.6% IH 83.4% <sup>22</sup>	90%	Achieve by 4.1.28 and sustain

<sup>20</sup> In-Home (IH) cases include children in the legal but not the physical custody of ODHS.

<sup>21</sup> For children in foster care, per statute, case plans are to be developed within 60 days of the child entering care. For children in In-Home cases, per Oregon Administrative Rule (OAR), case plans are to be developed within 60 days of completion of the assessment.

<sup>22</sup> In-Home (IH) cases include children in the legal but not the physical custody of ODHS.

**Figure 6: Summary of Performance on Collaborative Agreement Measurements Set by the Neutral in the Initial Review**  
**FC= Foster Care IH= In Home**

Measurement #	Measurement	Baseline year	Baseline Year Performance	Ultimate Outcome	Timeline
					for 3 years
<b>Category 4: Timeliness to Complete Mental Health and Medical Assessments and Referrals for Services for Children in Care</b>					
6	Percent of children that have a <b>nursing assessment</b> within 10 days of entering care	1/1/25 - 12/31/25	80.6%	90%	Achieve by 12.31.28 and sustain for 3 years
7	Percent of children that have a <b>mental health assessment</b> conducted within 60 days of entering care	1/1/25 - 12/31/25	88%	90%	Achieve by 12.31.29 and sustain for 3 years
8	Percent of children that have a <b>medical assessment</b> conducted within 60 days of entering care	1/1/25 - 12/31/25	75%	90%	Achieve by 12.31.29 and sustain for 3 years
<b>Category 5: Appropriateness and Quality of Placements and Services for Children in Care</b>					
9	Percent of cases with a “strength rating” for CFSR Item 4: Is the child in foster care in a <b>stable placement</b> and	Round 4 results	FC 83%	90%	Achieve by 4.1.28 and

**Figure 6: Summary of Performance on Collaborative Agreement Measurements Set by the Neutral in the Initial Review**  
**FC= Foster Care IH= In Home**

Measurement #	Measurement	Baseline year	Baseline Year Performance	Ultimate Outcome	Timeline
	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)?				sustain for three years
10	Percent of cases with a “strength rating” for CFSR Item 17: Did the agency address the <b>physical health needs</b> of children, including dental health needs?	Round 4 results	All 75% FC 73% IH 100% <sup>23</sup>	90%	Achieve by 4.1.28 and sustain for three years
11	Percent of cases with a “strength rating” for CFSR Item 18: Did the agency address the <b>mental/behavioral health needs</b> of children?	Round 4 results	All 69% FC 67% IH 75% <sup>24</sup>	90%	Achieve by 4.1.28 and sustain for three years
12	Percent of cases with a “strength rating” for CFSR Item 12a: Did the agency make concerted efforts to <b>assess the needs of and provide services to children</b> , to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the child and family?	Round 4 results	All 82% FC 80% IH 92% <sup>25</sup>	N/A	Assessed annually

**Category 6: Notification of Maltreatment**

<sup>23</sup> In-Home (IH) cases include children in the legal but not the physical custody of ODHS.

<sup>24</sup> In-Home (IH) cases include children in the legal but not the physical custody of ODHS.

<sup>25</sup> In-Home (IH) cases include children in the legal but not the physical custody of ODHS.

**Figure 6: Summary of Performance on Collaborative Agreement Measurements Set by the Neutral in the Initial Review**  
**FC= Foster Care IH= In Home**

Measurement #	Measurement	Baseline year	Baseline Year Performance	Ultimate Outcome	Timeline
13	MIC notification - Percent of cases qualitatively reviewed rated as a strength.	1/1/27 - 12/31/27	Available in 2028	90%	Assessed annually
<b>Category 7: Core Strategies and Efforts Reporting</b>					
14	Beginning in 2026, by May 1st and November 1st of each year, ODHS will submit to the Neutral a detailed semi-annual Efforts Report delineating, and assessing the effectiveness of, the agency’s efforts to substantially achieve the Measurements and Ultimate Outcomes, identifying the agency’s core strategies for each Measurement and Ultimate Outcome, as well as detailed, data-informed plans, including timelines, to refine, add, or alter Core Strategies...	October 2024- February 28, 2026	This report submitted May 1, 2026, provides the required information.	N/A	Assessed annually

As noted in the table above, the baselines for the CFSR case review items are ODHS’ Round 4 results. The ODHS CFSR samples for Round 4 included 60 foster care cases and 25 In-Home cases. Of the 25 In-Home cases, there were 12 cases in which ODHS had legal custody of the children. The class for the purpose of the Collaborative Agreement includes only children in ODHS’ legal custody. As such, the CFSR results presented in this report are based on the 60 foster care cases and the 12 In-Home cases in which ODHS had legal custody. For some individual items, CFSR reviewers deem certain questions not applicable; as such, the actual number of cases included for each item can vary. See Appendix C for a table showing the number of applicable cases and results for each CFSR case review item.

## VII. Maltreatment in care (MIC)

### A. Background and Requirements

Section 2 of the Settlement Agreement sets forth the “Categories,” or the “particular areas of assessment” under the Settlement Agreement. The first Category set out in the Agreement is Maltreatment in care (MIC). MIC refers to abuse or neglect that a child experiences while in foster care. Child safety is paramount and ODHS is committed to taking all possible steps to reduce maltreatment in care. Figure 7 provides the Measurements and the Neutral’s Measurement specifications pertaining to this Category of the Collaborative Agreement.

<b>Figure 7: Section 2.1 Maltreatment in Care</b>	
<b>Initial Review by the Neutral July 29, 2025, As Amended April 15, 2026</b>	<b>Measurement Specifications</b>  <b><u>Initial Review by the Neutral</u></b> <b>July 29, 2025, As Amended April 15, 2026</b>
Measurement 1: Rate of Maltreatment in Care	1. The method for assessing progress toward the Ultimate Outcome will be the federal CFSR Round 4 methodology: “Of all children (as defined in the current federal methodology) in foster care during a 12-month period, what was the rate of victimization, per 100,000 days of care?” The Denominator is: Of children in care during a 12-month period, the total number of days these children were in care as of the end of the 12-month period. The Numerator is: Of children in care during a 12-month period, the total number of substantiated or indicated reports of maltreatment (by any perpetrator) during a foster care episode. Complete foster care episodes lasting fewer than 8 days are not counted in the number of days in foster care, and maltreatment that occurs within those abbreviated episodes is not counted in the number of substantiated or indicated reports. The first 12-month

<b>Figure 7: Section 2.1 Maltreatment in Care</b>	
<b>Initial Review by the Neutral July 29, 2025, As Amended April 15, 2026</b>	<b>Measurement Specifications</b>  <b><u>Initial Review by the Neutral</u></b> <b>July 29, 2025, As Amended April 15, 2026</b>
	period for the purposes of establishing a baseline shall be October 1, 2024 – September 30, 2025, then annually thereafter.
Measurement 2: Rate of Maltreatment in Care <u>excluding</u> children who are at home on a trial home visit (THV)	2. The method for assessing progress toward the Ultimate Outcome will be the federal CFSR Round 4 methodology but with a unique exclusion described in this paragraph: “Of all children in foster care during a 12-month period, what was the rate of victimization, per 100,000 days of care?” The Denominator is: Of children in care during a 12-month period, the total number of days these children were in care as of the end of the 12-month period. The Numerator is: Of children in care during a 12-month period, the total number of substantiated or indicated reports of maltreatment (by any perpetrator) during a foster care episode. Complete foster care episodes lasting fewer than 8 days are not counted in the number of days in foster care, and maltreatment that occurs within those abbreviated episodes is not counted in the number of substantiated or indicated reports. The Denominator shall exclude the days a child who is in the legal custody of ODHS is living at home or on a Trial Home Visit, and the Numerator shall exclude substantiated or indicated incidents of maltreatment that occur when a child who is in the legal custody of ODHS is living at home or on a Trial Home Visit. The first 12-month period for the purposes of establishing a baseline shall be October 1, 2024 – September 30, 2025, then annually thereafter.
Measurement 3: Risk and Safety Assessment	3. The method for assessing progress toward the Ultimate Outcome will be the CFSR Round 4, Item 3 qualitative case review methodology, with the important distinction that the sample of reviewed cases will include only those children who fall within the definition of “Child(ren) in Care,” as defined by the Ninth Circuit Court of Appeals, and have been in ODHS’s custody, for at least 6 continuous months by October

<b>Figure 7: Section 2.1 Maltreatment in Care</b>	
<b>Initial Review by the Neutral July 29, 2025, As Amended April 15, 2026</b>	<b>Measurement Specifications</b>  <b><u><a href="#">Initial Review by the Neutral</a></u></b> <b>July 29, 2025, As Amended April 15, 2026</b>
	of each year of assessment. The question in Item 3 is: Did the agency make concerted efforts to assess and address risk and safety concerns of children in foster care? The baseline for Measurement 3 shall be the strength rating established as part of Oregon’s CFSR Round 4 case reviews using the sampling methodology set forth in Oregon Round 4 Case Sampling Methodology, attached, with reviews from November 2024 through February 2025.

## **B. Performance**

As shown in Figure 8 below, Measurement 1—Oregon’s rate of Maltreatment in Care (MIC) for Federal Fiscal Year (FFY) 2025—was 24.7 per 100,000 care days as compared to the Collaborative Agreement Ultimate Outcome of 9.07. There is context that is important to understand ODHS’ performance on this measure. The Collaborative Agreement Ultimate Outcome of 9.07 is drawn from the federal standard of 9.07, which is an average of performance across all states.

Whether an incident of maltreatment counts toward a state’s rate of maltreatment in care depends on how each state defines child abuse and neglect. Oregon’s definition is expansive compared to other states. According to [a 2024 report by the Bipartisan Policy Center](#), conducted as part of the work on Oregon [HB 4086](#), Oregon is unlike all other states in that its Child Welfare system assesses “third party perpetrators” who are not caregivers. The report also found that Oregon applies lower thresholds for defining maltreatment than other states.

Other differences have been outlined by the federal Children’s Bureau; for example, most states exclude from their definition of child abuse instances of

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neglect that are caused by the financial inability to provide for a child, and Oregon does not.<sup>26</sup>

As such, comparing Oregon's MIC rate to other states reflects that Oregon casts a wider net for its data collection. Because Oregon casts this wider net, comparing Oregon's MIC rate to other states provides limited information when assessing ODHS' policies and practices aimed at keeping children safe while in care.<sup>27</sup>

In 2026, ODHS completed a manual case record review of MIC incidents recorded during calendar year 2025. This review found that 41 percent of reported cases involved either third-party perpetrators or "historical" incidents.

Historical incidents are cases in which the abuse/neglect occurred before the child's current foster care episode. These incidents appear as occurring during the foster care episode due to incorrect incident dates. This typically happens when a caller to the hotline does not know the incident date and the incident may get recorded as the date of the hotline call instead of the actual date when the incident occurred. ODHS is implementing technical fixes and staff training to address this issue in 2026.

Third-party perpetrator and historical cases account for a substantial portion of ODHS' reported MIC rate. Excluding these two case types would make Oregon's rate calculation more like other states and would place ODHS' performance closer to the Ultimate Outcome threshold. While third party cases are entirely unique to Oregon, it should be noted that other states may also have the issue of historical cases to varying degrees.

A [September 2025 report prepared by external, independent consultants](#) as part of the requirements of [Oregon HB 4086](#) recommended eliminating Child Welfare's responsibility for investigating third-party cases, which they indicated should be

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<sup>26</sup> [Definitions of Child Abuse and Neglect](#), Children's Bureau. (State Statutes current through June 2025).

<sup>27</sup> ODHS provided a letter to the Neutral dated March 7, 2025, with detailed information about the findings from the Bipartisan Center and the fact that Oregon's MIC rate is not comparable to other states and thereby not comparable to the federal standard of 9.07.

investigated by law enforcement, as is the case across the country. This report also recommended raising the standard of proof to substantiate child abuse and neglect from “reasonable cause to believe” to a “preponderance of evidence.”

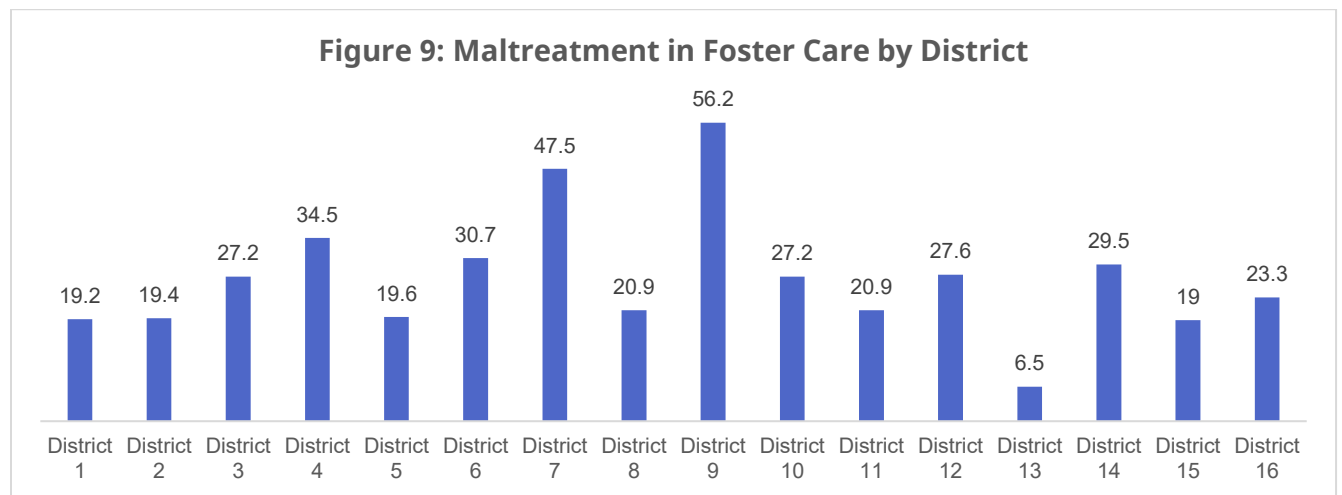
Figures 8 below provides ODHS performance on Maltreatment in Care including and excluding children on a Trial Home Visit (THV) (Measurement #2), as well as ODHS’ performance on CFSR Item #3 (Measurement #3) which measures the percent of cases with a “strength rating” for the question: “Did the agency make concerted efforts to assess and address risk and safety concerns of children in foster care?” ODHS achieved a strength rating in 65% of all cases, 65% of foster care cases and 67% of in-home cases.

<b>Figure 8: Maltreatment in Care</b>					
<b>Measure- ment #</b>	<b>Measurement</b>	<b>Baseline year</b>	<b>Baseline Year Performance</b>	<b>Ultimate Outcome</b>	<b>Timeline</b>
Category 1: Rate of Maltreatment in Care					
1	Rate of Maltreatment in Care	10/1/24- 9/30/25	24.7	9.07 or less per 100,000 days	Achieve by 9.30.2029 and sustain for three years
2	Rate of Maltreatment in Care excluding children who are at home on a trial home visit (THV)	10/1/24- 9/30/25	22.0	9.07 or less per 100,000 days	Achieve by 9.30.29 and sustain for three years
3	Percent of cases with a “strength rating” for Risk and Safety Assessment, CFSR Item 3: Did the agency make concerted efforts to <b>assess</b>	Round 4 results	All 65% FC 65% IH 67% <sup>28</sup>	N/A	Assessed annually

<sup>28</sup> In-Home (IH) cases include children in the legal but not the physical custody of ODHS.

<b>Figure 8: Maltreatment in Care</b>					
<b>Measure-ment #</b>	<b>Measurement</b>	<b>Baseline year</b>	<b>Baseline Year Performance</b>	<b>Ultimate Outcome</b>	<b>Timeline</b>
Category 1: Rate of Maltreatment in Care					
	<b>and address the risk and safety concerns</b> relating to the child(ren) in their own homes or while in foster care?				

Figure 9 provides the rate of maltreatment in care by district (Measurement 1).<sup>29</sup>



<sup>29</sup> Downloaded March 10, 2026. Collaborative Agreement Dashboard for the Neutral. As shown in the chart, the baseline is 24.7. This is based on a data pull as of February 28, 2026. The 24.8 statistic shown on the right is a small change based on data maturation as of March 10, 2026.

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When children on a THV visit are excluded, the MIC rate is lower at 22.0. Figure 10 below provides the rate of maltreatment in care, excluding children on a trial home visit (THV) by district (Measurement 2).<sup>30</sup>

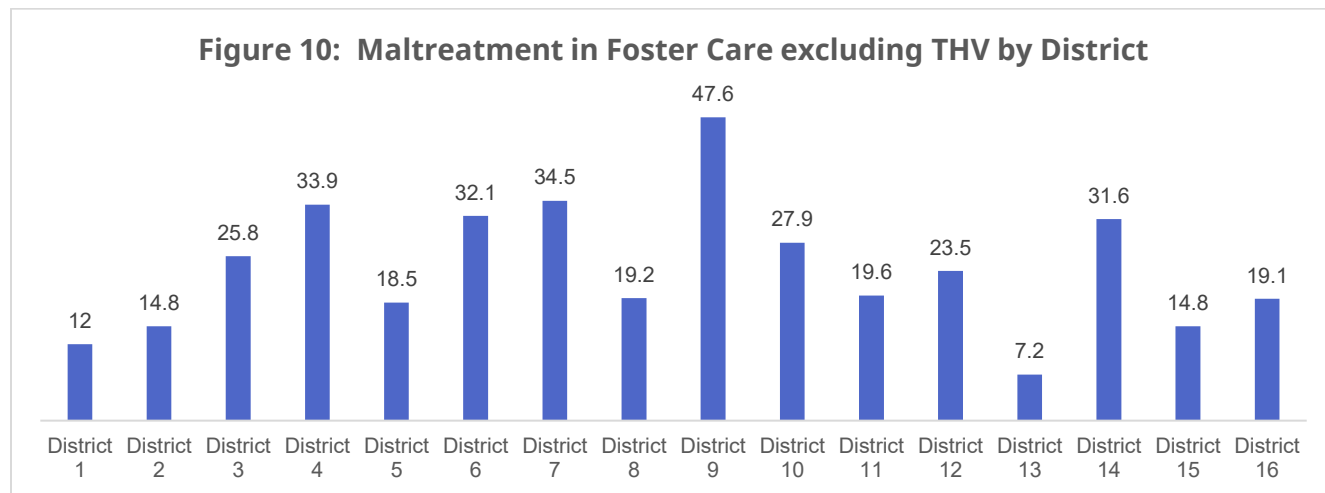
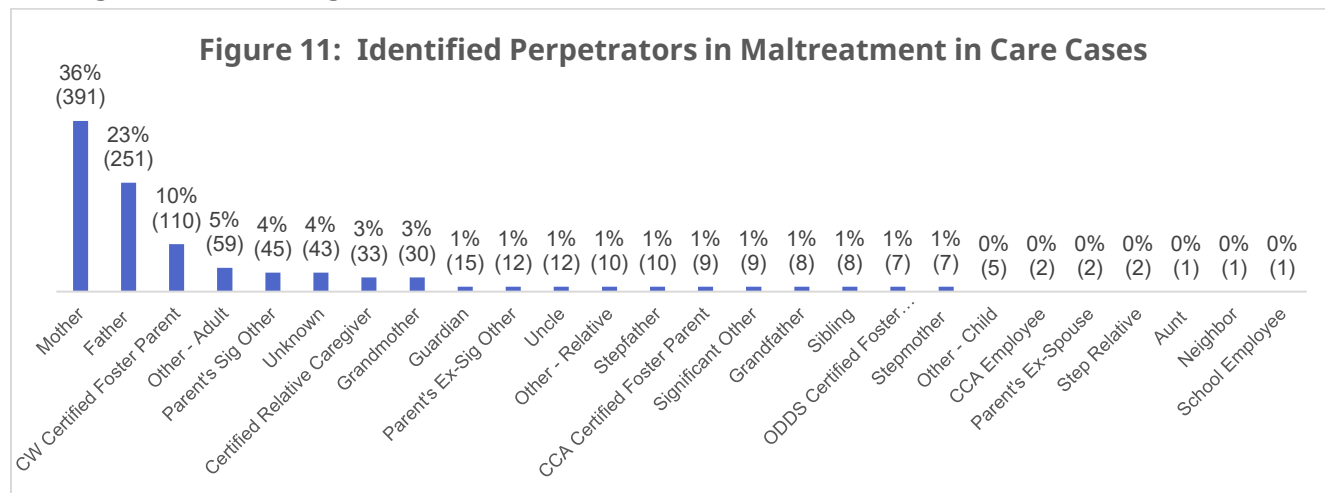


Figure 11 below shows the identified perpetrators in Maltreatment in Care cases (including THV). The child’s mother or father is the identified perpetrator in 59% of allegations. These are instances of maltreatment that are typically occurring during visits or during trial home visits (THVs).<sup>31</sup>



<sup>30</sup> Downloaded March 10, 2026. Collaborative Agreement Dashboard for the Neutral. As shown in the chart, the baseline is 22.0. This is based on a data pull as of February 28, 2026. The 22.1 statistic shown on the right is a small change based on data maturation as of March 10, 2026.

<sup>31</sup> Downloaded March 2nd, 2026, <https://wtdhssql154.dhs.sdc.pvt/Reports/browse> (Internal ODHS link)

## **C. Efforts**

ODHS is implementing multiple strategies to reduce maltreatment in care, which are described below, as well as examining performance by District. This work includes:

- Strategies pertaining to CPS assessment practice including:
  - Statewide Assessment
  - High Quality Screening
  - Timely CPS Assessments
- Strategies pertaining to foster care case practice including:
  - Face to face caseworker contacts with children, parents and resources parents
  - Monthly review of Safety Plans
  - 90-day Staffings
  - Enhanced Supervision Plans (ESPs)
  - Supporting Resource Parents through KEEP
  - Respite Care for Resource Parents
- Strategies pertaining to both CPS and foster care case practice:
  - Safety Decision Making.

Appendix A provides detailed Implementation Plans pertaining to the core strategies identified below, unless otherwise noted.

### **1. Statewide Assessment**

ODHS partnered with Human Services Group (HSG) in 2025 to conduct a statewide assessment of safety practice. HSG made a set of recommendations pertaining to screening and investigations, safety and risk decision-making, continuous quality improvement (CQI) and communications. These recommendations informed the development of [ODHS' Safety Action Plan](#), which is being implemented now.

### **2. High Quality Screening**

As detailed in ODHS' Safety Action Plan, ODHS is implementing several strategies with the goal of ensuring timely and accurate screening decisions on calls coming

into the hotline. Strategies that are being developed and implemented in 2026 include:

- Developing a new quality assurance (QA) tool to build a consistent, data-informed approach that enhances decision-making and promotes child safety. The QA tool integrates the CPS Fidelity Review and Screening QA processes to inform quarterly QA reviews and Continuous Quality Improvement action plans. The tool, completed in 2025, includes screening and CPS reviews and is being implemented in 2026.
- Updating ODHS' structured decision-making (SDM) tool in order to improve decision accuracy and statewide consistency. Updates to the SDM tool and a new Interrater Reliability (IRR) structure will be finalized in 2026. In 2027, baseline IRR data and biannual reviews will track consistency in screening decisions, collateral contact rates, and regional alignment.
- Implementing review, evaluate, direct (RED) teams that will reduce variability, ensuring that decisions are grounded in data, guided by best practices and informed by multi-disciplinary practices.
  - "Review" phase emphasizes gathering relevant case information, research and contextual factors.
  - "Evaluate" phase centers on analyzing the information through a trauma-informed, equity-focused lens.
  - "Decide" phase ensures that final decisions are transparent, defensible, and aligned with agency values.

### 3. Timely CPS Assessments

As detailed in ODHS' Safety Action Plan, ODHS is implementing several strategies in order to increase the proportion of assessments that are completed within the required 60 days. This includes the following action items:

- **Overdue assessment plans:** In 2025, leaders in districts with the highest number of overdue assessments developed strategic action plans. These included adjusting staffing ratios to better support CPS caseloads, analyzing data to identify operational efficiencies, and setting clear accountability targets. To further support districts through improved data literacy, ODHS has implemented data tutorial videos and weekly and monthly data analysis, and improved accessibility to data through real-time operational

dashboards. These strategies have since been implemented across ODHS District offices.

- **Real-time documentation:** Supervisors are supporting staff in documenting case activity as close to the time of contact as possible, ideally on the same day. This improves child safety, enhances accuracy, supports continuity, and increases accountability. A data report for real-time documentation was developed and shared with supervisors and leaders to track successful implementation of this strategy.
- **Reducing technical barriers:** ODHS is streamlining data entry systems to make documentation more efficient and adding alerts to prompt staff about upcoming deadlines.
- **Decreasing calls on open assessments:** A root cause analysis is underway to determine how to reduce additional reports during open assessments through safety management.
- **Align multi-disciplinary team charter:** To prevent delays caused by coordination gaps, ODHS is updating agreements, roles and responsibilities with law enforcement and other partners to improve system alignment.

#### 4. Safety Decision-Making

Providing training, supervision, oversight and quality assurance of safety decision-making is one of ODHS' most critical responsibilities. As detailed in ODHS' Safety Action Plan, ODHS is implementing several key strategies designed to help staff make sound safety decisions, address risk and safety concerns effectively and improve safety planning.

ODHS is implementing a new Supervisor Safety Plan Review Calibration Tool to support approval of consistent and high-quality safety plans. ODHS is also building an inter-rater reliability structure to support enhanced and consistent safety decision-making. The Calibration Tool will be finalized for statewide rollout in 2026, with a sustainability plan for local offices. Success will be tracked through tool adoption, baseline and quarterly reviews of safety plans using the Permanency Quality Assurance Reviews tool, and improved alignment in supervisory decision-making.

In November of 2025 ODHS central office provided an update to CW District Managers and Program Managers on current safety work and upcoming changes, including a review of Critical Safety Points within a case. Emphasis was placed on how we maintain safety while progressing toward stability and permanency in both in-home and out-of-home cases. A review training was provided that focused on safety decision-making throughout the journey of a case. This review highlighted critical safety decision points that support safety, stability and prevent maltreatment in care such as confirming the environment in which a child is living is safe.

Tools that support high quality safety decision making are being updated. These tools include face to face contact guides; case note templates for caseworkers to use to prepare and document contacts with children, parents/caregivers, and resource parents; 90-day staffing guide and case note template for supervisors; and a safety plan review guide. Implementation of support and tools takes place in Q2 of 2026.

### **5. Face-to-Face Visits with Children, Parents, and Resource Parents**

Caseworkers having monthly face-to-face contacts with children, parents and resource parents is an essential strategy for assessing safety and risk. ODHS is implementing a plan in 2026 to increase and sustain timely and high-quality contacts (see Appendix A for these Implementation Plans). This plan includes the following action items:

- Reviewing and updating the current face-to-face contact guides for caseworkers;
- Integrating the face-to-face contact guides with other safety decision making tools for staff;
- Implementing a communications plan to staff about these tools;
- Developing and implementing a new train-the-trainer model on these tools;
- Monitoring practice through Permanency Quality Assurance Reviews, which are conducted by program consultants in partnership with local office leaders to see if this practice is occurring when and how it should and collaborating to address challenges;

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- Closely monitoring data on caseworker face-to-face contacts with children, parents and resource parents by district;
- Providing targeted technical assistance to districts with lower performance; and
- Including this practice as a standing item on local district management team meeting agendas.

In addition to the above pertaining to caseworker monthly contacts, ODHS has implemented a new requirement that resource home certifiers must visit resource homes every 90 days. This requirement went into effect as of January 1, 2026. (Previously, certifiers were required to visit resource homes every 6 months.)

## **6. Monthly Safety Plan Reviews**

Safety plans are key to ensuring safety for children and supporting the family and their team in understanding how to manage safety. They are required to be updated on a monthly basis and/or when there is a change in family circumstances.

A safety plan identifies any safety threats, documents how the safety threat is currently operating in the family and what the plan is to manage the safety threat, including who will be doing what as a safety provider. If the child is placed out of their home, the plan also contains the conditions that need to be present for the child to return home and which of those conditions are met or not met.

A safety provider (also known as a Safety Service Provider) is a temporary, approved individual who directly helps control and manage specific safety threats to a child when the parent cannot do so on their own. This role exists only as long as the safety threat requires it and only while the person remains suitable and able to carry out the responsibilities. Safety Service Providers may include In-home safety and reunification service (ISRS) contracted providers or extended family members (e.g., grandparents, aunts/uncles), close family friends, community members trusted by the family, faith community members, etc.

In 2026, ODHS is implementing a plan (see Appendix A) to support timely and high-quality monthly safety plan reviews that include the following action items:

- Updating ODHS safety plan review guide and related procedure;
- Conducting a quality assurance review of all safety plans and a focused review of in-home safety plans for children 0-12 months;
- Developing and implementing a Supervisor Safety Plan Review Calibration Tool to support approval of consistent and high-quality safety plans;
- Developing and implementing a communication and training plan for supervisors and Coaching & Training Specialists (CTS) to use tools and resources;
- Developing and conducting an evaluation regarding the use of the Calibration Tool and the safety plan guide;
- Monitoring safety plan review data statewide and by district and providing targeted technical assistance to districts with lower performance; and
- Including this practice as a standing item on local district management team meeting agendas.

## **7. 90-day Staffings**

In addition to monthly face-to-face contact with children, parents and resource parents and monthly safety plan reviews, 90-day staffings provide another important opportunity to assess safety and risk and take necessary actions. These staffings are internal ODHS meetings that include the caseworker, supervisor and may include a program consultant.

In 2026, ODHS is implementing a plan (see Appendix A) to support timely and high quality 90-day staffings that includes the following action items:

- Updating the case note template for documenting quality 90-day staffings;
- Updating the 90-day staffing tool and procedure;
- Implementing statewide communications plan regarding tools, templates and expectations for 90-day staffings;
- Closely monitoring 90-day staffing data statewide and by district;
- Sending targeted monthly email to all districts with 90-day staffing data;
- Providing technical assistance to districts with lower performance;

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- Monitoring practice through Permanency Quality Assurance Reviews, which are conducted by program consultants in partnership with local office leaders to see if this practice is occurring when and how it should and collaborate to address challenges; and
- Implementing a standing agenda item for local district office management team meetings focused on 90-day staffings.

### **8. Enhanced Supervision Plans**

Enhanced Supervision Plans (ESPs) are required to be developed within 30 days for children who are identified with high needs based on the Child and Adolescent Needs and Strengths (CANS) screening tool. This screening is conducted by ODHS nurses from the Health and Wellness team. An ESP is a plan for the resource parent to know what works best for meeting the specific needs of the child in their care based on the information in the CANS assessment. It describes the specific needs of the child, strategies that support the child being safe and stable, and is updated as the needs of the child change. Improving the timeliness of ESPs provides the resource parents with critically prompt support and guidance in meeting the complex needs of children placed in their care.

In 2026, ODHS is implementing a plan (see Appendix A) to enhance this area of practice that includes the following action items:

- Clarifying protocols pertaining to caseworker notification of screening results;
- Clarifying the role of resource home certifiers in helping caseworkers develop and implement ESPs;
- Implementing communications to staff regarding ESP expectations and tools statewide;
- Monitoring of ESP data statewide and by district;
- Sending monthly emails to districts with ESP data;
- Providing targeted technical assistance to districts with lower performance; and
- Including this practice as a standing item on local district management team meeting agendas.

### **9. Supporting Resource Parents through KEEP**

KEEP (Keeping Foster and Kin Parents Supported and Trained) is an evidence-based program that provides foster and kinship parents with structured training and ongoing coaching in effective parenting strategies to reduce children's behavioral challenges, strengthen placement stability, and improve permanency outcomes. Increasing resource parent participation in the KEEP program can help reduce maltreatment in care by equipping caregivers with effective behavior management strategies, emotional support and stress-reduction tools. As parents gain confidence and skills, they build stronger relationships with children, experience less burnout, and respond more constructively to challenges. This leads to improved child behavior, fewer placement disruptions, and ultimately a lower risk of maltreatment in foster care settings.

ODHS is implementing a plan in 2026 to ensure that staff and resource parents are aware of the opportunity to participate in KEEP (see Appendix A for this Implementation Plan). This plan includes the following action items:

- Sending a monthly email to resource home certifiers about the KEEP enrollment and referral process;
- Reviewing and correcting Resource Parent information in the FETCH database monthly;
- Presenting KEEP at Certification, CPS and Permanency meetings;
- Tracking and reviewing KEEP outreach efforts and results.

### **10. Respite Care for Resource Parents**

Respite care provides resource parents with temporary relief from the demands of caregiving, helping reduce stress, burnout, and emotional fatigue. This support strengthens their capacity to provide consistent, nurturing care, which in turn lowers the risk of maltreatment in care settings. By offering safe, short-term care for children, respite also promotes emotional regulation and stability, improving outcomes for both children and caregivers. Over time, respite care contributes to stronger family bonds, greater foster parent satisfaction, and more stable placements—key factors in preventing maltreatment and ensuring safer, more supportive environments for children in foster care.

ODHS is implementing a plan in 2026 (see Appendix A) to ensure that staff and resource parents are aware of and using respite services as needed. This plan includes the following action items:

- Distributing a postcard to inform families and resource homes about respite care availability and benefits;
- Re-launching a short social media video to raise awareness about respite care services and how families can access them through Every Child;
- Sending a quarterly email update to staff about respite care resources and utilization trends; and
- Tracking and reviewing all pending respite care applications to ensure timely processing and identify any delays or barriers.

## VIII. Re-entry into care

### A. Background and Requirements

Foster care re-entry refers to a situation in which a child who was previously removed from their home, placed in foster care, and then reunified with their parent(s) or caregiver(s) later returns to foster care after reunification has already occurred.

Figure 12 provides the Neutral’s measurement specifications pertaining to this Category of the Collaborative Agreement.

<b>Figure 12: Section 2.2 Re-Entry Rate for Children in Care</b>	
<b>Initial Review by the Neutral July 29, 2025, As Amended April 15, 2026</b>	<b>Measurement Specifications</b>  <b><u>Initial Review by the Neutral</u></b> <b>July 29, 2025, As Amended April 15, 2026</b>
Measurement 4: Rate of Re-entry to	4. The method for assessing progress toward the Ultimate Outcome will be the federal CFSR Round 4 methodology: Of all children who exit foster care

Foster Care	in a 12-month period to reunification, living with relatives, or guardianship, the percentage who reentered care within 12 months of their discharge. The Denominator is the number of children in a 12-month period who discharged to reunification, living with relatives, or guardianship. The Numerator is the number of children in the Denominator who reenter foster care within 12 months of their discharge. Because this is a lag measure, the initial period under review for the purposes of establishing a baseline will focus on children who exited care between October 1, 2023, and September 30, 2024, and annually thereafter.
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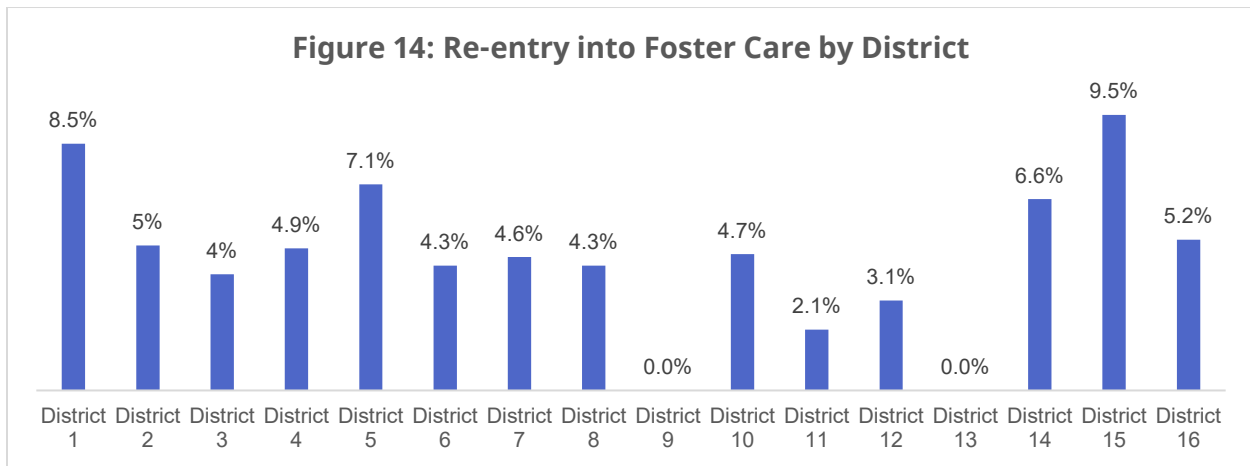
## B. Performance

As shown in Figure 13 below, ODHS’ baseline rate of re-entry is 5.7%, which is almost meeting the Collaborative Agreement target of 5.6%.<sup>32</sup>

<b>Figure 13: Rate of Re-Entry</b>					
<b>Measure-ment #</b>	<b>Measure</b>	<b>Baseline year</b>	<b>Baseline Year Performance</b>	<b>Ultimate Outcome</b>	<b>Timeline</b>
<b>Category 2: Rate of Re-Entry for Children in Care</b>					
4	Re-entry	Children who left care 10/1/23-9/30/24	5.7%	5.6% or fewer	Achieve by 9.30.28 and sustain for three years

<sup>32</sup> ODHS’ public Federal Performance dashboard previously reported re-entry rates around 8%. This calculation included children who left care and re-entered within 6 and 12 months. However, the Federal methodology excludes children who left and re-entered within 6 months. Using the federal methodology, ODHS’ performance is 5.7 % as shown in Figure 13. ODHS identified this issue in its March 7, 2025, letter to the Neutral and provided a detailed memo to the Neutral on April 20, 2025.

Figure 14 below shows re-entry rates by District.<sup>33</sup>



### C. Efforts

Many of the Efforts described in detail above in the Maltreatment in Care (MIC) section are also applicable to Efforts to reduce re-entry. This includes ODHS's Efforts pertaining to:

- Face-to-face contact with children, parents and resource parents;
- Monthly Safety Plan reviews;
- 90-day staffings; and
- Safety Decision-Making.

Implementing timely and high-quality contacts with children, parents and resource parents helps inform ongoing assessments of safety and the need for additional services and supports. Conducting monthly safety plan reviews and 90-day staffings ensure that caseworkers and supervisors are reviewing, discussing and taking steps to address safety concerns, tracking progress on identified issues and identifying the need for additional services and supports. All these activities inform safety decision-making and inform ODHS' recommendations to the court regarding reunification. As such, these Efforts contribute to improved decision-making pertaining to safety and permanency and thereby may contribute to reductions in re-entry. It is also understood that these strategies are not

<sup>33</sup> Collaborative Agreement Dashboard. Downloaded March 16, 2026.

determinative, given that families' circumstances can change after being reunified and the case is closed with ODHS.

In addition, ODHS is developing additional procedures and practice tools to support children and families in a successful transition from foster care to returning home. These tools are being developed with community, lived experts, resource parents and staff. We have drafted the procedure and practice tools and are reviewing and refining them in CY 2026 Q2. ODHS will develop an implementation plan in Q2 and Q3 with implementation beginning in Q4 of 2026. This work addresses MIC and re-entry by supporting sufficient safety planning in-home after foster care.

All the work referenced above (improving face-to-face contacts, safety plan reviews, 90-day staffings, etc.) also focuses on practice when children are living at home on Trial Home Visits (THVs) with the goal of avoiding re-entry.

## IX. Timely Initial Case Plans

### A. Background and Requirements

A case plan, also called a "Family Report" (form 2873) in Oregon, is a critical document that provides the road map for families and Child Welfare staff. This plan describes how and why Child Welfare became involved with the family and identifies the necessary steps to achieve safety, permanency, well-being and case closure. By statute, initial case plans are required to be developed within 60 days of a child entering foster care. For children in In-Home cases, per Oregon Administrative Rule (OAR), case plans are to be developed within 60 days of completion of the assessment.

Figure 15 provides the Neutral’s measurement specifications pertaining to this Category of the Collaborative Agreement.

<b>Figure 15: Section 2.3 Timeliness of Initial Case Plans</b>	
<b>Initial Review by the Neutral July 29, 2025, As Amended April 15, 2026</b>	<b>Measurement Specifications</b>  <b><u>Initial Review by the Neutral</u></b> <b>July 29, 2025, As Amended April 15, 2026</b>
Measurement 5: Timely Case Plans	<p>5. It is a federal requirement that initial case plans should be completed within 60 days of a child’s placement in foster care. Each case plan is the “road map” for families and the system, identifying the necessary steps toward family reunification and case closure. The method for assessing progress toward the Ultimate Outcome will be the percentage of children entering care during the 12-month period who were due to have a completed case plan and had a completed plan within 60 days of entry. The Timeliness of case plans is measured in accordance with policy allowing up to 60 days to complete a child and family’s case plan. For this reason, data for this measure will be reported with a 60-day lag. A case plan must be signed and dated by the supervisor to be considered complete. The Denominator is all children who enter care during the period and remain for at least 60 days, and the Numerator is those children who remain in care for 60 or more days following their entry into care and have a completed case plan within 60 days. The methodology shall be the same that ODHS uses to calculate and report performance in its current 2025 monthly “Child Welfare Division Progress Report to the Governor,” available on the ODHS website. To establish a baseline, the initial period under review will be January 1, 2025, to December 31, 2025, and annually thereafter from January 1st to December 31st.</p>

## B. Performance

As shown in Figure 16 below, 81.1% of children entering foster care and in-home cases where ODHS has legal custody during CY 2025 had an initial case plan completed within 60 days of entering care (Measurement 5).

**Figure 16: Timeliness of Initial Case Plans**

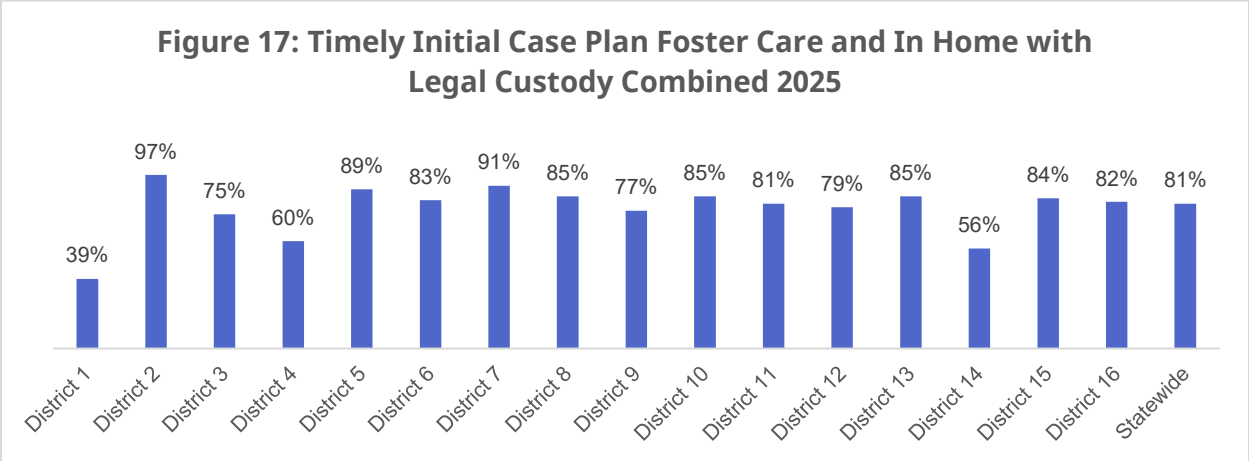
Measure -ment #	Measurement	Baseline year	Baseline Year Performance	Ultimate Outcome	Timeline
<b>Category 3: Timeliness of Initial Case Plans for Children in Care</b>					
5	Percent of children that have an <b>initial case plan</b> completed within 60 days of entering care	1/1/25 - 12/31/25	All 81.1% FC 80.6% IH 83.4% <sup>34</sup>	90%	Achieve by 4.1.28 and sustain for 3 years

ODHS has made significant progress on the completion of timely case plans for children entering foster care in recent years, increasing from 39.5% in 2021 to 81% in 2025.<sup>35</sup> One of the main identified barriers to completing timely case plans was a technical barrier. The case plan and court report were two different documents located in two different places. A cross-system workgroup created one document that fulfills all requirements for both purposes, and the technical team built the form into the information system. Training was developed and rolled out statewide, and the performance data is reviewed with local leadership teams monthly.

<sup>34</sup> In-Home (IH) cases include children in the legal but not the physical custody of ODHS.

<sup>35</sup> Source: CW FC 1026-S. Downloaded March 9, 2026.

Figure 17 below shows performance statewide and by District on timely case plans for children in foster care and for whom ODHS has legal custody entering In Home cases in CY 2025.



### C. Efforts

ODHS is implementing a range of strategies to further increase and sustain performance on timely case plans as described below (see also Appendix A for the Implementation Plan).

#### 1. Permanency Strategy Team

As described in the overview section of this report, in January 2025, ODHS established a Permanency Strategy Team that meets bi-weekly to:

- review data, policy and protocols pertaining to practice with children and families in in-home and foster care cases
- Identify best and promising practices
- identify, drive, coordinate and track program and practice improvement strategies.

This team has developed and is working with districts to implement strategies to improve case plan timeliness. This team is tracking the data on a regular and ongoing basis.

## **2. Monitoring Practice Statewide and by District**

ODHS has a data dashboard that provides performance on case plan timeliness statewide and by district. These dashboards are accessible to all Child Welfare managers in real time. In addition, monthly PDFs of these dashboards are sent via email to District Managers (DMs) and performance is reviewed and discussed in monthly meetings with the DMs. Local district office management team meetings are implementing a standing agenda item focused on the timeliness and quality of case plans.

## **3. Timely Case Transfer from CPS to Caseworker**

Utilizing a consistent, timely process to transfer cases from CPS to Permanency caseworkers improves how quickly children receive their initial case plans. Prompt transfers allow caseworkers to engage families earlier, assess needs more effectively and develop clear plans that outline expectations, services and timelines. This early planning supports better coordination, strengthens family engagement, and ensures children receive the right services at the right time, ultimately promoting stability, safety, and progress toward permanency.

Fidelity to the current process is being supported with technical assistance in the lowest performing districts: D1, 4, 6, and 14. The current transfer process is outlined in the procedure manual and associated tools are on the OWL (ODHS' internal website and central repository for a range of tools and information) and in the procedure manual appendix. Program consultants as well as local office meeting facilitators help supervisors and staff transfer cases according to the outlined process.

There is currently a review underway of the current process to identify efficiencies and places in the process that could be clarified such as using service referrals as a clear indicator that a safety threat has been identified and the case needs to move to permanency for sufficient and consistent safety management. In CY 2026 Q2, a train-the-trainer will be developed and then implemented in Q3.

## **4. Case Plan Reminder System**

In addition to a tickler system already in place within the OR-Kids system,

caseworkers and supervisors will be adding case plan due dates to workers' calendars during the Preparation meeting (in which CPS and Permanency come together to discuss the case and initiate the transfer process). This creates a clear, time-bound accountability structure that drives timely action. By setting expectations early and integrating deadlines into daily workflows, staff are better equipped to prioritize case planning tasks and avoid delays. This proactive scheduling ensures that children entering care receive case plans more quickly—outlining expectations for families, needed services, and timelines—ultimately improving coordination, engagement, and progress toward permanency. Districts 1, 4, 6 and 14 implemented this approach and it was then rolled out to all Districts in 2025.

### **5. Aligning the Case Plan with the Court Report**

Using family reports at initial jurisdictional court hearings as well as ongoing hearings instead of creating a separate court document streamlines communication and reduces administrative delays. By integrating the case plan/family report into the court process, caseworkers save time and ensure that critical information—such as family strengths, needs, and service recommendations—is shared from the beginning of a case. This efficiency accelerates the development of initial case plans, allowing Child Welfare to more quickly outline expectations, services, and timelines for families. Ultimately, this leads to faster engagement, clearer planning, and improved outcomes for children entering care.

Many districts in the state already use the case plan/family report as the report for the initial jurisdictional court hearing. ODHS continues to partner with the Juvenile Court Improvement Project (JCIP) to ensure that judges and Citizen Review Boards are seeing the information they need documented in the case plan/family report.

### **6. Monitor Progress through Fidelity Reviews**

Permanency Fidelity Reviews are conducted by ODHS Central Office Program Consultants in partnership with local district office leaders. They review items related to managing safety and case planning. This review includes timeliness of initial case plans and the quality of those case plans. The results of the reviews are

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shared with the local office to support identifying strengths and gaps in case practice and family engagement. The local office may then develop plans to address those gaps. Case planning activities are the focus of these reviews.

## X. Medical and Mental Health Assessments

### A. Background and Requirements

When children enter foster care, they are to receive an initial nursing assessment within 10 days and medical and age-appropriate mental health assessments within 60 days.

Figure 18 provides the Neutral’s measurement specifications pertaining to this Category of the Collaborative Agreement.

Figure 18: Section 2.4 Medical and Mental Health Assessments	
Initial Review by the Neutral July 29, 2025, As Amended April 15, 2026	Measurement Specifications  <a href="#">Initial Review by the Neutral July 29, 2025, As Amended April 15, 2026</a>
Measurement 6: Nursing Assessments	<b>6: Nursing Assessments</b> - The method for assessing progress toward the Ultimate Outcome will be the percentage of children entering substitute care during the period (the calendar year) who receive a complete ODHS nursing assessment within 10 days of entry into substitute care, excluding children who enter and exit substitute care within 10 days, during the 12-month period. The Denominator is all children who enter substitute care during the calendar year and remain for at least 10 days. The Numerator is all children who enter substitute care during the calendar year and receive a complete ODHS nursing assessment within 10 days of entry to substitute care. To establish a baseline, the initial period under review will be January

<b>Figure 18: Section 2.4 Medical and Mental Health Assessments</b>	
<b>Initial Review by the Neutral July 29, 2025, As Amended April 15, 2026</b>	<b>Measurement Specifications</b>  <b><u>Initial Review by the Neutral</u></b> <b>July 29, 2025, As Amended April 15, 2026</b>
	1, 2025, to December 31, 2025, and annually thereafter from January 1st to December 31st.
Measurement 7: Mental Health Assessments	<b>7: Mental Health Assessments</b> - The method for assessing progress toward the Ultimate Outcome will be the percentage of children aged 3 years and older who enter substitute care and receive age-appropriate mental health assessments within 60 days of entering substitute care. The Denominator is all children aged 3 years and older who enter substitute care during the period (the calendar year) and remain for at least 60 days, and the Numerator is those children who remain in substitute care for 60 or more days following their entry into substitute care and received a completed age-appropriate mental health assessment within 60 days of entry. To establish a baseline, the initial period under review will be January 1, 2025, to December 31, 2025, and annually thereafter from January 1st to December 31st.
Measurement 8: Complete Medical Assessments	<b>8: Complete Medical Assessments</b> - The method for assessing progress toward the Ultimate Outcome will be the percentage of children who receive a complete medical assessment with a primary health provider (PHP) within 60 days of the child entering substitute care. The Denominator is all children who enter substitute care during the period and remain for at least 60 days, and the Numerator is those children who remain in substitute care for 60 or more days following their entry into substitute care and had a complete medical assessment with a PHP within 60 days of the child entering substitute care. To establish a baseline, the initial period under review will be January 1, 2025, to December 31, 2025, and

<b>Figure 18: Section 2.4 Medical and Mental Health Assessments</b>	
<b>Initial Review by the Neutral July 29, 2025, As Amended April 15, 2026</b>	<b>Measurement Specifications</b>  <a href="#"><u>Initial Review by the Neutral July 29, 2025, As Amended April 15, 2026</u></a>
	annually thereafter from January 1st to December 31st.

## B. Performance

Figure 19 below shows ODHS performance related to mental health and medical assessments.

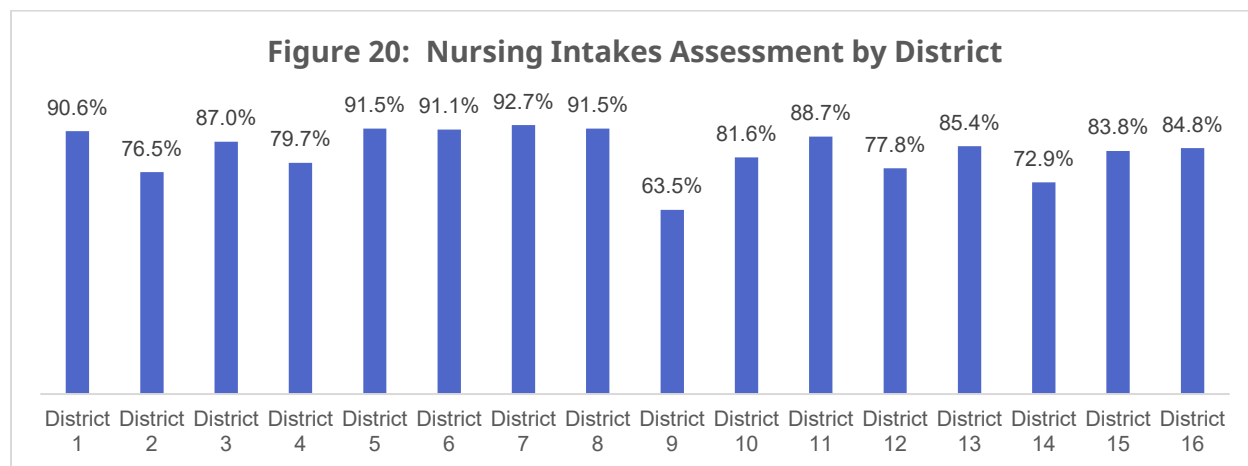
<b>Figure 19: Mental Health and Medical Assessments</b>					
<b>Measure - ment #</b>	<b>Measure</b>	<b>Baseline year</b>	<b>Baseline Year Performance</b>	<b>Ultimate Outcome</b>	<b>Timeline</b>
<b>Category 4: Timeliness to Complete Professional Mental Health and Medical Assessments and Services</b>					
6	Percent of children entering substitute care who receive a nursing assessment within 10 days of entering substitute care	Calendar year 2025	80.6%	90%	Achieve by December 31, 2028, and sustain for three years
7	Percent of children aged 3 years and older entering substitute care who receive an age-appropriate mental health assessment within 60 days of entering substitute	Calendar year 2025	88%	90%	Achieve by December 31, 2029, and sustain for three years

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	care				
8	Percent of children entering substitute care who receive a complete medical assessment from a primary health provider within 60 days of entering substitute care	Calendar year 2025	75%	90%	Achieve by December 31, 2029, and sustain for three years

Figure 20 below shows Oregon performance on timely nursing assessments statewide and by district.<sup>36</sup>



<sup>36</sup> Collaborative Agreement Dashboard. Downloaded March 10, 2026.

Figure 21 shows ODHS performance on timely mental health assessments statewide and by district.<sup>37</sup>

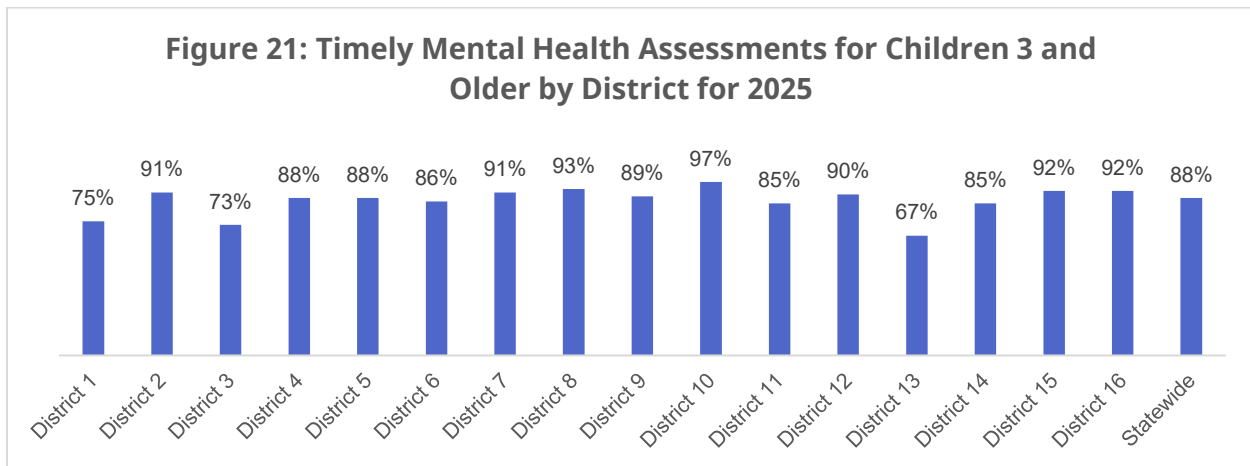
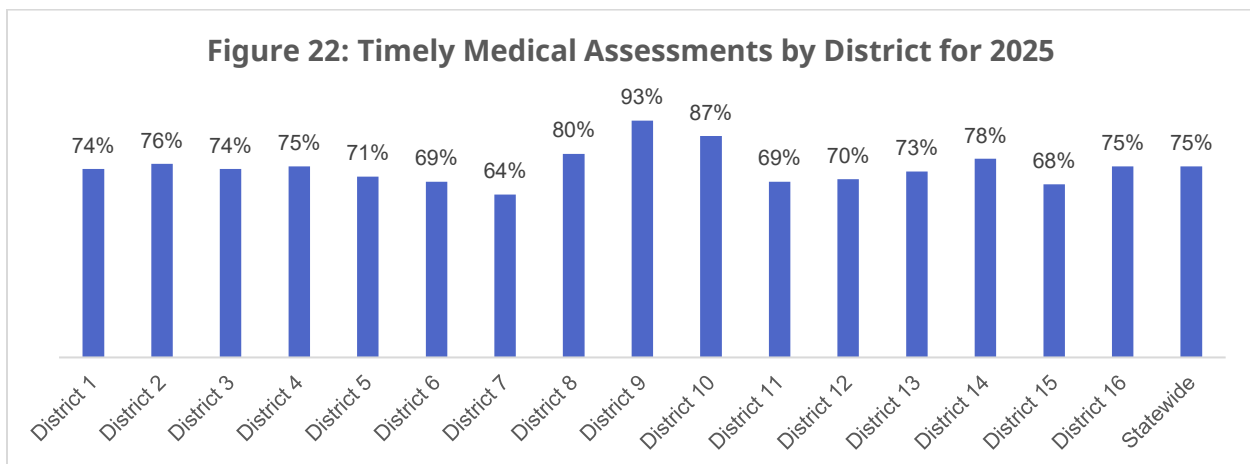


Figure 22 shows ODHS performance on timely medical assessments statewide and by district.<sup>38</sup>



## C. Efforts

### 1. Reduce Time to Complete Nursing Assessment

The ODHS CW nursing team assessed root causes and resources to improve the Measurement of nursing assessments being completed within 10 days of

<sup>37</sup> Collaborative Agreement Dashboard. Downloaded April 1, 2026.

<sup>38</sup> Collaborative Agreement Dashboard. Downloaded April 1, 2026.

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placement. The primary barrier to completing nursing assessments within 10 days is not having placement data entered timely. Currently, roughly 50 percent of initial placements are entered more than three days after a child enters care, making it difficult for nursing staff to get assignments and complete assessments on time. ODHS is implementing a plan (see Appendix A for detail) including the following strategies:

#### **A. Mandatory Real-Time Documentation Protocol**

Child Welfare has implemented a mandatory real-time documentation protocol for all casework staff. Timely placement entry is included in the Caseworker Toolkit for Real-Time Documentation. The guidance identified as a priority for staff is “ensure any initial placements or placement changes are entered the day they occur”. Tools and tips are included and performance is tracked. With support and attention from program and district leadership and new tools like more accessible mobile options for entering information, the number of initial placements entered within three days is rising. Timely placement entry will also help achieve timely medical and mental health assessments (see section below).

#### **B. Referral Desk**

In fall 2025, the nursing program created a referral desk to more efficiently assign cases to nurses. All incoming placements now filter through one position, filled by three rotating staff who are trained to ensure workload is evenly distributed, preventing backlogs for individual nursing staff, and improving timeliness.

#### **C. Dashboard**

A new dashboard was created in 2025 that is regularly monitored by the nursing program manager and supervisors. The dashboard tracks:

- Initial placement entry
- Intake assessment days
- Initial medical eligibility
- Early intervention referral
- Intake assessment detailed data
- Initial medical eligibility detailed data
- Early intervention detail

In addition, a drop-down menu was added to be able to view assessment timeliness by individual nursing staff. The nursing program manager can now track placement entry, referral and assessment timeliness by individual nurse and local office to assess problem areas and provide coaching with local offices and/or nurses to improve problem areas.

## **2. Mental Health and Medical Assessments within 60 days of entering care**

ODHS works closely with the Oregon Health Authority (OHA) to ensure children in foster care receive timely mental health and medical assessments. A work group of ODHS and OHA staff determined that a core opportunity to improve timeliness was the fact that notifications of children being placed in care were being provided by ODHS to OHA on a weekly basis. Changing this from weekly to daily would enable the CCOs to more immediately begin scheduling children for assessments and services. In addition, eligibility determination times can further delay timely assessments. ODHS is implementing an improvement plan (see Appendix A for detail) including the following strategies:

### **A. Notification of Enrollment to CCOs**

A team of ODHS and OHA technical staff worked to change the transfer process to a daily update. This was successfully piloted with four CCOs in September 2025 and rolled out to all CCOs on November 1, 2025. This data will be monitored to track improvement over time.

### **B. Eligibility Determination Improvement**

A work group co-led by the ODHS nursing program manager and federal policy program analyst convened in 2026 to determine how to shorten eligibility determination to three days. They have mapped the process and are currently assessing barriers and developing recommendations.

### **C. Developmental Screening Program**

ODHS formed a Developmental Screening Team (DST) in July 2025 to centralize implementation of the Early Intervention (EI) referral process. The nursing team now manages the EI referral process to ensure consistent

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implementation. The DST also began to administer the Ages and Stages Questionnaire, a developmental screening tool which assists with monitoring children's social-emotional development and identifying potential social or emotional issues. These questionnaires are conducted every six months until a child turns 5.5 years old. Early Intervention helps identify and address developmental, emotional or social issues early on to be able to provide appropriate services and prevent escalation of issues over time.

**D. Increase Technical Assistance to CCOs, Providers and Other Partners**

CCOs must ensure that children in ODHS custody receive physical, mental and dental health assessments in a timely way. OHA conducted a needs assessment with CCOs in January-March 2025, documenting challenges and areas for improvement in providing medical, dental and mental health services to children in ODHS substitute care. In partnership with ODHS, OHA conducted two learning webinars for CCOs, providers, CACs, ODHS District Managers, and dental care organizations in September and October 2025. OHA met with each CCO in early 2026 to assess progress and identify priority topics for a learning series with the goal of improving timeliness of assessments on the CCO side and sharing best practices.

In 2026, OHA is hosting a 6-part, monthly technical learning series for CCOs, Dental Care Organizations, providers and ODHS managers and staff to work together to improve performance on this metric. Each session includes (1) targeted TA and tools aligned with session goals, (2) peer sharing by CCOs and providers doing work in each topic area, and (3) a shared document or whiteboard to capture examples, tools and practices in real time. A contractor was selected and the series launched in March 2026.

## XI. Placements and Services

### A. Background and Requirements

Figure 23 provides the Neutral’s measurement specifications pertaining to this Category of the Collaborative Agreement.

<b>Figure 23: Section 2.5 Placements and Services</b>	
<b>Initial Review by the Neutral July 29, 2025, As Amended April 15, 2026</b>	<b>Measurement Specifications</b>  <b><u>Initial Review by the Neutral</u></b> <b>July 29, 2025, As Amended April 15, 2026</b>
Measurement 9: Appropriateness and Quality of Placements	9. The method for assessing progress will be the CFSR Round 4, Item 4 qualitative case review methodology: 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)? The baseline for Measurement 9 shall be the strength rating established as part of Oregon’s CFSR Round 4 case review using the sampling methodology set forth in Oregon Round 4 Case Sampling Methodology, attached, with reviews from November 2024 through February 2025. The annual period under review will be the federal fiscal year—October 1 <sup>st</sup> to September 30 <sup>th</sup> unless otherwise agreed to in writing by the Neutral...
Measurement 10: Physical Health Needs	10. The method for assessing progress will be the CFSR Round 4, Item 17 qualitative case review methodology: Did the agency address the physical health needs of children, including dental health needs? The baseline for Measurement 10 shall be the strength rating established as part of Oregon’s CFSR Round 4 case reviews using the sampling methodology set forth in Oregon Round 4 CFSR Case Sampling Methodology, attached, with reviews

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	<p>from November 2024 through February 2025.</p>
<p>Measurement 11: Mental/Behavioral Health of the Child</p>	<p>11. The method for assessing progress will be the CFSR Round 4, Item 18 qualitative case review methodology: Did the agency address the mental/behavioral health needs of children? The baseline for Measurement 11 shall be the strength rating established as part of Oregon’s CFSR Round 4 case reviews using the sampling methodology set forth in Oregon Round 4 CFSR Case Sampling Methodology, attached, with reviews from November 2024 through February 2025.</p>
<p>Measurement 12: Needs Assessment and Services for Children</p>	<p>12. The method for assessing progress will be the CFSR Round 4, Item 12(a) qualitative case review methodology: Did the agency make concerted efforts to assess the needs of and provide services to children, to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the child and family? The baseline for Measurement 12 shall be the strength rating established as part of Oregon’s CFSR Round 4 case reviews using the sampling methodology set forth in Oregon Round 4 CFSR Case Sampling Methodology, attached, with reviews from November 2024 through February 2025.</p>

## B. Performance

Figure 24 below presents ODHS’ performance on four CFSR case review items pertaining to placement stability, physical health needs, mental health needs and other child service needs.

<b>Figure 24: Appropriateness and Quality of Placements and Services</b>					
<b>Measure- ment #</b>	<b>Measurement</b>	<b>Baseline year</b>	<b>Baseline Year Performance</b>	<b>Ultimate Outcome</b>	<b>Timeline</b>
<b>Category 5: Appropriateness and Quality of Placements and Services for Children in Care</b>					
9	Percent of cases with a “strength rating” for CFSR Item 4: <i>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)?</i>	Round 4 results (Reviews conducted Nov 1, 2024–Feb 28, 2025, examining case practices occurring November 2023 - February 2024)	FC 83%	90%	Achieve by April 1, 2028, and sustain for three years.
10	Percent of cases with a “strength rating” for CFSR Item 17: <i>Did the agency address the physical health needs of children, including dental health needs?</i>	Same as above	All 75% FC 73% IH 100% <sup>39</sup>	90%	Achieve by April 1, 2028, and sustain for three years.
11	Percent of cases with a “strength rating” for CFSR Item 18: <i>Did the agency address the mental/behavioral health needs of children?</i>	Same as above	All 69% FC 67% IH 75% <sup>40</sup>	90%	Achieve by April 1, 2028, and sustain for three

<sup>39</sup> In-Home (IH) cases include children in the legal but not the physical custody of ODHS.

<sup>40</sup> In-Home (IH) cases include children in the legal but not the physical custody of ODHS.

					years
12	Percent of cases with a “strength rating” for CFSR Item 12a: <i>Did the agency make concerted efforts to assess the needs of and provide services to children, to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency’s involvement with the child and family?</i>	Same as above	All 82% FC 80% IH 92% <sup>41</sup>	N/A	Assessed annually

### C. Efforts

ODHS’ maintains a robust continuum of services and an array of placements for children and families to provide high quality supports toward the goals of achieving safety, permanency and well-being. The service array includes the following:

#### Services that Assess Strength and Needs

- Intake nursing assessment
- Child and Adolescent Needs and Strengths (CANS) screening
- Early Intervention Screening
- Periodic Ages and Stages Questionnaires (ASQ’s)
- Mental health screening
- Psychological evaluation
- Qualified Residential Treatment Program (QRTP) assessment
- Legal services
- Substance use assessment

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<sup>41</sup> In-Home (IH) cases include children in the legal but not the physical custody of ODHS.

- Behavior Rehabilitation Services (BRS) assessment and evaluation

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

- Parent Child Interaction Therapy
- Recovery Support Teams
- In-home nursing assessment
- Personal Care Services
- In-home Safety and Reunification Services
- Wraparound case management
- Shelter provision
- Family-based services
- Interpersonal/domestic violence services (services are available for survivors and abusers)
- Safe sleep bundle resource with infant sleep sack and crib
- Family Involvement Team
- Hands-on parenting training
- Parent mentor
- Youth mentor
- Individual and/or group mental health services
- Placement services
- Sexual offender treatment
- Long-term housing for youth receiving ILP services
- Response and Support Network
- Child Specific Caregiver Supports

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

- Parent Child Interaction Therapy
- Addiction Recovery Teams
- In-home Safety and Reunification Services
- Educational training to prevent disruption and promote stabilization
- Childcare
- Strengthening, Preserving, and Reunifying Families (SPRF)
- Plan of Care for infants with prenatal substance exposure
- Family Involvement Team (FIT) navigator

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- Housing navigator
- Short-term housing shelter
- Long-term housing
- Transitional housing
- Family Decision Meetings
- Parent education, coaching, and skills training

**Culturally Responsive Services**

- Across each of the areas above, ODHS contracts in local communities with organizations that deliver culturally responsive supports based on community needs.

Oregon’s children’s placement continuum includes the following:

<b>ODHS Child Welfare &amp; ODDS Administer</b>	<b>ODHS Child Welfare &amp; ODDS Administer</b>	<b>ODDS &amp; Oregon Health Authority Administer</b>
<b>Family Foster Care</b>	<b>Residential/Treatment Care</b>	<b>Highest Need Care</b>
<ul style="list-style-type: none"> <li>• Relative Foster Care</li> <li>• Non-Relative Foster Care</li> <li>• Tribal Foster Care</li> <li>• Family Shelter Care</li> <li>• ICPC Foster/Shelter Care</li> <li>• Family Group Home</li> <li>• DD Foster Care</li> <li>• Medical Care</li> <li>• BRS Proctor Care</li> </ul>	<ul style="list-style-type: none"> <li>• Enhanced DD Foster Care</li> <li>• DD Group Home</li> <li>• BRS Residential &amp; QRTP</li> <li>• Independent Living</li> </ul>	<ul style="list-style-type: none"> <li>• Stabilization and Crisis Unit (ODDS)</li> <li>• Psychiatric Residential</li> <li>• Sub-Acute</li> <li>• Acute (hospitals)</li> <li>• Secure Children’s Inpatient Program (SCIP)</li> <li>• Secure Adolescents Inpatient Program (SAIP)</li> </ul>

Oregon has made significant investments in the 2025-2027 budget including \$7 million in Family First Prevention Services to keep children safely at home and prevent the need for foster care placement; rate increases for Medicaid and Behavior Rehabilitation Service (BRS) providers in order to increase children’s

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access to these critical services; \$1.88 million to continue expanding and improving services at Psychiatric Residential Treatment Facilities for children with complex mental health needs (which is part of a total of \$10.4 million invested since 2018); and \$10 million in services to enhance placement stability and avoid the need for use of temporary settings. Recognizing the importance of coordination between the child welfare and mental health systems, the Governor's Office coordinates a Behavioral Health Initiative Subcabinet for Child Welfare and Youth Behavioral Health that meets regularly to identify and track a range of improvement initiatives.

ODHS and the Oregon Health Authority (OHA) are implementing a range of strategies to augment service and placement capacity in order to improve outcomes for children and families. These Efforts are described below.

### **1. Placement with Relatives**

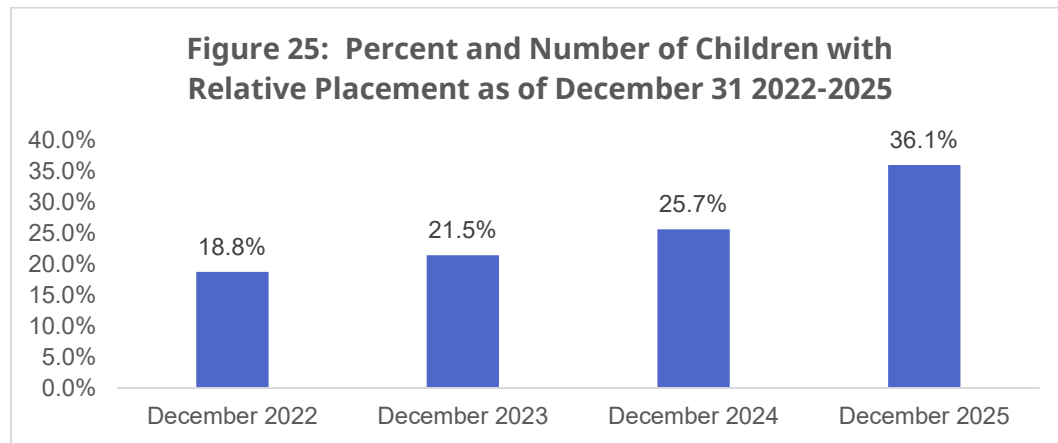
Relative placement is a priority in Oregon, recognizing the importance of maintaining a child's connection to family, culture, and community. Placing children with relatives supports continuity of identity and belonging while minimizing trauma associated with removal. Diligent efforts are required to identify, assess, and support relative caregivers early and throughout the life of the case.

ODHS utilizes a broad definition of "relative," which recognizes a wide range of close family and community ties. ODHS developed and implemented the Relative Pathway, a certification process that reduces barriers and supports potential relative caregivers in becoming certified resource parents, while ensuring they meet all safety and home study requirements. This approach was piloted in several districts and then scaled statewide in August 2025. ODHS is closely tracking relative placement statewide and by district.

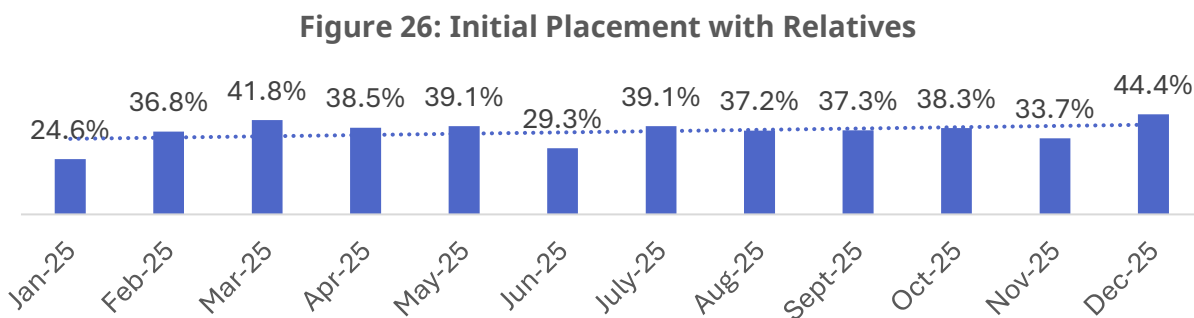
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As of December 31, 2025, 36.1% of all children in foster care were placed with relatives, increasing from 18.8% in 2022, as shown in Figure 25 below.<sup>42</sup>



ODHS has been focusing on increasing the proportion of children who are placed with relatives when they first enter foster care. As shown in Figure 26 below, the monthly proportion of children entering care who were immediately placed with a relative rose in 2025 from 24.6% in January to 44.4 percent in December and landing at a rate of 37.2% for the full year.<sup>43</sup>



As of February 1, 2026, ODHS launched two contracts for Family Search and Engagement services with two vendors, BGAID and GOBHI. These two organizations will conduct extensive family searches to locate relatives, create genograms, facilitate meetings and develop individualized engagement plans.

<sup>42</sup> Data from FC-1049-D Total Served in FC for one or more days in December 2025. Data pulled 3/9/2026.

<sup>43</sup> Source: ODHS District Dashboard, data pulled March 6, 2025, for the period between 1/1/2025 and 12/31/2025.

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BGAID is serving 60-75 cases per year in Western Oregon and Klamath/Lake Counties). GOBHI will serve 40-50 cases per year in Eastern Oregon. ODHS staff can make referrals to BGAID and GOBHI for these services. Referrals are prioritized based on the following factors:

- Client/youth in any substitute care setting who have been identified as having higher needs such as requiring BRS or QTRP services.
- Client/youth in non-relative care and who are within six to twelve (6-12) months of the date in which they entered substitute care and relative search efforts have been limited or need enhanced services to support engagement.
- Client/youth who are in non-relative care, who have been in substitute care for an extended period, and have no identified relative support or connections and ODHS diligent relative search efforts have not been successful.

The Statewide Diligent Relative Search Workgroup, which brings together all the Diligent Relative Search Specialists from across the state, started in 2021, meets monthly, and continues to update and develop tools and processes that support finding family to increase connections between children in foster care and their families.

In 2026, ODHS is advancing the work to increase placement with relatives through the following action steps (see Appendix A for Implementation Plan):

- Regularly reviewing placement with relatives data with district leadership;
- Implementing a communications plan for staff about the importance of relative engagement and placement;
- Tracking reasons why relatives are not approved for a temporary certificate for immediate placement;
- Convening CPS, Permanency and Foster Care Certification functions to identify and implement additional strategies to increase relative/kinship care;
- Reviewing implementation of new relative search contracts;
- Exploring kinship search and engagement models;
- Exploring implementation of a kinship exception request process.

## **2. Resource Parent Recruitment and Support**

As noted above, a priority for ODHS is placing children who need to enter foster care with relatives. When that cannot happen, ODHS needs a cadre of committed, well-trained and well-supported resource parents.

ODHS contracts with Every Child/The Contingent to generate inquiries, a.k.a. recruitment prospects, and provide a “warm handoff” to ODHS of those individuals who have been identified and have expressed interest in becoming resource parents.

ODHS is currently working with The Contingent to identify and implement steps to improve this area of practice. This will include work to review and improve the prospects provided by The Contingent to ODHS, and work to improve the certification process so that good prospects are effectively supported and do not drop out during the process. An important part of this work will also include leveraging existing resource parents to recruit from their own networks, which is known to be an effective approach.

ODHS also contracts with The Contingent to deliver resource parent support including the following:

1. **My NeighbOR** “mobilizes the community to meet the urgent and essential needs of resource families, youth in foster care, kinship families and families of origin who have an open child welfare case.” There is an online form where individuals and families can request support.
2. **Resource Parent Peer Mentorships.** This program pairs new resource parents with seasoned resource parents who provide mentoring and support.
3. **Foster Parents’ Night Out (FPNO).** This program mobilizes volunteers to provide respite care for hundreds of children.

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- 4. My Community.** This program “forms a team of 6-10 volunteers to surround resource families” with support. For example, these teams provide meals, assistance with laundry or yard work, words of encouragement, etc.

In 2026, ODHS is implementing the following action items (see Appendix A for Implementation Plan) pertaining to resource parent recruitment and support.

- Developing and implementing annual data-informed district retention and recruitment action plans;
- Collaborating with The Contingent to deploy their Ecosystem platform that provides data to inform the development of resource home recruitment targets;
- Sending quarterly communications about Resource Parent Customer Service training to all Child Welfare supervisors and case workers;
- Implementing a technology solution to provide visibility into each step of the certification process;
- While we are awaiting the implementation of the new technology solution described above, we have implemented a business process in the meantime to track applicants;
- Ensuring that resource parents are aware of the opportunity to participate in KEEP, an evidence-based support and skill enhancement program for resource and relative resource parents, as described above;
- Ensuring that resource parents are aware of the wide range of supports available through Every Child (affiliates of the Contingent); and
- Delivering a new training series designed to strengthen how child welfare professionals support resource parents through effective customer service. Each module builds skills and understanding to better engage, communicate with, and include resource families in meaningful ways.

### **3. Referral Checklist**

To improve the consistency of referrals for medical and mental health assessments and services, CW is working to incorporate a checklist into the 90-day staffing guidance used by caseworkers and supervisors. We will be updating the checklist to include assessment and referral components as a part of the larger quality improvement effort to enhance the 90-day staffing process. Using a shared tool

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helps teams confirm that medical and mental health assessments are initiated and referrals are made, reducing the risk of missed or delayed services.

#### **4. Medical, Dental and Mental/Behavioral Health Services**

Section X above describes steps ODHS is taking to improve the provision of initial health and mental health assessments. Child Welfare caseworkers are responsible for ensuring that ongoing medical, dental and mental/behavioral health needs of children in care are met. The ODHS procedure manual provides guidance on expectations for both annual check-ups and other care as needed. Caseworkers are also reminded to check in with resource parents about medical, dental care and mental/behavioral health care during 90-day staffings as well as regularly scheduled face-to-face meetings. Local offices meet regularly with their CCO partners to develop strategies to address access to services. Many offices have established a point person at both CW and the CCO for problem solving.

Child Welfare partners closely with the Oregon Health Authority to address health services for children in care. OHA provides the following support services to address both high acuity needs and timely access to general care:

- Community Escalation Teams (CET) provide local case-level support for children or youth in or at risk of Temporary Lodging (TL). The teams help connect caseworkers to providers in the healthcare system, provide regular tracking and reporting, and facilitate meetings and connections in urgent cases requiring escalation.
- Crisis Services - OHA facilitates local connections between Child Welfare and Mobile Response and Stabilization Services (MRSS) providers as needed. MRSS teams are on-call providers who can supplement services for youth with behavioral or mental health needs requiring immediate attention.
- Training for Child Welfare staff- CCO operations staff work to educate CW Medical Assistance Specialists on how to access Oregon Health Plan eligibility and CCO enrollment, as these two factors are a critical foundation for the delivery of appropriate services to address the health care needs of children in care.

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The CCO contract also requires convening local Systems of Care within each CCO region. These collaboratives bring together youth, families, providers and system partners from behavioral health, I/DD, child welfare, juvenile justice and education. Their primary goal is to address system barriers experienced by youth, aged 0 – 25, who experience complex behavioral health challenges and/or are involved with multiple systems, including child welfare.

Local Systems of Care work to ensure access to behavioral health services, and in particular to resolve barriers in accessing community-based supports and services. The [System of Care Data Dashboard](#) visualizes behavioral health services provided to youth involved in the child welfare system.

### **5. Independent Living Services**

ODHS Child Welfare's Youth Transitions program contracts with community-based nonprofits, for-profits, and community consortia to provide statewide independent living skills training. Oregon funded rate increases in the 2025-2027 budget for contracted service providers to expand this program. Contracts will reflect increased service rates on July 1, 2026.

Independent Living Program (ILP) skill-building services are available to young people ages 14 through 23. 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 independently and remain eligible. Contracted ILP providers are required to complete a Youth Assessment Summary and Transition Plan with young people being served within the first 90 days of enrollment and annually thereafter.

Flexible funds are 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.

Youth Transitions facilitates the Independent Living Housing Subsidy program for young people in the legal care and custody of CW. Chaffee Housing serves young adults who left CW care and custody at age 18 or older. Youth Transitions contracts with three Transitional Living Programs, supporting young people ages 18 through

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23 preparing to leave foster care or those that have recently exited and need some support before living independently. They are designed to help young people gain and practice self-sufficiency skills.

Youth Transitions administers the Chafee Education and Training Voucher Program and the Oregon Tuition and Fee Waiver, supporting post-secondary education and training for young people that have experienced foster care.

Youth Transitions also facilitates annual statewide youth events that support social, emotional, and cultural development (Oregon Teen Retreat, DREAM Conference, and Native Teen Gathering).

The Children's Benefit Unit applies for and manages Social Security benefits for children in the custody of CW. This includes Supplemental Security Income (SSI) for children who qualify due to disability. It also includes benefits children are entitled to based on their parents' benefits (often death benefits, but others as well). If benefits exist when the child comes into care, CW becomes the rep payee and holds the funds in trust to support the child.

Child Welfare ensures that children in foster care ages 14-17 receive a copy of a consumer credit report annually from each of the three main credit reporting agencies until discharged from foster care. The reports are pulled annually during the youth's birthday month and the worker and child review it together.

### **6. Focused Opportunities for Children Utilizing Services (FOCUS)**

The FOCUS program provides individualized services to children and young adults who have complex behavioral, mental health, or other needs that cannot be met by the existing service array. FOCUS services are intended to provide specialized support to children with complex needs and their caregivers, promote placement stability, and prevent the need for higher levels of care. These services include the following:

- **Response and Support Network (RSN):** RSN provides 24/7 response and individualized short-term, clinical and non-clinical supports to resource and post-adoptive parents to help address challenges and connect them to

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longer term resources. RSN helps to stabilize and maintain community-based placements for children who may have historically been served in residential treatment facilities due to their mental health, behavioral, or specialized needs. RSN is currently available 24-7 in 3 counties and is fully utilized. In 2025, RSN served 272 children.

- **Child Specific Caregiver Supports (CSCS):** Provides education and coaching supports to caregivers to help them meet a child's individual behavioral or specialized needs. CSCS helps to stabilize and maintain community-based placements for children who may have historically been served in residential treatment facilities due to their specialized needs. CSCS delivers tailored, in-home caregiver support focused on stabilization, and skill-building. CSCS is currently available in 9 counties and is fully utilized. In 2025, CSCS served 108 children.
- **Youth Mentoring:** Provides a safe, stable, and predictable relationship which includes direct coaching and experiences to practice, observe, and teach pro-social skills.
- **Skills Training:** Supports the child by identifying areas of need, setting short-term goals, and developing plans to strengthen skills.
- **Sex Abuse Specific Treatment or Prevention:** Assists the child and caregivers in understanding trauma, healthy sexual development and boundaries, managing behaviors, and maintaining safety.

## 7. Behavioral Health Treatment Foster Care

ODHS launched and is now expanding a new level of care. In 2019, the Oregon legislature approved funding to develop and implement Behavioral Health Treatment Foster Care (BH-TFC). BH-TFC is intended to support children and youth with complex behavioral health needs in a family-based setting as an alternative to residential treatment. This new level of care combines Behavior Rehabilitation Services (BRS) provided by specially trained proctor parents with intensive out-patient behavioral health services to meet the treatment needs of children and youth in the least restrictive setting possible.

This approach was piloted and tested over a five-year period and yielded higher rates of mental health service access and placement stability compared to a

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matched comparison group of children in BRS proctor-foster care. The department had 47 contracted beds at the conclusion of the demonstration project and contracted bed capacity is set to increase to 71 beds in 2026.

### **8. Residential Independent Living Support Program**

ODHS Child Welfare Treatment Services is developing a residential independent living supports program for youth ages 16-18 with moderate to acute mental health needs. This expands current independent living plus programming for young adults to a younger population in a Child Caring Agency (CCA) setting. This program will help meet the needs of a small population of youth who are either not eligible for, denied from, or are not interested in resource/proctor care or current residential settings due to their specialized needs and preferences. This program opened in April 2026 with nine contracted beds.

### **9. Individual Residential Care**

As a new intervention to expand specialized placement capacity, ODHS launched an RFA for Individual Residential Care (IRC) services in 2024 to address the need for specialized one-on-one care for children and young adults in child welfare custody. The purpose of Individual Residential Care (IRC) is to provide skilled and individualized services to children and young adults with extraordinary needs in a home-like setting, while they are waiting for the appropriate level of care. This new model serves one child or young adult at a time whose recommended care is not accessible and who has needs, behaviors, or safety considerations preventing them from being supported in other available settings. IRCs provide a trauma-informed environment with individualized support, enhanced supervision, and coordination with service providers, including mental health. ODHS has contracted with two providers to establish two one-bed IRC programs that opened in April 2026. This setting is intended to bridge the time between the recommendation for a particular level of care being given, and when that level of care is available. These settings will reduce the number of children and young adults in Temporary Lodging.

### **10. Specialty Qualified Residential Treatment Program (QRTP) Expansion**

ODHS is contracting with two providers to expand QRTP settings offering Behavior Rehabilitation Services (BRS) and sex abuse specific treatment. One program opened in December 2025 and has six contracted beds; the other program opened in April 2026 and includes five contracted beds.

### **11. PRTFs**

Children’s Psychiatric Residential Treatment Facilities (PRTFs) provide structured, inpatient care with therapy, skill-building, and family engagement. PRTFs are licensed by OHA and ODHS, maintain national accreditation, and meet Centers for Medicare and Medicaid Services (CMS) standards. Funding comes primarily from Medicaid and private insurance, with some state support. The number of PRTF beds increased from 236 in 2024 to 263 in 2025.<sup>44</sup>

ODHS Child Welfare has worked with OHA to prioritize access to PRTFs for children in foster care. ODHS Child Welfare finances a tier-based capacity funding structure with general funds for three providers of residential psychiatric care to ensure available capacity and access to treatment for children who meet medical necessity and appropriateness and are in foster care. Providers include Albertina Kerr, Jasper Mountain, and Looking Glass Regional Crisis Center. This approach has been successful in providing a temporary solution to address current system gaps, ensure workforce sustainability, streamline access to care for this population, and enhance the quality and stability of programs system wide. ODHS Child Welfare is working in partnership with OHA and ODDS to identify and implement longer-term solutions.

### **12. Collaboration between Child Welfare and the Office of Developmental Disability Services (ODDS)**

ODHS Child Welfare collaborates with the ODHS Office of Developmental Disability Services (ODDS) regarding shared residential programming to serve children and young adults in foster care who would be best supported in an ODDS placement. ODDS placements provide specialized services for children with developmental

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<sup>44</sup>[2025 Annual Report on Children's Psychiatric Residential Treatment Facility Capacity | Oregon Health Authority](#)

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disabilities. Child Welfare and ODDS developed a Memorandum of Understanding (MOU) in 2025 that outlines roles, responsibilities, and procedures involved in placing a child in an ODDS placement. Child Welfare and ODDS also meet monthly to collaborate to align efforts to support this shared population. An ODDS subject matter expert is now participating in staffings to provide advice and counsel on placements and placement supports for children with disabilities. The team is working to systematize the lessons learned from these individual staffings. This effort will help strengthen support for children and young adults with complex co-occurring needs that are awaiting DD eligibility or have been found ineligible that have needs similar to individuals with intellectual/developmental disabilities.

### **13. Principles to Outcome Driven Practice in Residential Care**

ODHS Child Welfare and OHA partnered with the Building Bridges Initiative, the University of Kentucky Center for Innovation in Population Health and the Oregon Center for Excellence to implement a two-year quality improvement initiative starting Fall of 2024 with five children’s residential providers in Oregon. The initiative aims to leverage provider and researcher expertise to transform residential care practices using the system of care model with a focus on measurable outcomes, youth and family engagement and co-creation. Providers receive technical assistance and coaching to implement and evaluate best practices in children’s residential programs, including youth and family-driven care, and have reported promising results. This work has been presented at multiple conferences and was published in the national Child Welfare journal as a special article: [Inclusion of People with Lived Experience in Child Welfare Research, Development, and Evaluation](#).

### **14. Temporary Lodging (TL)**

Temporary Lodging is not within the scope of the Collaborative Agreement; however, we are providing information here on the efforts and progress that has been made as part of the historical background of work in this area. Between 2023 and 2025, Oregon reduced its reliance on temporary lodging<sup>45</sup> for children in

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<sup>45</sup> TL is utilized when an appropriate placement cannot immediately be found. TL is typically a child or young adult’s overnight stay in a hotel with Child Welfare workers, while the team works to develop a solution for the placement need.

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foster care. The average nightly number of children in TL declined by nearly 40 percent, from approximately 14 to 8. During the same period, the average monthly number of children who experienced at least one TL stay decreased by 30 percent, from 27 to 19. The annual number of children experiencing TL dropped by 18% from 122 to 100. This means that fewer children are experiencing TL, and those that do are having shorter stays in TL.

Importantly, these improvements cannot be explained simply by changes in the size of the foster care population. The total number of children experiencing foster care declined by only about 6 percent over this same period, indicating that the reduction in TL use is driven by system capacity improvements and not merely fewer children in care.

All children and young adults identified as being at risk of TL are staffed by a team of design and delivery staff who work to develop child-specific plans to prevent TL.

In addition, the Community Escalation Team within OHA, which focuses on Temporary Lodging cases, has incorporated more youth with complex cases into their discussions with CCOs. This includes staffing youth with higher levels of care recommendations, such as entry to SIP, and providing technical assistance on best practices to support these youth.

ODHS recently invested in a new care model to level the need for fully licensed and trained providers to serve children and young adults while in temporary lodging. This emerging model will begin by replacing ODHS staff, who currently supervise youth 24/7 in hotels, with trained and licensed child-caring agency (CCA) staff. This new Mobile CCA model is designed to address several challenges with TL and better support children and youth in ODHS care. This is part of a two-pronged approach to enhance TL and TL prevention services. An RFP was issued in December 2025 to create Mobile CCA programs. ODHS held a solicitation evaluation committee in February 2026. The two applicants met criteria and were notified of their award in early March 2026. Contract negotiations began in mid-March with a goal of service onboarding in July 2026.

### **15. Workforce Development**

ODHS Child Welfare Treatment Services contracted with the Oregon Center for Excellence in 2023 to enhance training and professional development opportunities for Behavioral Rehabilitative Services (BRS) contracted providers who support children, families and caregivers in child welfare. The Center for Excellence has developed and implemented workgroups that support managers and supervisors through coaching and mentorships, hosted training, and provided technical assistance to agencies.

## **XII. Maltreatment in Care Notification and Reporting**

### **A. Background and Requirements**

By implementing standardized notification protocols, technical tools for tracking timeliness, and staff training, child welfare systems can ensure that allegations of maltreatment in care are communicated clearly and promptly. These improvements, supported by templates, prompts, and a qualitative review process, enhance the accuracy and consistency of notifications to courts, attorneys, and parents, ultimately leading to faster interventions and stronger protective oversight.

Figure 27 below provides the measurement specifications pertaining to reviewing timely and complete notification and reporting of reports alleging abuse of a child in substitute care.

<p align="center"><b>Figure 27: Section 2.6 Maltreatment in Care Notification and Reporting</b></p>	
<p><b>Initial Review by the Neutral July 29, 2025, As Amended April 15, 2026</b></p>	<p align="center"><b>Measurement Specifications</b></p> <p align="center"><a href="#"><u>Initial Review by the Neutral July 29, 2025, As Amended April 15, 2026</u></a></p>
<p>Measurement 13: Notifications of Reports of Abuse of Children in Care</p>	<p>13. The Settlement requires the Neutral to “assess ODHS’s efforts, policies and practices” regarding notification and providing records about maltreatment in care as required by applicable Oregon statutes, including ORS 419B.015, 419B.035, and ORS 418.259. Pursuant to ORS 419B.015 (3) “(a) When a report alleging that a child or ward in substitute care may have been subjected to abuse is received by the department, the department shall notify the attorney for the child or ward, the child’s or ward’s court appointed special advocate, the parents of the child or ward and any attorney representing a parent of the child or ward that a report has been received. (b) The name and address of and other identifying information about the person who made the report may not be disclosed under this subsection. Any person or entity to whom notification is made under this subsection may not release any information not authorized by this subsection. (c) The department shall make the notification required by this subsection within three business days of receiving the report of alleged child abuse. (d) Notwithstanding the obligation imposed by this subsection, the department is not required under this subsection to notify the parent or parent’s attorney that a report of alleged child abuse has been received if the notification may interfere with an investigation or assessment or jeopardize the child’s or ward’s safety.”</p> <p>Assessing ODHS’s efforts, policies and practices to make the notifications of reports that a child in care may have been abused within 3 days as required by law, will be informed by (1) ODHS’s reporting by May 1 and November 1 each year on its efforts, policies and practices to improve performance regarding notifications and</p>

**Figure 27: Section 2.6 Maltreatment in Care Notification and Reporting**

<p><b>Initial Review by the Neutral July 29, 2025, As Amended April 15, 2026</b></p>	<p><b>Measurement Specifications</b></p> <p><u><a href="#">Initial Review by the Neutral July 29, 2025, As Amended April 15, 2026</a></u></p>
	<p>providing records about maltreatment in care .... And (2) a qualitative case record review conducted by ODHS to assess performance with respect to ORS 419B.015. The qualitative case record review will identify the date of such report; identify the date, and form of any required notices; and assess the efforts that ODHS made to notify all of the following of the report within the statutorily designated time frame: the attorney for the child, the child’s court appointed special advocate, the parents of the child and any attorney representing a parent of the child.</p> <p>Because the tool and methodology for this review does not currently exist, ODHS shall develop and submit to the Neutral by November 15, 2025, a proposed tool, a detailed methodology description, and definitions dictionary for terms used in the tool. The tool will be used to both (A) report whether ODHS made the required notifications in the timeframe set forth in the statute and (B) report on ODHS’s efforts to make the required notifications in the timeframe set forth in statute using the “strength” and “area in need of improvement” framework, consistent with federal methodology and current reporting processes on other items measured during the CFSR process. .... (T)he Neutral and ODHS will work together collaboratively to have in place a final approved tool, detailed methodology description, and definitions dictionary for terms used in the tool by May 1, 2026. The methodology will include a sampling of 100 reports annually, randomly selected by the Neutral, from the complete list of all reports received by ODHS during the preceding calendar fiscal year, January 1 to December 31, alleging that a child or ward in substitute care may have been subjected to abuse.</p>

## B. Performance

Figure 28 below shows the targets and future baseline date for Maltreatment in Care Notification and Reporting.

<b>Figure 28: Maltreatment in Care Notification and Reporting</b>					
<b>Measure- ment #</b>	<b>Measure</b>	<b>Baseline year</b>	<b>Baseline Year Performance</b>	<b>Ultimate Outcome</b>	<b>Timeline</b>
<b>Category 6: Notification of Maltreatment (Settlement Agreement Section 2.6)</b>					
13	Sufficient efforts such that 90 percent of cases qualitatively reviewed each year shall be rated as Strength.	1/1/27 - 12/31/27	Available in 2028	90%	Assessed annually for progress

## C. Efforts

ODHS’s Efforts are documented below. See Appendix A for detailed implementation plans.

### 1. Work groups

ODHS Child Welfare convened a representative work group of staff experts in January 2025, led by the current and former Child Safety Program Managers, to review current processes pertaining to this area of case practice, assess barriers and gaps, develop proposed solutions and create an action plan. The work group identified both process improvements (improved understanding and training to reinforce practice among staff) and technical improvements (creating a tool to

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track timely notifications and a checklist of required steps) and sub-groups met April through June 2025 to develop recommendations and action plans.

## **2. Technical improvements**

In August 2025, the following changes were made in OR-Kids (ODHS reporting system):

- Alert sent to assigned primary caseworker when the screening report is generated, requiring the caseworker to notify all legal parties within 3 days of assignment
- Alert sent to assigned primary caseworker when the assessment has been approved by the supervisor, requiring the caseworker to submit all documentation within 5 days of approval.
- Created a new section to document the date the discovery was received and the date it was sent
- Created a new case note category for out-of-home care activities

## **3. Methodology and tool**

ODHS drafted a review methodology and guide for the qualitative review process and submitted these documents to the Neutral on November 14, 2025. The Neutral met with CW leadership and the strategy team lead program managers on February 3, 2026 to discuss his feedback and final drafts were submitted on March 11, 2026. The methodology explains the requirements, the process, and the expectations for qualitative reviewers. The review guide provides clear step-by-step instructions on how to conduct the review.

## **4. Training and communication**

An online training module was developed and shared with all staff in January 2026, with the expectation that training will be completed by required positions (CPS workers, caseworkers, supervisors, coaching/training specialists, office managers, and designated support staff). A CW central office program manager was assigned to lead the work, implement the protocols and ensure staff awareness and compliance. The program manager met with district managers, program managers and office/business managers to explain the requirements, share the tools and training, and set expectations for leadership to ensure staff compliance.

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The program manager also conducted individual meetings with office/business managers for each local office in March to review procedure and adapt as needed to individual office staffing configurations.

### 5. Next steps

- Reporting timeliness - In May 2026, the notification program manager will review OR-Kids data on timeliness of reporting to ensure staff are following the procedure communicated in the training. Data will be consistently shared with leadership and office/business managers to track and troubleshoot problem areas.
- Review process - Office/business managers will solicit one volunteer from each local office to serve as a qualitative reviewer. The notification program manager will train the review team and conduct pilot testing of the review process starting in June 2026.

## XIII. Continuous Quality Improvement

The Oregon Child Welfare Program's Continuous Quality Improvement (CQI) Program began in February 2022 and rolled out to local offices in September 2022. It uses district and statewide data (both qualitative and quantitative), aligned with federal performance standards; to help local offices strengthen specific areas of child welfare practice.

When the program was launched, each local office worked on one practice measure over a one-year cycle. The program is now shifting to a two-year cycle, and each cycle will include two practice measures, one of which must be related to safety.

Local offices, in collaboration with community, select their measures based on performance during their Period Under Review, which aligns with the Child and Family Services Reviews (CFSR). CQI Analysts then lead a series of meetings with

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child welfare staff and community partners, Tribes, service providers, and individuals with lived experience. These meetings apply root cause analysis to identify the underlying drivers of the performance measures and to develop an Action Plan that removes barriers and defines clear strategies for improvement.

Throughout the cycle, CQI Analysts work with local office leadership and community partners to monitor progress. Community partners include individuals with lived child welfare experience, service providers, CCO representatives, Tribal Nation representatives, resource parents, and others. The CQI program prioritizes transparency and actively engages community partners at every stage of the CQI cycle. Their insight is essential to the process, strengthening collaborative problem-solving and ensuring they are involved from the outset, often helping lead or manage action steps. Local offices can adjust, discontinue, or continue action steps as needed, using updated data to guide decisions. At the end of the cycle, analysts work with local offices to develop a sustainability plan within the office to track and maintain performance.

### **Learning Collaboratives**

The ODHS Child Welfare CQI program hosts quarterly Learning Collaborative meetings to facilitate peer information sharing across the local offices. Offices working on the same practice measure share the action steps they have implemented, what has worked, and what challenges they encountered. This allows supervisors, consultants, and managers statewide to adopt effective strategies even when they are not currently working on that practice measure for their CQI cycle.

### **Supervisor Calibration**

Supervisor calibration has emerged as a consistently effective strategy across multiple offices. Calibration ensures supervisors share a common understanding of what constitutes approved, high-quality work. The process involves reviewing approved casework together using a structured tool and assessing the quality of decisions and documentation.

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CQI has used calibration for several practice areas, including ongoing safety plans, safety threshold criteria, and information sufficiency during assessments. Because of its effectiveness, monthly supervisor calibration for ongoing safety plans will become a statewide requirement. CQI will support and facilitate these sessions. A workgroup is planning the statewide rollout, expected in the third quarter of 2026.

### **Practice Measures in Current CQI Cycles**

The practice measures that are a current focus of the local office CQI plans are summarized below. Appendix B provides a listing of each district local office and the focus of their current CQI plan. As shown below and in Appendix B, these CQI plans focus on practices that are pertinent to the areas of focus in the Collaborative Agreement, including reducing maltreatment in care and improving placements.

#### Safety Threat Threshold

Measured through the CPS Quality Assurance (QA) Review, this item evaluates how well caseworkers analyze the five safety threshold criteria—observable, out of control (meaning that no adult in the home can control the unsafe situation, child vulnerability, imminence, and severity—for each identified safety threat. When all five criteria are met, the local office assigned to the case must take action to ensure child safety.

#### Collateral Contacts

Measured through the CPS QA Review, this item assesses how effectively caseworkers gather information from unbiased collateral contacts during an assessment. Collaterals may include friends, service providers, medical professionals, or extended family. Their input helps the agency understand family conditions, contributing factors, and areas where support may be needed. It also measures how well the information gathered is woven into the assessment and decision-making process.

#### Action Agreements

Measured through the Permanency QA Review, this item evaluates whether Action Agreements are present, time-limited, and appropriate. Action Agreements are

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collaborative documents created by the caseworker and parent that outline goals and small, actionable steps for both parties. Because they are only appropriate when a parent is actively engaged with the agency, the review also considers the caseworker's efforts to engage the parent.

### Accuracy and Sufficiency of Ongoing Safety Plans

Measured through the Permanency QA Review, this item examines whether the Ongoing Safety Plan is approved, accurately describes how each safety threat is operating, and clearly demonstrates how the plan manages child safety. The review assesses whether the plan is adequate and aligned with the family's current circumstances.

### Face to Face Contact with Parents

Parent engagement is a strong predictor of positive outcomes for children and families, including reunification. This measure has two parts: the number of face-to-face contacts each month and the quality of those contacts, as assessed through the Child and Family Services Review (CFSR). Both elements are considered when local offices develop Action Plans so that staff focus not only on meeting monthly contact requirements but also on ensuring those contacts are meaningful and productive.

### Relationship of Child in Care with Parents

This is a qualitative CFSR measure that looks at how often parents are invited to participate in their child's activities, such as medical appointments, school events, and extracurricular activities, and what steps the agency takes to remove barriers to their participation, including providing transportation or scheduling support. This measure does not include family time (visitation); it focuses specifically on involvement in the child's day-to-day life.

### Initial Placement with Relatives

CQI evaluates this measure using both quantitative and qualitative information. The quantitative component looks at the percentage of children whose first placement is with a relative. The qualitative component, drawn from the CFSR, assesses the agency's efforts to identify and engage relatives for placement.

Although the CFSR data includes more than just the initial placement decision, it provides a broader picture of the agency's overall efforts to place children with relatives throughout the life of the case.

## **XIV. Enhancing Our Staff and Infrastructure**

ODHS is implementing a range of strategies to support the workforce in order to improve services and outcomes for children and families. Enhancing recruitment, training and coaching for staff represents an important effort to achieve the goals of the Collaborative Agreement under all Categories, maltreatment in care, re-entry, timely case plans, medical and mental health assessments, placements and services and maltreatment in care notification and reporting. As described below and in the previous sections of this report, ODHS is working to ensure that staff have the core competencies necessary for this work as well as the specialized tools and training for each of these practice areas.

### **Training Development and Delivery**

Non-Violent Crisis Intervention (with trauma) was implemented statewide in June of 2025. This course follows the Crisis Prevention Institute model of de-escalation and disengagement techniques, with a tailored approach for organizations who work with populations who have experienced trauma. This course has been established as a required training that is conducted by every child welfare staff member every other year.

CW is partnering with the Office of Tribal Affairs on the development of more than 25 new pieces of training content in support of the Indian Child Welfare Act (ICWA) and Oregon Indian Child Welfare Act. These courses include topics such as Oregon Tribal History, individual history courses for each of the Nine Tribes of Oregon, technical training for understanding Reason to Know, Qualified Expert Witness, Notice, the Spirit of ICWA, and more.

Substance Use Disorder (SUD) Training developed by the National Center on Substance Use and Child Welfare (NASACW) has been incorporated into the ODHS

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Learning Management System. This course provides a comprehensive understanding of SUD and co-occurring mental health conditions, emphasizing a family centered approach. Participants will learn about evidence-based practices for treatment, recovery support, and trauma-informed care, focusing on enhancing safety, stability, and long-term recovery for parents, children and families.

Karly's Law 201 is a 2-hour course developed and implemented for Child Protective Services Staff. Participants will be trained to analyze physical injury characteristics, determine whether they meet the threshold for a Karly's Law response, apply trauma-informed engagement strategies, evaluate injury severity, and identify bias.

Human Trafficking 101 is a course developed and implemented for Child Welfare caseworkers, supervisors and consultants. Participants will learn to describe the different types of human trafficking and recognize common indicators, identify those who are most vulnerable to be trafficked, explain the grooming process, and support survivors of trafficking with empathy, cultural awareness and reduced bias.

A contract is in development to bring Safe & Together Core training to select personnel who can train and support Child Welfare staff. Staff will be trained in identifying the impact of domestic violence on children and family functioning, gathering fact-based assessment of the perpetrators' behavior patterns, partnering with survivors of domestic violence, intervening with perpetrators, and understanding how domestic violence intersects with other issues like substance abuse and mental health. This course will provide Child Welfare staff with an enhanced skillset to assess the five "safe & together" critical components identified in the Child Welfare Practices for Cases with Domestic Violence (2011). Implementation of this is anticipated later in 2026.

A 16 module self-paced e-learning has been developed to train certification and adoption workers. This course provides position-specific training for certifiers on

how to follow policy, procedure, statute, and best practice related to the certification of resource and adoptive parents.

### **Tuition Stipends**

CW is exploring the viability of expanding Title IV-E tuition stipends to additional degree paths and universities. The first partnership being explored is a bachelor's degree in applied psychology through the Oregon Institute of Technology (OIT) in Klamath Falls.

A process has been developed to analyze non-social work curriculum, and a review of OIT's applied psychology program has been completed. CW is reviewing fiscal resources to determine if this expansion is viable. A draft proposal will be finalized by September 2026.

CW maintains the Title IV-E Tuition Stipend with Portland State University School of Social Work for Bachelors and Master of Social Work degrees.

### **Standardize the Training Policy**

CW is establishing annual training requirements of 24 hours per year for staff. Of these 24 hours, eight will be developed and offered by central office, eight by local leadership, and eight conducted as personal/professional development. A communication plan is in process, and all staff and leadership will be notified of the requirement and available training by June 2026. CW Training is developing a measurement system that captures completion of training and calculates annual training rates at the individual and organizational level.

CW is reviewing core competencies, supporting skills, caseworker competencies, job specifications, duties and responsibilities, and pre-service learning objectives to establish a concise set of competencies for Social Service Specialists (Level 1). Once identified, these competencies will be mapped to required training and ongoing professional development activities and incorporated into evaluation plans. Once this process is duplicated for Social Service Specialists (Level 1), it will be duplicated for other Child Welfare classifications.

Standards for instructional design, curriculum development, course evaluation, training delivery, training administration, and communications have been finalized and implemented. The enterprise level unit is currently reviewing these standards for implementation across all of ODHS. The CW Training Unit is in the process of rolling these standards out to trainers, supervisors and consultants at the local office and central office levels.

### **Retain and Engage the Workforce**

CW is creating local training teams that will design and maintain a district-wide training plan. These teams consist of local staff identified by leadership, including coaching and training specialists, supervisors, program consultants, and program managers. The team is facilitated by learning and development specialists from the design program, who are also responsible for authoring the training plan. The purpose of the District Training Team is to establish a body of leaders to discuss training needs, requirements, and resources to support local staff. This is documented in the District Training Plan, which captures how districts meet their staff needs through locally or externally sourced training content.

Twelve of the sixteen districts have established a training team. Of those twelve, eight districts have finalized training plans, and three more are in development. The remaining training teams and plans are expected to be in place by the end of 2026.

Tri-annual training courses are currently in place for coaching and 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 going to return to position based periodic in-service training, with coaching and training specialists, supervisors, and consultants each getting dedicated tri-annual training opportunities. In-service training is in development for caseworkers and support staff. It will provide refresher training, ongoing professional development, and other learning opportunities.

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Trainings are delivered by either subject matter experts or design training staff.

Each topic is offered in two iterations for the month: training content is presented in week one and followed by a practice application session in week two. The format will repeat in weeks three and four.

## Appendices

### Appendix A: Core Strategies Implementation Plans

All initial performance benchmarks noted below are set by ODHS Child Welfare and are not requirements of the Collaborative Agreement or Initial Review. Benchmarks are set by the agency to support implementation of the core strategies. It should also be noted that the performance data and benchmarks included in the Implementation Plans that are relevant to in-home cases reflect all in-home cases, not only in-home cases where ODHS has legal custody of the child.

#### Permanency Implementation Plans

##### 1. 90-day Staffings

<b>Outcome</b>	Improve case planning, service provision, placement stability and progress toward permanency.
<b>Goal/Strategy</b>	Increase the number/percent and quality of 90-day staffings
<b>Lead responsible for development and tracking of Implementation Plan</b>	In-Home & Reunification
<b>Strategy Team(s) involved in this work</b>	In Home & Reunification Strategy Team
<b>Date Plan Created</b>	12/31/2025
<b>Current Performance Monthly Review of 90 Day Staffings</b>	29.7% for the period 1/24-1/25 (Foster care and in-home cases)
<b>Benchmark</b>	35% by June 30, 2026
<b>Benchmark</b>	45% by September 30, 2026

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<b>Benchmark</b>		55% by December 31, 2026	
<b>Increase number and quality of 90-day staffings</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q1 2026 (Jan, Feb, Mar)	Update case note template for documenting quality 90-day staffings (*including BH assessment reference)	An updated case note template for 90-day staffings	Case note template completed
	Update 90-day staffing tool from procedure that can be uploaded to the OWL (*including BH assessment reference as needed)	An updated 90-day staffing tool	Updated tool completed, uploaded to OWL (Our Work Link - intranet with staff resources)
	Provide statewide communication regarding tools and templates as well as expectations for 90-day staffings	E-mail communication and attachments for wide distribution.	Email and materials sent
	Identify local offices that complete 90-day staffings at 35% or below	Offer supervisor training as well as meetings to discuss strategies for improvement	Connection made with each identified office
Q2 2026 (Apr, May, Jun)	Executive Leadership Team (ELT) will send a targeted monthly email to all districts with 90-day staffing data	Monthly email with data	Email sent
	Local office management teams have standing topic re; Collaborative Agreement (CA), Safety Action Plan (SAP) data to review for improvement and strategy development		All local offices will complete 90-day staffings at 35% or above

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	2026 Perm Fidelity Reviews (PFR) will monitor improvements in documenting 90-day staffings (Measure #26)	PFR data	TBD
Q3 2026 (Jul, Aug, Sept)	Local office management teams have standing topic re; CA, SAP data to review for improvement and strategy development		All local offices will complete 90-day staffings at 45% or above
	2026 Perm Fidelity Reviews will monitor improvements in documenting 90-day staffings (Measure #26)	PFR data	TBD
Q4 (Oct, Nov, Dec)	Local office management teams have standing topic re; CA, SAP data to review for improvement and strategy development		All local offices will complete 90-day staffings at 55% or above
	2026 Perm Fidelity Reviews will monitor improvements in documenting 90-day staffings (Measure #26)	PFR data	TBD

## 2. Face to Face Caseworker Visits with Children in Foster Care

<b>Outcome</b>	Improve quantity and quality contacts with children in care to improve safety management and placement stability Reduce re-entry of children into care Reduce maltreatment of children in care
<b>Strategy</b>	Increase face to face caseworker visits with children in foster care
<b>Lead responsible for development and tracking of Implementation Plan</b>	In-Home & Reunification

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<b>Strategy Team(s) involved in this work</b>	In-Home & Reunification		
<b>Date Plan Created</b>	12/24/2025		
<b>Current Performance</b>	91.6% face to face contact with children in foster care		
<b>Benchmark</b>	December 2026 95% of children in care will have monthly face to face contacts with caseworkers		
<b>Face to Face Caseworker Visits with Children in Care</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q1 2026 (Jan, Feb, Mar)	Review current face to face contact guide and update as needed.	The completed approved version of the guide ready for communication and use.	Practice guides
	Review, update & package face to face guides in context of the other selected safety decision making tools	Updated safety decision tools available for delivery staff use	Practice guides
	Begin developing train-the-trainer model for tool use	Training modules	Number of trainers; training delivery records
	Communicate face to face practice guide available.	A well-formatted, informative email sent to all relevant staff PDF version for posting on internal OWL (Our Work Link - intranet with staff resources)	Evidence of increased awareness or usage of the guide. Increased number of visits to Permanency OWL

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	Monitor face to face data	Review PowerBI (data tool) report(s) Send a monthly email update to local office leadership about face-to-face data	Baseline data confirmed No significant gap in contact rates by race/ethnicity or geography Email communication to Program Managers (PM) and District Managers (DM)
	Contact Program Managers for local offices performing below 80%	A clear summarization of the office's contact performance including trend over time; Offer to discuss barriers and steps to achieve the goal	Percentage of local offices below 80% showing improvement within 60 days of receiving the
Q2 2026 (Apr, May, Jun)	Monitor face to face data	Review PowerBI report(s) Send a monthly email update to local office leadership about face-to-face data In-Home & Reunification (IH&R) consultants review data and share with local leadership if requested	Increase in quantity % of face-to-face contacts with parents. Email communication to PM/DM (monthly district data email) Analysis of trends and strategy outcomes No significant gap in contact rates by race/ethnicity or geography or awareness of gap
	Contact Program Managers for local offices performing below 80%	A clear summarization of the office's contact performance including trend over time; Offer to discuss barriers and steps to achieve the goal	Percentage of local offices below 80% showing improvement within 60 days of receiving the communication

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	Launch train-the-trainer model for safety decision making tools package including conducting home visits and face to face guide with parents and children	Complete training sessions	Number of trainers; training delivery records Evidence of increased awareness or usage of the guide.
	Present face to face guidance packaged with other safety decision tools	Resources and importance widely communicated to delivery staff Present at Permanency Summit/CPS Quarterly Present at DM/PM Huddle	Number of attendees/ Workday registration Pre & Post test results Presentations delivered
Q3 2026 (Jul, Aug, Sept)	Monitor face to face data	Review PowerBI report(s) Send a monthly email update to local office leadership about face-to-face data IH&R consultants review data and share with local leadership if requested	Increase in quantity % of face-to-face contacts with parents. Email communication to PM/DM (monthly district data email) Analysis of trends and strategy outcomes No significant gap in contact rates by race/ethnicity or geography or awareness of gap
	Contact Program Managers for local offices performing below 80%	A clear summarization of the office's contact performance including trend over time; Offer to discuss barriers and steps to achieve the goal	Percentage of local offices below 85% showing improvement within 60 days of receiving the communication
	Qualitative case review child contacts/engagement	Completed Permanency Fidelity Reviews	Permanency Fidelity Review improved ratings (Item 27)
	Update procedure for face-to-face guides in context of the other selected safety decision making tools	Updated information in CW procedure manual	CW procedure updated

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Q4 (Oct, Nov, Dec)	Monitor face to face data	Review PowerBI report(s) Send a monthly email update to local office leadership about face-to-face data IH&R consultants review data and share with local leadership if requested	Increase in quantity % of face-to-face contacts with parents. Email communication to PM/DM (monthly district data email) Analysis of trends and strategy outcomes No significant gap in contact rates by race/ethnicity or geography or awareness of gap
	Contact Program Managers for local offices performing below 80%	A clear summarization of the office's contact performance including trend over time; Offer to discuss barriers and steps to achieve the goal	Percentage of local offices below 85% showing improvement within 60 days of receiving the communication
	Develop Qualitative case note review parent contacts/engagement.	Case notes quality assurance review	Meaningful engagement with children in care with details narrated to support safety, permanency and well-being outcomes
	Case note review child contacts/engagement	Completed Permanency Fidelity Reviews	Permanency Fidelity Review improved ratings (Item 27)
	Share results of YTD trends with staff	Communication to staff about improvement of face-to-face contact % with parents by email	Year-end communication
	Develop 2027 implementation plan	Implementation Plan	Implementation Plan

### 3. Face to Face Caseworker Visits with Parents of Children

<b>Outcome</b>	Improve parent engagement and participation in case planning and safety planning Reduce re-entry of children into care Improve maltreatment in care (during THVs)		
<b>Goal</b>	Increase face to face caseworker visits with parents of children		
<b>Lead responsible for development and tracking of Implementation Plan</b>	In-Home & Reunification		
<b>Strategy Team(s) involved in this work</b>	In-Home & Reunification		
<b>Date Plan Created</b>	12/19/2025		
<b>Current Performance</b>	36% face to face contact with parent (Foster care and in-home) Note: This measure does not account for cases in which outreach to the parent was made and the parent refused or was unable to be located.		
<b>Benchmark</b>	December 2026 50% of parents with children will have monthly face to face contacts with a caseworker End of June 2027 60% of parents with children will have monthly face to face contacts with a caseworker		
<b>Face to Face Caseworker Visits with Parents of Children</b>			
<b>Timeline</b>	<b>Strategy</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>

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Q1 2026 (Jan, Feb, Mar)	Review current face to face contact guide and update as needed.	The completed approved version of the guide ready for communication and use.	Updated practice guide available
	Review, update & package face to face guide in context of the other selected safety decision making tools	Updated safety decision tools available for delivery staff use	Tools available on internal OWL (Our Work Link - intranet with staff resources)
	Begin developing train-the-trainer model for tool use	Training modules developed	Number of trainers; training delivery records
	Communicate face to face practice guide available.	A well-formatted, informative email sent to all relevant staff PDF version for posting on internal OWL	Evidence of increased awareness or usage of the guide. Increased number of visits to Permanency OWL
	Monitor face to face data	Review PowerBI (data tool.) report(s) Send a monthly email update to local office leadership about face-to-face data	Baseline data. Email communication to Program Managers (PM), District Managers (DM) (monthly district data email) No significant gap in contact rates by race/ethnicity or geography
Q2 2026 (Apr, May, Jun)	Monitor face to face data	Review PowerBI report(s) Send a monthly email update to local office leadership about face-to-face data In-Home & Reunification (IH&R) consultants review data and share with local leadership if requested	Increase in quantity % of face-to-face contacts with parents. Email communication to PM/DM (monthly district data email) Analysis of trends and strategy outcomes No significant gap in contact rates by race/ethnicity or geography or awareness of gap

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	Launch train-the-trainer model for safety decision making tools package including conducting home visits and face to face guide with parents and children	Complete training sessions	Number of trainers; training delivery records Evidence of increased awareness or usage of the guide.
	Present face to face guidance packaged with other safety decision tools	Resources and importance widely communicated to delivery staff Present at Permanency Summit/CPS Quarterly Present at DM/PM Huddle	Number of attendees/ Workday registration Pre & Post test results Presentations delivered
Q3 2026 (Jul, Aug, Sept)	Monitor face to face data	Review PowerBI report(s) Send a monthly email update to local office leadership about face-to-face data IH&R consultants review data and share with local leadership if requested	Increase in quantity % of face-to-face contacts with parents. Email communication to PM/DM (monthly district data email) Analysis of trends and strategy outcomes No significant gap in contact rates by race/ethnicity or geography or awareness of gap
	Update procedure for face-to-face guides in context of the other selected safety decision making tools	Updated information in CW procedure manual	CW procedure updated
Q4 (Oct, Nov, Dec)	Monitor face to face data	Review PowerBI report(s) Send a monthly email update to local office leadership about face-to-face data IH&R consultants review data and share with local leadership if requested	Increase in quantity % of face-to-face contacts with parents. Email communication to PM/DM (monthly district data email) Analysis of trends and strategy outcomes No significant gap in contact rates by race/ethnicity or geography or awareness of gap

# ODHS Child Welfare Progress Report

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	Develop qualitative case note review parent contacts/engagement.	Case notes quality assurance review	Meaningful engagement with children in care with details narrated to support safety, permanency and well-being outcomes
	Qualitative review	Completed Permanency Fidelity Reviews Case notes quality assurance review	Permanency Fidelity Review improved ratings (PCA measure)
	Share results of YTD trends with staff	Communication to staff about improvement of face-to-face contact % with parents by email	Year-end communication
	Develop 2027 implementation plan	2027 plan	2027 implementation plan

## 4. Face to Face Caseworker Visit with Resource Parents

<b>Outcome</b>	Improve resource parent engagement and support to reduce maltreatment in care and improve child placement stability
<b>Goal</b>	Increase monthly face to face caseworker visits with resource parents
<b>Lead responsible for development and tracking of Implementation Plan</b>	In-Home & Reunification
<b>Strategy Team(s) involved in this work</b>	In-Home & Reunification
<b>Date Plan Created</b>	1/23/2026
<b>Current Performance</b>	77.4% monthly face to face caseworker visits in the resource parent home

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<b>Benchmark</b>	December 2026, 84% of resource parents will have monthly face to face contacts with a caseworker At the end of June 2027, 90% of resource parents will have monthly face to face contacts with a caseworker		
<b>Face to Face Caseworker Visit with Resource Parents</b>			
<b>Timeline</b>	<b>Strategy</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q1 2026 (Jan, Feb, Mar)	Review current face to face contact guide and update as needed.	The completed approved version of the guide ready for communication and use.	Updated practice guide available
	Review, update & package face to face guide in context of the other selected safety decision making tools	Updated safety decision tools available for delivery staff use	Tools available on OWL (Our Work Link - intranet with staff resources)
	Begin developing train-the-trainer model for tool use	Training modules developed	Number of trainers; training delivery records
	Communicate face to face practice guide available.	A well-formatted, informative email sent to all relevant staff PDF version for posting on internal OWL	Evidence of increased awareness or usage of the guide. Increased number of visits to Permanency OWL
	Monitor face to face data	Review PowerBI (data tool) report(s) Send a monthly email update to local office leadership about face-to-face data	Baseline data. Email communication to Program Managers (PM), District Managers (DM) Monthly district data email No significant gap in contact rates by race/ethnicity or geography

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<p>Q2 2026 (Apr, May, Jun)</p>	<p>Monitor face to face data</p>	<p>Review PowerBI report(s) Send a monthly email update to local office leadership about face-to-face data In-Home &amp; Reunification (IH&amp;R) consultants review data and share with local leadership if requested</p>	<p>Increase in quantity % of face-to-face contacts with resource parents. Email communication to PM/DM Monthly district data email Analysis of trends and strategy outcomes No significant gap in contact rates by race/ethnicity or geography or awareness of gap</p>
	<p>Launch train-the-trainer model for safety decision making tools package including conducting home visits and face to face guide with parents and children</p>	<p>Complete training sessions</p>	<p>Number of trainers; training delivery records Evidence of increased awareness or usage of the guide.</p>
	<p>Present face to face guidance packaged with other safety decision tools</p>	<p>Resources and importance widely communicated to delivery staff Present at Permanency Summit/CPS Quarterly Present at DM/PM Huddle</p>	<p>Number of attendees/ Workday registration Pre &amp; Post test results Presentations delivered</p>
<p>Q3 2026 (Jul, Aug, Sept)</p>	<p>Monitor face to face data</p>	<p>Review PowerBI report(s) Send a monthly email update to local office leadership about face-to-face data IH&amp;R consultants review data and share with local leadership if requested</p>	<p>Increase in quantity % of face-to-face contacts with resource parents. Email communication to PM/DM Monthly district data email Analysis of trends and strategy outcomes No significant gap in contact rates by race/ethnicity or geography or awareness of gap</p>

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	Update procedure for face-to-face guides in context of the other selected safety decision making tools	Updated information in CW procedure manual	CW procedure updated
Q4 (Oct, Nov, Dec)	Monitor face to face data	Review PowerBI report(s) Send a monthly email update to local office leadership about face-to-face data IH&R consultants review data and share with local leadership if requested	Increase in quantity % of face-to-face contacts with resource parents. Email communication to PM/DM Monthly district data email Analysis of trends and strategy outcomes No significant gap in contact rates by race/ethnicity or geography or awareness of gap
	Develop qualitative case note review resource parent contacts/engagement.	Case notes quality assurance review Template for assessing the quality of face-to-face contact documentation	Meaningful engagement with resource parents details narrated to support safety, permanency and well-being outcomes
	Qualitative review	A written analysis summarizing themes, strengths, gaps, and recommendations	At least 20 (or some decided number) case notes reviewed per quarter using the new tool Quarterly review summaries completed and shared with leadership and teams
	Share results of YTD trends with staff	Communication to staff about improvement of face-to-face contact % with parents by email	Year-end communication
	Develop 2027 implementation plan	2027 plan	2027 implementation plan

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5. Monthly Review of Safety Plans

<b>Outcome</b>	Children remain safe in their homes or placements because safety plans are actively monitored, updated, and implemented with fidelity		
<b>Goal</b>	Increase the percent and quality of monthly review of safety plans		
<b>Lead responsible for development and tracking of Implementation Plan</b>	In-Home & Reunification		
<b>Strategy Team(s) involved in this work</b>	In-Home & Reunification Safety Program		
<b>Date Plan Created</b>	12/24/2025		
<b>Current Performance</b>	25.7% of safety plans with monthly ongoing safety plan review (Oct 2025) (Foster care and in-home)		
<b>Benchmark</b>	End of Q4 (Dec 2026) increase to 60%		
<b>Benchmark</b>	End of Q3 (September 2027) increase to 90%		
<b>Monthly Review of Safety Plans</b>			
<b>Timeline</b>	<b>Strategies &amp; Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q1 2026 (Jan, Feb, Mar)	Continue safety plan calibration tool review and updates; develop implementation plan	Updated calibration tool	
	Review & update safety plan review guides	The completed approved version of the guide ready for communication and use.	Updated practice guide available

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<b>Monthly Review of Safety Plans</b>			
<b>Timeline</b>	<b>Strategies &amp; Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
	Complete review of in-home safety plans for children 0-12 months and analyze data	Review analysis and summary Action plan (Safety Action Plan - SAP)	Baseline data confirmed
	Monitor safety plan review data	Review PowerBI (data tool) report(s) Send a monthly email update to local office leadership about face-to-face data (monthly district data email)	Increase in quantity % of safety plans reviewed monthly Email communication to Program Managers (PM), District Managers (DM)
Q2 2026 (April, May, June)	Develop communication and training plan for train the trainer- consultants to supervisors & Coaching & Training Specialists (C&TS) to use tools and resources	Communication tools, training module and plan developed	% of applicable staff (CTSs) who complete training
	Continue safety plan calibration tool review and updates; develop implementation plan	Updated calibration tool	
	Implement training & communication for supervisors and C&TS to use safety plan guides and spaces to review monthly	Presentation ( <i>Equity, Training and Workforce Development - ETWD developing Supervisor-specific Learn &amp; Links - update to this needed</i> )	% of applicable staff who complete training
	Monitor safety plan review data	Review PowerBI report(s) Send a monthly email update to local office leadership about face-to-face data (monthly district data email)	Increase in quantity % of safety plans reviewed monthly Email communication to PM/DM

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<b>Monthly Review of Safety Plans</b>			
<b>Timeline</b>	<b>Strategies &amp; Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q3 2026 (Jul, Aug, Sept)	Update procedure for safety planning guides	Updated information in CW procedure manual	CW procedure updated
	Monitor safety plan review data	Review PowerBI report(s) Send a quarterly (or monthly) email update to local office leadership about face-to-face data (monthly district data email)	Increase in quantity % of safety plans reviewed monthly Email communication to PM/DM
	Implement safety plan calibration reviews	Review findings	Staff feedback on process Barriers and action plans for local office teams
	Communicate safety plan review calibration implementation plan and expectations	A well-formatted, informative email sent to all relevant staff Present at DM/PM Huddle	Evidence of increased awareness of calibration reviews
Q4 (Oct, Nov, Dec)	Develop and conduct evaluation regarding use of calibration tool and other safety plan guides	Evaluation plan	Feedback on process sustainability, accountability, improvement opportunities
	Monitor safety plan review data	Review PowerBI report(s) Send a quarterly (or monthly) email update to local office leadership about face-to-face data (monthly district data email)	Increase in quantity % of safety plans reviewed monthly Email communication to PM/DM

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<b>Monthly Review of Safety Plans</b>			
<b>Timeline</b>	<b>Strategies &amp; Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
	Quality assurance review of safety plans	Strategy success evaluation Information to inform 2027 planning	Implementation planning
	Share results of YTD trends with staff	Communication to staff about improvement of face-to-face contact % with parents by email	Year-end communication
	Develop 2027 implementation plan	Implementation Plan	Implementation Plan

6. Timely Case Plans

<b>Outcome</b>	Families will have timely, high quality case plans that provide an effective roadmap for both workers and families to address the issues of safety and risk that brought them into the child welfare system.
<b>Goal/Strategy</b>	Increase the percentage of case plans completed within 60/120 days to 90% statewide
<b>Lead responsible for development and tracking of Implementation Plan</b>	In-Home and Reunification Program
<b>Strategy Team(s) involved in this work</b>	In Home & Reunification Strategy Team
<b>Date Plan Created</b>	12/31/2025
<b>Current Performance</b>	81.1% for calendar year 2025 (Foster care and in-home)

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<b>Benchmark</b>		90% for 3 consecutive months by December 31, 2026	
<b>Timely Case Plans</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q1 2026 (Jan, Feb, Mar)	Ensuring a consistent, timely process to transfer cases from CPS to caseworker: <ul style="list-style-type: none"> <li>· Assess how each local office utilizes the statewide transfer process;</li> <li>· Schedule due dates on calendars at prep meetings;</li> <li>· Use family reports for jurisdictional hearings</li> </ul>	A survey tool (possibly) Analysis of themes and gaps to inform strategy use	A completed survey tool
	Putting due dates on calendars at initial prep meetings Add this step to Prep Meeting template	Updated prep meeting template	
	Identify districts using Family Reports (FR) at jurisdiction and what works	Connect districts using FR for jurisdiction to those who are not for strategies and mentoring	% of districts using FR
Q2 2026 (Apr, May, Jun)	Offer to support local office support plans/business protocols	Support plans/business protocols for identified local offices	
	Review transfer process in procedure and make changes if needed	CW procedure updates if needed	
	Create guidance tool for updates to transfer process	Updated Transfer Process Guidance Tool	

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May 1, 2026

<b>Timely Case Plans</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
	Management teams have standing topic re: Timely Case Plan data and Family Report Content Guide to review for improvement and strategy development		
	2026 Perm Fidelity Reviews will monitor improvements in quality (Measures #14, 17-23)	PFR data	TBD
	Districts to monitor data reports re: improving timeliness of case plans and adjust as needed		
Q3 2026 (Jul, Aug, Sept)	Management teams have standing topic re: Timely Case plan data and Family Report Content Guide to review for improvement and strategy development protocols		
	2026 Perm Fidelity Reviews will monitor improvements in quality (Measures #14, 17-23)	PFR data	TBD
	Monitor data re: improving timeliness of case plans and adjust as needed		
Q4 (Oct, Nov, Dec)	Local office management teams have standing topic re: Timely Case Plan data and Family Report Content Guide to review for improvement and strategy development		

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<b>Timely Case Plans</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
	2026 Perm Fidelity Reviews will monitor improvements in quality (Measures #14, 17-23)	PFR data	TBD
	Monitor data re: improving timeliness of case plans and adjust as needed		

7. Timely Enhanced Supervision Plans (ESPs)

<b>Outcome</b>	Children in foster care with an enhanced level of need have a timely supervision plan to support the quality of their care
<b>Strategy/Goal</b>	Increase Enhanced Supervision Plans within 30 days of screening for children with high needs
<b>Lead responsible for development and tracking of Implementation Plan</b>	In-Home & Reunification
<b>Strategy Team(s) involved in this work</b>	In Home and Reunification, Foster Care and Well-Being Strategy Teams
<b>Date Plan Created</b>	12/31/25
<b>Current Performance</b>	23.8% for the period 10/24-9/25
<b>Benchmark</b>	30% by June 30, 2026
<b>Benchmark</b>	50% by December 31, 2026

**Timely Enhanced Supervision Plans**

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Timeline	Tasks	Deliverables	Key Measures (can include qualitative and quantitative)
Q1 2026 (Jan, Feb, Mar)	Identify how and when caseworkers are notified that a child has an enhanced level of care and how the expectation of a supervision plan is communicated	Map of process	
	Schedule and hold a meeting with the Well-Being team to identify possible improvements to the notification process	Meeting held	
	If improvements identified, create written guidance for improving the notification process	Written guidance for improving the notification process	
	Schedule and hold a meeting with the Foster Care team to identify how certifiers can support caseworkers in completing timely supervision plans	Meeting held	
	If agreed upon, create written guidance for how certifiers can support caseworkers in completing supervision plans	Written guidance for how certifiers can support caseworkers in completing supervision plans	
	Provide statewide communication regarding any changes to process	E-mail communication and attachments for wide distribution.	
	Identify local offices that complete supervision plans at 30% or below	Offer meeting to discuss strategies for improvement	
Q2 2026 (Apr, May, Jun)	Executive Leadership Team (ELT) will send monthly email to all districts with supervision plan data	Email sent	

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	Local office management teams have standing topic re; Collaborative Agreement (CA), Safety Action Plan (SAP) data to review for improvement and strategy development		Local Offices will complete Supervision Plans at 30% or above
	Identify local offices that complete supervision plans at 40% or below	Offer meeting to discuss strategies for improvement	
Q3 2026 (Jul, Aug, Sept)	Local office management teams have standing topic re; CA, SAP data to review for improvement and strategy development		Local Offices will complete Supervision Plans at 40% or above
	Identify local offices that complete supervision plans at 50% or below	Offer meeting to discuss strategies for improvement	
Q4 (Oct, Nov, Dec)	Local office management teams have standing topic re; CA, SAP data to review for improvement and strategy development		Local Offices will complete Supervision Plans at 50% or above

## Placements and Services Implementation Plans

### 1. Behavioral Health - Treatment Foster Care (BH-TFC) Expansion

<b>Outcome</b>	Placement quality and stability for children with complex needs
<b>Strategy</b>	Behavioral Health Treatment Foster Care (BH-TFC) Expansion
<b>Lead responsible for development and tracking of Implementation Plan</b>	Treatment Services
<b>Strategy Team(s) involved in this work</b>	Placements & Services Strategy Team

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<b>Date Plan Created</b>	12/22/2025
<b>Current Performance</b>	5 BH-TFC providers, 47 contracted beds
<b>Benchmark</b>	8 BH-TFC providers, 71 contracted beds by end of Q4 2026
<b>Benchmark</b>	100% of new BH-TFC homes have had at least one child/youth placed by end of Q4

## Behavioral Health - Treatment Foster Care (BH-TFC) Expansion

<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q1 2026 (Jan, Feb, Mar)	Onboard new BH-TFC providers awarded contracts following the BH-TFC post-pilot Request for Proposals in 2025	Individual technical assistance meetings with new BH-TFC providers; Group meeting with new BH-TFC providers	Consistent provider participation in TA meetings; 100% provider participation in group meeting
	Support the onboarding of new BH-TFC certified homes	New BH-TFC certified homes	24 new BH-TFC homes available for placement by end of Q4
Q2 2026 (Apr, May, Jun)	Facilitate the placement of BH-TFC qualified children/young adults in new BH-TFC certified homes	BH-TFC referrals; Children/young adults placed in new BH-TFC certified homes	Number of referrals to new providers; 100% of new BH-TFC homes have had at least one child/youth placed within 3 months; New BH-TFC contract utilization at target by end of Q4
Q4 (Oct, Nov, Dec)	Review overall BH-TFC demand and utilization trends	Report on BH-TFC trends	Number of BH-TFC referrals; Decrease in number of BH-TFC referrals per child; Contract utilization at target, etc.

## 2. Child Specific Caregiver Supports (CSCS) Expansion

<b>Outcome</b>	Placement quality and stability for children with complex needs		
<b>Strategy</b>	Child Specific Caregiver Supports (CSCS) Expansion		
<b>Lead responsible for development and tracking of Implementation Plan</b>	Treatment Services Permanency		
<b>Strategy Team(s) involved in this work</b>	Placements & Services Strategy Team		
<b>Date Plan Created</b>	12/22/2022 (CSCS program was created) 12/2/2025 (Current implementation plan created)		
<b>Current Performance</b>	Available in 25% of counties		
<b>Benchmark</b>	A Policy Option Package (POP) for expansion of CSCS was not approved during the 2023 or 2025 legislative sessions. A new POP seeking approval for an alternative funding route through adoption savings for both CSCS and RSN is tentatively being developed for the 2027 legislative session.		
<b>Benchmark</b>	If the POP is approved, CSCS is available in 50% of counties by 2029		
<b>Benchmark</b>	90% of counties by 2035		
<b>Child Specific Caregiver Supports (CSCS) Expansion</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q2 2026 (Jan, Feb, Mar)	Draft POP for use of FF to support needed positions (FTE).	Draft POP for ODHS and Governor's Office (GO) review ahead of 2027 session	

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Q3-Q4 2026	Participate in budget build process	Respond to Q&A from ODHS leadership and GO	Current outcomes data, clarification for draft POP
Q1-Q2 2027	Participate in 2027 Legislative Session	Provide testimony and written responses as needed	Passing as approved out of the session
Q3-Q4 2027	Pending approval by Legislature: initiate recruitment process to hire 3 FTE	3 FTE hired	Position description review completion Recruitment process Interviews Reference reviews
Q1 2028	Onboard new staff	Complete hiring process	Onboarding training, TA, coaching
Q2 2028	Initiate consultation with each district and CCO	Local engagement/listening sessions, work with Tribes, engagement with community providers and local CCOs	Implementation plan developed and established
Q3-Q4 2028	Identify and stage roll out based on local community feedback	Complete partnership engagement and contract negotiations with community providers	Ongoing implementation meetings established and contract execution

### 3. Increase KEEP Participation (evidence-based support and skill enhancement program for resource and relative resource parents)

<b>Outcome</b>	Placement stability, reduce maltreatment in care, reduce re-entry
<b>Strategy</b>	Increase KEEP participation with resource parents and parents (during initial reunification)
<b>Program responsible for development and tracking of Implementation Plan</b>	Foster Care Program

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<b>Strategy Team(s) involved in this work</b>	Placement and Services strategy team
<b>Date Plan Created</b>	12/4/25
<b>Current Performance</b>	31.5% from January 2025-July 2025 of eligible resource parents participate in KEEP
<b>Benchmark</b>	33% by July 2026 of eligible resource parents

<b>Increase KEEP Participation</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q1 2026 (Jan, Feb, Mar)	Draft, review and send monthly email to certification about KEEP enrollment and referral process	A well formatted, informative email sent to all certification staff.	Evidence of increased referrals to KEEP by certifier
	Review and correct resource parent information in FETCH database monthly	A comprehensive and updated database/report of all active resource parents, including: <ul style="list-style-type: none"> <li>• Verified contact information (address, phone, email)</li> <li>• Licensing status and expiration dates</li> <li>• Demographic details (language, household composition, etc.)</li> <li>• Notes on any discrepancies corrected</li> </ul>	Increased accuracy of resource parent information for outreach

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<b>Increase KEEP Participation</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
	Contact with eligible resource parents	<p>A quarterly report documenting outreach to all eligible resource parents including</p> <ul style="list-style-type: none"> <li>• Date and method of contact (phone, email, in-person, etc.)</li> <li>• Purpose of contact (e.g., placement availability, support check-in, training reminders)</li> <li>• Summary of conversation or outcome</li> </ul>	95% of eligible resource parents contacted
Q2 2026 (Apr, May, Jun)	Draft, review and send monthly email to certification about KEEP enrollment and referral process	A well formatted, informative email sent to all certification staff.	Evidence of increased referrals to KEEP by certifier

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<b>Increase KEEP Participation</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
	Review and correct resource parent information in FETCH monthly	<p>A comprehensive and updated database/report of all active resource parents, including:</p> <ul style="list-style-type: none"> <li>• Verified contact information (address, phone, email)</li> <li>• Licensing status and expiration dates</li> <li>• Demographic details (language, household composition, etc.)</li> <li>• Notes on any discrepancies corrected</li> </ul>	Increased accuracy of resource parent information for outreach
	Contact with eligible resource parents	<p>A quarterly report documenting outreach to all eligible resource parents including</p> <ul style="list-style-type: none"> <li>• Date and method of contact (phone, email, in-person, etc.)</li> <li>• Purpose of contact (e.g., placement availability, support check-in, training reminders)</li> <li>• Summary of conversation or outcome</li> </ul>	95% of eligible resource parents contacted

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<b>Increase KEEP Participation</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q3 2026 (Jul, Aug, Sept)	Draft, review and send monthly email to certification about KEEP enrollment and referral process	A well formatted, informative email sent to all certification staff.	Evidence of increased referrals to KEEP by certifier
	Review and correct resource parent information in FETCH monthly	A comprehensive and updated database/report of all active resource parents, including: <ul style="list-style-type: none"> <li>• Verified contact information (address, phone, email)</li> <li>• Licensing status and expiration dates</li> <li>• Demographic details (language, household composition, etc.)</li> <li>• Notes on any discrepancies corrected</li> </ul>	Increased accuracy of resource parent information for outreach

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<b>Increase KEEP Participation</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
	Contact with eligible resource parents	<p>A quarterly report documenting outreach to all eligible resource parents including</p> <ul style="list-style-type: none"> <li>• Date and method of contact (phone, email, in-person, etc.)</li> <li>• Purpose of contact (e.g., placement availability, support check-in, training reminders)</li> <li>• Summary of conversation or outcome</li> </ul>	95% of eligible resource parents contacted
Q4 (Oct, Nov, Dec)	Draft, review and send monthly email to certification about KEEP enrollment and referral process	A well formatted, informative email sent to all certification staff.	Evidence of increased referrals to KEEP by certifier

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<b>Increase KEEP Participation</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
	Review and correct resource parent information in FETCH monthly	<p>A comprehensive and updated database/report of all active resource parents, including:</p> <ul style="list-style-type: none"> <li>• Verified contact information (address, phone, email)</li> <li>• Licensing status and expiration dates</li> <li>• Demographic details (language, household composition, etc.)</li> <li>• Notes on any discrepancies corrected</li> </ul>	Increased accuracy of resource parent information for outreach
	Contact with eligible resource parents	<p>A quarterly report documenting outreach to all eligible resource parents including</p> <ul style="list-style-type: none"> <li>• Date and method of contact (phone, email, in-person, etc.)</li> <li>• Purpose of contact (e.g., placement availability, support check-in, training reminders)</li> <li>• Summary of conversation or outcome</li> </ul>	95% of eligible resource parents contacted

4. Recruitment of Resource Parents

<b>Outcome</b>	Placement stability Reduce maltreatment in care
<b>Strategy</b>	Increase recruitment of general resource parents and retention of all resource parents.
<b>Lead responsible for development and tracking of Implementation Plan</b>	Foster Care Program
<b>Strategy Team(s) involved in this work</b>	Placement and Services Strategy Team
<b>Date Plan Created</b>	12/31/25
<b>Current Performance</b>	<p>2023- New General Resource Homes certified=<b>215</b> (CW FC 1019)                  2024- New General Resource Homes certified=<b>195</b> (CW FC 1019)                  2025- New General Resource Homes certified=<b>173</b> (CW FC 1019)</p> <p>2023 General Resource Home Retention Rate=<b>78%</b>                  2024 General Resource Home Retention Rate=<b>77%</b>                  2025 General Resource Home Retention Rate= *</p> <p>July 1, 2023- June 30, 2024, Inquiry to certification rate for general applicants: <b>14%</b>                  July 1, 2024- June 30, 2025, Inquiry to certification rate for general applicants: <b>13%</b>                  *Due to data lag, 2025 retention rate to be calculated at the end of Q1'26 due to data lag.                  **Due to data lag, calculate final progress at the end of Q1'27.</p>
<b>Benchmark</b>	By Dec 31, 2026, new General Resource Families certified = 200

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<b>Benchmark</b>	By Dec 31, 2026, increase General Resource Family satisfaction by 7%
<b>Benchmark</b>	For January 1, 2025- December 31, 2025, inquiry through certification rate of 17%
<b>Benchmark</b>	By Dec 31, 2026, General Resource Home Retention Rate= 80%

## Recruitment of Resource Parents

<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q1 2026 (Jan, Feb, Mar)	Development of annual data informed district retention and recruitment action plans due end of February 2026	16 district plans submitted to Central Office Retention and Recruitment (RR) team.	Completed data-informed plans to track the year's goals, activities and progress.
	Collaborate with Every Child on the development & deployment of Ecosystem platform.	3 collaborative meetings between ODHS and Every Child	Timeline and plan to ecosystem launch.
	Procure a technology solution for inquiry through certification process. (RPICT)	Signed contract Project kickoff meetings	Signed contract Completed kickoff and project timeline
	Create pending certificate in OR-Kids (CW data system) upon receipt of application	Update Business Process Guide (BPG) to include this work	Track pending certificates and application dates through OR-kids data reports
	Draft, review and send quarterly communication about Resource Parent Customer Service training to all CW supervisors and caseworkers (SSS1s).	A well formatted, informative communication delivered to all caseworkers.	Increased awareness among SSS1s and supervisors in their awareness and knowledge of the value of the customer service approach and how that impacts resource parent retention.

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<b>Recruitment of Resource Parents</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q2 2026 (Apr, May, Jun)	Collaborate with Every Child on the development & deployment of Ecosystem platform.	Data sharing agreement work	Identified data components and requirements
	Retention and Recruitment Action Plan implementation by districts.	Completed quarterly reports detailing progress on retention and recruitment updates. Statewide progress report	Status updates on goals.
	RPIC T tech solution sprint meetings for solution development.	RPIC T technical design documents	Accepted/approved design documents
	Monitor creation of pending certificates upon completion of application	Quarterly report summarizing all of the pending certificates for general and adopt applicants	Trend analysis at the end of each quarter and shared with district champions and their supervisor
	Draft, review and send quarterly communication about Resource Parent Customer Service training to all CW supervisors and SSS1s.	A well formatted, informative communication delivered to all SSS1s.	Increased awareness among SSS1s and supervisors in their awareness and knowledge of the value of the customer service approach and how that impacts resource parent retention.
Q3 2026 (Jul, Aug, Sept)	Phased implementation of ecosystem platform.	Ecosystem implemented in identified pilot counties.	Counties are live and fully testing the system with support from Every Child.
	RPIC T tech solution sprint meetings for solution development.	RPIC T Implementation plan	Receipt and approval of tech solution implementation plan

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<b>Recruitment of Resource Parents</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
	Monitor creation of pending certificates upon completion of application	Quarterly report summarizing all of the pending certificates for general and adopt applicants	Trend analysis at the end of each quarter and shared with district champions and their supervisor
	Draft, review and send quarterly communication about Resource Parent Customer Service training to all CW supervisors and SSS1s.	A well formatted, informative communication delivered to all SSS1s.	Increased awareness among SSS1s and supervisors in their awareness and knowledge of the value of the customer service approach and how that impacts resource parent retention.
	Retention and Recruitment Action Plan implementation by districts.	Completed quarterly reports detailing progress on retention and recruitment updates. Statewide progress report	Status updates on goals.
Q4 (Oct, Nov, Dec)	Statewide implementation of Every Child ecosystem platform.	Comprehensive program-wide and data-informed platform to inform strategic home retention and recruitment.	Live Eco system available to all counties statewide
	RP ICT tech solution sprint meetings for solution development.	RP ICT User Acceptance Testing (UAT) portal, UAT subject matter expert testers	Completion of RP ICT UAT
	Retention and Recruitment Action Plan implementation by districts.	Completed quarterly reports detailing progress on retention and recruitment updates. Statewide progress report	Status updates on goals.

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<b>Recruitment of Resource Parents</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
	Monitor creation of pending certificates upon completion of application	Quarterly report summarizing all of the pending certificates for general and adopt applicants	Trend analysis at the end of each quarter and shared with district champions and their supervisor

### 5. Relative Placement

<b>Outcome</b>	Placement stability, reduce maltreatment in care, reduce re-entry
<b>Strategy</b>	Increase placements with relatives for children in foster care
<b>Lead responsible for development and tracking of Implementation Plan</b>	Foster Care Program In-Home and Reunification Program
<b>Strategy Team(s) involved in this work</b>	Placement and Services Strategy Team Permanency Team Safety Team
<b>Date Plan Created</b>	12/17/25
<b>Current Performance</b>	Nov 2024-Nov 2025 Initial placement with relatives 36.5% Nov 2024-Nov 2025 Of the total children in care, 39.5% were placed with a relative
<b>Benchmark</b>	Initial placement with relatives 41% by November 2026 Of total children in care, 44% are placed with a relative by November 2026

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<p><b>Benchmark</b></p>	<p>Initial placement with relatives 46% by November 2027 Of total children in care, 49% are placed with a relative by November 2027</p>		
<p><b>Benchmark</b></p>	<p>Initial placement with relatives 51% by November 2028 Of total children in care, 54% are placed with a relative by November 2028</p>		
<p><b>Relative Placement</b></p>			
<p><b>Timeline</b></p>	<p><b>Tasks</b></p>	<p><b>Deliverables</b></p>	<p><b>Key Measures (can include qualitative and quantitative)</b></p>
<p>Q1 2026 (Jan, Feb, Mar)</p>	<p>Monitor and document reasons for non-approval of temporary foster care certificates to ensure compliance with rule and improve decision-making transparency.</p>	<p>Quarterly report summarizing all temporary certificate applications that were not approved, including:</p> <ul style="list-style-type: none"> <li>● Applicant details</li> <li>● Date of application</li> <li>● Specific reason(s) for non-approval (e.g., background check issues, incomplete documentation, home safety concerns)</li> <li>● Any follow-up actions taken or recommended</li> </ul>	<p>100% of non-approved temporary certificate cases are documented with clear, rule-aligned reasons. Quarterly trend analysis completed and reviewed by Foster Care Program at the end of each quarter</p>
	<p>Review monthly initial placement with relatives data. (Form FC-1032-D)</p>	<p>Regular review of initial placement with relatives data with District leadership.</p>	<ul style="list-style-type: none"> <li>● Number and percentage of children initially placed with relatives.</li> <li>● Trends over time (month-to-month comparisons).</li> <li>● Identification of patterns, disparities, or anomalies in placement practices.</li> </ul>

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	Draft, review and send quarterly communication about the importance of relative engagement and placement to all caseworkers.	A well formatted, informative communication delivered to all caseworkers.	Increased awareness among caseworkers in their awareness and knowledge of the value and importance of placement with relatives, resulting in strengthening children’s relationships with their families and increasing placement stability
Q2 2026 (Apr, May, Jun)	Monitor and document reasons for non-approval of temporary foster care certificates to ensure compliance with rule and improve decision-making transparency.	Quarterly report summarizing all temporary certificate applications that were not approved, including: <ul style="list-style-type: none"> <li>• Applicant details</li> <li>• Date of application</li> <li>• Specific reason(s) for non-approval (e.g., background check issues, incomplete documentation, home safety concerns)</li> <li>• Any follow-up actions taken or recommended</li> </ul>	100% of non-approved temporary certificate cases are documented with clear, rule-aligned reasons. Quarterly trend analysis completed and reviewed by Foster Care Program at the end of each quarter
	Draft, review and send quarterly communication about the importance of relative engagement to all caseworkers.	A well formatted, informative communication delivered to all caseworkers.	Increased awareness among caseworkers in their awareness and knowledge of the value and importance of placement with relatives, resulting in strengthening children’s relationships with their families and increasing placement stability.

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	Review monthly initial placement with relatives data. (FC-1032-D)	Regular review of initial placement with relatives data with District leadership.	<ul style="list-style-type: none"> <li>• Number and percentage of children initially placed with relatives.</li> <li>• Trends over time (month-to-month comparisons).</li> <li>• Identification of patterns, disparities, or anomalies in placement practices.</li> </ul>
	Convene Child Protective Services, Perm and Certification to review strategies to increase relative/kinship care	Regular convening established	Cross-sharing of strategies Identification of gaps and opportunities
	Review the distribution and function of the Diligent Relative Search Specialists	Analysis identifying how these positions are distributed across the districts Review of this function (which is primarily computer search) and assessment of effectiveness	Analysis informs planning for resources to increase relative placement
	Review implementation of new relative search contracts	Analysis of contract utilization by district and results	Analysis informs planning for increasing relative care

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<p>Q3 2026 (Jul, Aug, Sept)</p>	<p>Monitor and document reasons for non-approval of temporary foster care certificates to ensure compliance with rule and improve decision-making transparency.</p>	<p>Quarterly report summarizing all temporary certificate applications that were not approved, including:</p> <ul style="list-style-type: none"> <li>• Applicant details</li> <li>• Date of application</li> <li>• Specific reason(s) for non-approval (e.g., background check issues, incomplete documentation, home safety concerns)</li> <li>• Any follow-up actions taken or recommended</li> </ul>	<p>100% of non-approved temporary certificate cases are documented with clear, rule-aligned reasons. Quarterly trend analysis completed and reviewed by Foster Care Program at the end of each quarter</p>
	<p>Review monthly initial placement with relatives data. (FC-1032-D)</p>	<p>Regular review of initial placement with relatives data with District leadership.</p>	<ul style="list-style-type: none"> <li>• Number and percentage of children initially placed with relatives.</li> <li>• Trends over time (month-to-month comparisons).</li> <li>• Identification of patterns, disparities, or anomalies in placement practices.</li> </ul>
	<p>Draft, review and send quarterly communication about the importance of relative engagement to all caseworkers.</p>	<p>A well formatted, informative communication delivered to all caseworkers.</p>	<p>Increased awareness among caseworkers in their awareness and knowledge of the value and importance of placement with relatives, resulting in strengthening children’s relationships with their families and increasing placement stability.</p>

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<p>Q4 (Oct, Nov, Dec)</p>	<p>Monitor and document reasons for non-approval of temporary foster care certificates to ensure compliance with rule and improve decision-making transparency.</p>	<p>Quarterly report summarizing all temporary certificate applications that were not approved, including:</p> <ul style="list-style-type: none"> <li>• Applicant details</li> <li>• Date of application</li> <li>• Specific reason(s) for non-approval (e.g., background check issues, incomplete documentation, home safety concerns)</li> <li>• Any follow-up actions taken or recommended</li> </ul>	<p>100% of non-approved temporary certificate cases are documented with clear, rule-aligned reasons.</p> <p>Quarterly trend analysis completed and reviewed by Foster Care Program at the end of each quarter</p>
	<p>Monitor and analyze monthly initial placement with relatives' data. (FC-1032-D)</p>	<p>Regular review of data with Districts Leadership.</p>	<ul style="list-style-type: none"> <li>• Number and percentage of children initially placed with relatives.</li> <li>• Trends over time (month-to-month comparisons).</li> <li>• Identification of patterns, disparities, or anomalies in placement practices.</li> </ul>
	<p>Draft, review and send quarterly communication about the importance of relative engagement to all caseworkers.</p>	<p>A well formatted, informative communication delivered to all caseworkers.</p>	<p>Increased awareness among caseworkers in their awareness and knowledge of the value and importance of placement with relatives, resulting in strengthening children's relationships with their families and increasing placement stability.</p>

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	Explore implementation of a specific kinship search & engagement model	Identification and review of models	Selection and implementation of a specific model will improve practice and increase relative/kinship care and support for kinship families
	Explore implementation of a Kinship Exception request process	Review of exception processes and determination of whether ODHS will implement one	Implementation of this process helps firmly establish a culture where kin placements are the expectation and non-kin placements are considered the exception.

## 6. Respite Care

<b>Outcome</b>	Placement stability, reduce maltreatment in care, reduce re-entry
<b>Strategy</b>	Increase use of respite in ODHS certified homes and during initial return home.
<b>Lead responsible for development and tracking of Implementation Plan</b>	Foster Care Program
<b>Strategy Team(s) involved in this work</b>	Placement and Services Strategy Team
<b>Date Plan Created</b>	11/19/25
<b>Current Performance</b>	January 2025- Nov 19, 2025, 1154 Resource Families have accessed respite. January 2025- Nov 19, 2025, 92 Parents have accessed respite.
<b>Benchmark</b>	December 2026 10% increase in Resource Families accessing respite.

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<b>Benchmark</b>		December 2026 5% increase in Parents accessing respite during initial return home.	
		*Benchmarks are dependent on budget for respite.	
<b>Respite Care</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q1 2026 (Jan, Feb, Mar)	Define calculation logic for respite usage percentages	The completed, tested and approved version of the dashboard ready for rollout	Percentage of correctly calculated respite usage
	Design, print, and distribute a postcard to inform families and providers about respite care availability and benefits.	A professionally designed and printed postcard mailed to the target audience Digital version of the postcard for email or social media distribution	Number of postcards mailed
	Draft, review, and send a quarterly email update to staff about respite care resources, usage trends, and reminders	A well-formatted, informative email sent to all relevant staff PDF version for posting on internal OWL (Our Work link - intranet with staff resources)	Evidence of increased awareness or usage of respite resources following the email
Q2 2026 (Apr, May, Jun)	Draft, review, and send a quarterly email update to staff about respite care resources, usage trends, and reminders	A well-formatted, informative email sent to all relevant staff PDF version for posting on internal OWL	Evidence of increased awareness or usage of respite resources following the email
	Track and review all pending respite care applications to ensure timely processing and identify any delays or barriers.	Escalation list for applications pending beyond the defined timelines (180 days)	Average processing time (in days) from application to approval

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<b>Respite Care</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q3 2026 (Jul, Aug, Sept)	Draft, review, and send a quarterly email update to staff about respite care resources, usage trends, and reminders	A well-formatted, informative email sent to all relevant staff PDF version for posting on internal OWL	Evidence of increased awareness or usage of respite resources following the email
	Re-launch short social media video to raise awareness about respite care services and how families can access them through Every Child	Post to social media platforms established with Every Child like Facebook, and Instagram.	Number of views, likes, shares, and comments on the video Click-through rate if the video includes a link to more information or an application form
Q4 (Oct, Nov, Dec)	Draft, review, and send a quarterly email update to staff about respite care resources, usage trends, and reminders	A well-formatted, informative email sent to all relevant staff PDF version for posting on internal OWL	Evidence of increased awareness or usage of respite resources following the email
	Track and review all pending respite care applications to ensure timely processing and identify any delays or barriers.	Escalation list for applications pending beyond the defined timelines (180 days)	Average processing time (in days) from application to approval

## 7. Response and Support Network (RSN) Expansion

<b>Outcome</b>	Placement quality and stability for children with complex needs
<b>Strategy</b>	Response & Support Network expansion

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<b>Lead responsible for development and tracking of Implementation Plan</b>	Treatment Services Permanency
<b>Strategy Team(s) involved in this work</b>	Placements & Services Strategy Team
<b>Date Plan Created</b>	1/1/2021 (RSN program created) 12/2/2025 (Current implementation plan created)
<b>Dates Revised</b>	12/2/2025
<b>Current Performance</b>	10% of the state by county for the period 1/2025-12/2025
<b>Benchmark</b>	A Policy Option Package (POP) for expansion of RSN was not approved during the 2023 or 2025 legislative sessions. A new POP seeking approval for an alternative funding route through adoption savings for both RSN and CSCS is tentatively being developed for the 2027 legislative session.
<b>Benchmark</b>	If the POP is approved, RSN will be available in 50% of counties by 2030
<b>Benchmark</b>	90% of counties by 2040

**Response and Support Network (RSN) Expansion**

<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q2 2026 (Jan, Feb, Mar) Q3-Q4 2026	Draft POP for use of funding to support needed staff positions (FTE).	Draft POP for ODHS and Governor’s Office (GO) review ahead of 2027 session	
	Participate in budget build process	Respond to Q&A from ODHS leadership and GO	Current outcomes data, clarification for draft POP

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<b>Response and Support Network (RSN) Expansion</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q1-Q2 2027	Participate in 2027 Legislative Session	Provide testimony and written responses as needed	Passing as approved out of the session
Q3-Q4 2027	Pending approval by Legislature: initiate recruitment process to hire 3 FTE	3 FTE hired	Position description review completion Recruitment process Interviews Reference reviews
Q1 2028	Onboard new staff	Complete hiring process	Onboarding training, TA, coaching
Q2 2028	Initiate consultation with each district and Coordinated Care Organizations (CCOs)	Local engagement/listening sessions, work with Tribes, engagement with community providers and local CCOs	Implementation plan developed and established
Q3-Q4 2028	Identify and stage roll out based on local community feedback	Complete partnership engagement and contract negotiations with community providers	Ongoing implementation meetings established and contract execution

## 8. Placement Stability Protocol

<b>Outcome</b>	Stable foster care placements and reduced use of temporary lodging
<b>Strategy</b>	Implement Placement Stability protocol
<b>Lead responsible for development and tracking of Implementation Plan</b>	Foster Care Program

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<b>Strategy Team(s) involved in this work</b>	Placement and Services Strategy Team In-home & Reunification Team Safety Team
<b>Date Plan Created</b>	2/6/26
<b>Current Performance</b>	5.0 Moves per 1000 Days in Care in 2025
<b>Benchmark</b>	4.5 (federal standard)

**Placement Stability Protocol**

<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q1 2026 (Jan, Feb, Mar)	Conduct a statewide assessment via survey to identify and categorize the types of facilitated meetings currently held in each child welfare district. This includes understanding the purpose, frequency, participants, and outcomes of these meetings.	A comprehensive District Meeting Inventory Report that includes: A list of all facilitated meeting types by district (e.g., Family Decision Meetings, Permanency Planning, Safety Planning, Case Reviews). Meeting objectives and intended outcomes. Frequency and participation details. Identification of gaps or inconsistencies across districts.	Completion rate of districts that provided responses to survey All meeting types clearly defined and grouped under categories

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<b>Placement Stability Protocol</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
	Form and facilitate a cross-program workgroup to develop and implement strategies that improve placement stability for children in care. This includes identifying root causes of placement disruptions, aligning resources, and creating actionable solutions.	<p>A Placement Stability Strategy Implementation Plan that includes:</p> <ul style="list-style-type: none"> <li>• Root Cause Analysis: Key factors contributing to placement instability.</li> <li>• Strategic Actions: At least 3–5 strategies (e.g., caregiver support programs, enhanced matching processes, trauma-informed training).</li> <li>• Implementation Timeline: Clear milestones and responsible parties.</li> <li>• Monitoring Framework: How progress will be tracked and reported.</li> </ul>	<p>Reduction in placement moves</p> <p>Increase percentage of children who remain in the same placement for 12 months or longer</p> <p>*Family type setting</p>
Q2 2026 (Apr, May, Jun)	Establish and conduct a standardized, trauma-informed Stabilization Meeting with the resource parent(s), caseworker, child’s supports (e.g., therapist, CASA, school), and placement services within 24–48 hours of a disruption signal (e.g., notice of intent to end placement, critical incident, repeated escalations).	A complete Placement Disruption Stabilization Toolkit & Protocol	<p>Timely convening of stabilization meeting</p> <p>Required participant attendance</p> <p>Documentation of meetings summary and action plans</p>

## **Health and Mental Health Implementation Plans**

### 1. Timely Nursing Assessments

<b>Outcome</b>	90% of children receive a completed nursing assessment within 10 days of entering foster care
<b>Strategy</b>	1) Decrease time for placement entry into OR-Kids from 3 days to next business day (separate implementation plan) 2) Monitor data to track both timely placement entry and nursing assessments to document correlation/theory of change
<b>Lead responsible for development and tracking of Implementation Plan</b>	Health and Wellness Program
<b>Strategy Team(s) involved in this work</b>	Medical/MH Assessments and Referrals
<b>Date Plan Created</b>	12/23/25
<b>Current Performance</b>	24.9% July 24-June 25
<b>Benchmark</b>	90% by Dec. 31, 2028

<b>Timely Nursing Assessments</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q1 2026 (Jan, Feb, Mar)	Get baseline data for timely assessments and nursing assessments	Baseline data	Document baseline data

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<b>Timely Nursing Assessments</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
	Add ability to filter assessments by individual nurses	Technical fix	Review assessments by individual nurse and provide coaching where indicated
Q2 2026 (Apr, May, Jun)	Monitor data	Monitor data, compare timely assessments and nursing assessments Provide coaching where indicated	Data comparison
Q3 2026 (Jul, Aug, Sept)	Monitor data	Monitor data, compare timely assessments and nursing assessments Provide coaching where indicated	Data comparison
Q4 (Oct, Nov, Dec)	Monitor data	Monitor data, compare timely assessments and nursing assessments Provide coaching where indicated	Data comparison

## 2. Technical Assistance Learning Series for CCOs Providers

<b>Outcome</b>	CCOs provide physical and dental health assessments within 30 days of notification of child entering foster care and mental health assessments within 60 days of child entering foster care.
<b>Strategy</b>	Develop a technical learning series for CCOs, DCOs and providers to work together to improve performance

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<b>Lead responsible for development and tracking of Implementation Plan</b>	Oregon Health Authority
<b>Strategy Team(s) involved in this work</b>	Medical/MH Assessments and Referrals
<b>Date Plan Created</b>	12/23/25
<b>Current Performance</b>	N/A (does not currently exist)
<b>Benchmark</b>	100% complete August 2026

**Technical Assistance Learning Series for CCOs Providers**

<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q4 2025	Develop learning series	<a href="#">Learning series schedule</a>	Completion of schedule
Q1 2026 (Jan, Feb, Mar)	Collect baseline data from ODHS*	Baseline data	Baseline data
	Publicize learning series	Communication strategy implemented	Information shared through channels
	Host kickoff meeting and systems mapping	Meeting in March	Meeting held, number and affiliation of participants
	Host meeting to clarify care coordination roles and responsibilities	Meeting #2 held	Meeting held, number and affiliation of participants
Q2 2026 (Apr, May, Jun)	Host meeting to share education and communication strategies	Meeting #3 held	Meeting held, number and affiliation of participants
	Host meeting to strengthen CCO-provider relationships	Meeting #4 held	Meeting held, number and affiliation of participants

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	Host meeting to support timely dental assessments	Meeting #5 held	Meeting held, number and affiliation of participants
Q3 2026 (Jul, Aug, Sept)	Host meeting to discuss sustaining progress in 2027 and beyond	Meeting #6 held	Meeting held, number and affiliation of participants, action plan developed
	Assessment and action plan implementation	Develop strategy to implement action plan developed in meeting 6	Action plan implementation strategy developed and begin to be implemented

\* OHA incentive measure data is published every six months and is a year behind. CW Health Care team collects the data on children in foster care and provides it to OHA.

## Maltreatment in Care Notification and Reporting Implementation Plans

### 1. MIC Notification and Reporting

<b>Outcome</b>	Timely notification of legal parties when a report is received of suspected abuse of a child in care
<b>Strategy</b>	Implement Maltreatment in Care Notification and Reporting protocols by communicating with and providing training to staff
<b>Lead responsible for development and tracking of Implementation Plan</b>	In-Home and Reunification Safety Program
<b>Strategy Team(s) involved in this work</b>	MIC Notification and Reporting
<b>Date Plan Created</b>	12/12/25

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<b>Dates Revised</b>		1/22/26	
<b>Current Performance</b> <b>Percent of notification that occurs within 3 days of receiving report of maltreatment of a child in care</b>		Not available	
<b>Benchmark</b>		75% by 5/1/2027	
<b>Benchmark</b>		90% by 5/1/2028	
<b>MIC Notification and Reporting</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q1 2026 (Jan, Feb, Mar)	Develop and implement communication and training plan	Communication tools, training module	% of applicable staff who complete training
	Share protocol and technical improvements (OR-Kids)	Present at District Manager (DM), Program Manager (PM), Child Welfare Huddle and Office Manager (OM) meetings	Presentations delivered
	Amend CW procedure manual with new protocol	Updated info in CW procedure manual	CW procedure manual updated
Q2 2026 (Apr, May, Jun)	Develop dashboard	Dashboard for reporting on timeliness of notification by district and local office	Dashboard developed
	Monitor results	Review dashboard results monthly for timeliness of notification by district and local office, communicate with DMs and OMs	Monthly communication

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<b>MIC Notification and Reporting</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q3 2026 (Jul, Aug, Sept)	Reminder communication	Send mid-year reminder about protocols and data entry	Communication with staff
Q4 (Oct, Nov, Dec)	Share results of YTD trends with staff	Communication to staff about improvement in timely notification	Communication with staff

## 2. MIC Notification and Reporting Review

<b>Outcome</b>	Timely notification of legal parties when a report is received of suspected abuse of a child in care
<b>Strategy</b>	Implement MIC notification qualitative review process
<b>Lead responsible for development and tracking of Implementation Plan</b>	In-Home and Reunification
<b>Strategy Team(s) involved in this work</b>	MIC Notification and Reporting
<b>Date Plan Created</b>	12/12/25
<b>Dates Revised</b>	1/22/26
<b>Current Performance</b>	Not available yet
<b>Benchmark</b>	90% rated strength 5/1/2028

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<b>MIC Notification and Reporting Review</b>			
<b>Timeline</b>	<b>Tasks</b>	<b>Deliverables</b>	<b>Key Measures (can include qualitative and quantitative)</b>
Q1 2026 (Jan, Feb, Mar)	Finalize approach to qualitative review	Process for conducting qualitative review annually	Process is developed; key partners are informed and supportive
	Develop review guide	Final review guide	Develop and finalize review guide with approval from Neutral
Q2 2026 (Apr, May, Jun)	Select review team to pilot review process in 2026	One reviewer is selected by Office Managers (OMs) for each local office	List of reviewers is completed
	Finalize methodology and tool in collaboration with the Neutral	Approved methodology and tool	Approved methodology and tool is finalized
	Train reviewers	Training session for review team to pilot review guide and tool	Training session conducted
Q3 2026 (Jul, Aug, Sept)	Adjust review guide if needed for clarity	Revised review guide if needed	Revised review guide
Q4 (Oct, Nov, Dec)	Select review team for 2027	One reviewer is selected by OMs for each local office (preferably the same as the previous year)	List of reviewers is completed

## Appendix B: District/Local Office CQI Plan Focus Areas

	<b>Current Lead Measure</b>	<b>Action Steps Summary</b>	<b>Lag Measures Impacted</b>
1: Tillamook/Clatsop	Accuracy and Sufficiency of Ongoing Safety Plans	Reviewing OSP policy and procedure during bimonthly learning sessions	-Recur Mal Tx Mal Tx FC Placement stability Perm in 12 – 23 mo.
1: Columbia	Collateral Contacts	Discuss during Weekly staffings Centralizing where ROI's are stored Training on ROI's Training on Collateral Contact Guide Adding to FEM/prep and agreement meetings List of potential Collateral Contacts displayed in office	Recur Mal Tx Mal Tx FC Placement stability Perm in 12 mo.
2: East Side	Safety Threat Threshold Criteria	Calibration Discuss during 90-day staffings Review during Prep/Agreement Mtgs Parent Mentor Collaboration	Recurrence Reentry MalTx Perm in 12
2: West Side*  *This office consolidated from two offices and	Collateral contacts & Safety Threat Threshold Criteria	Review Collateral Contacts at SS Staffing Communicate about Collateral Contacts at Huddles Calibration Review Safety Threshold at 90 Day staffings	Recurrence Reentry MalTx Placement Stability Perm in 12 Perm in 12-23 Perm in 24+

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	<b>Current Lead Measure</b>	<b>Action Steps Summary</b>	<b>Lag Measures Impacted</b>
currently working on two measures		Review safety threshold at Agreement meetings	
3: Marion	Accuracy and Sufficiency of Ongoing Safety Plans	Training Community Training Supervisor Calibration Sending and Tracking OSP Report	Recur Mal Tx Mal Tx FC Placement stability Perm in 12 – 23 mo.
	Action Agreements	Add Action Agreement discussion at Family Engagement Meetings Create Process to Enter Action Agreements into OR-Kids Create Parent Survey about Action Agreements	Recurrence MalTX Perm in 12 Perm in 12-23
3: Yamill	Face to Face with Parents	Training Inclusion in 90-day staffings Track Barriers Monthly Reminders Collaboration with Consortium	Recurrence of Maltx Re-entry Perm in 12 Perm in 12-23
4: Lincoln	Relationship of Child in care with Parents	Reviewing Icebreaker process Community Resource List ODHS/School District Collaboration meeting	Placement Stability Perm in 12 mo. Perm in 12-23 mo.

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	<b>Current Lead Measure</b>	<b>Action Steps Summary</b>	<b>Lag Measures Impacted</b>
4: Linn/Benton	Safety Threat Threshold Criteria	Supervisor calibration Group Supervision; review completed work and discuss whether criteria were analyzed/articulated correctly	Recurrence Reentry MalTx Perm in 12
5: Lane	Safety Threat Threshold Criteria	Calibration CTS Writing Tool Parent Mentor Partnership	Recurrence Reentry MalTx Perm in 12
6: Douglas	Action Agreements	Consultant to provide clarification about appropriate use of action agreements Identify early engagement opportunities with community partners During 90-day staffings, address engagement opportunities or barriers Explore completion of Parent Capacity Assessment Offer Protective Capacity Assessment workshop for workers, hosted by training specialist	Recurrence MalTX Perm in 12 Perm in 12-23
7: Coos/Curry	Initial Placement with Relatives	Training and education on relative search, relative engagement, and relative engagement tool Create facilitation workgroup for early family engagement meetings	Mal Tx FC Placement Stability Perm in 12 mo. Perm in 12-23 mo. Perm 24+ mo.

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	<b>Current Lead Measure</b>	<b>Action Steps Summary</b>	<b>Lag Measures Impacted</b>
8: Jackson	Safety Threat Threshold Criteria	Review cases included in the CPS QA Review Supervisor Calibration Leadership to discuss providing accessible language for parents about the criteria Parent Mentor training and feedback sessions	Recurrence Reentry MalTx Perm in 12
8: Josephine	Current & Appropriate Action Agreements	Real Time documentation of Action Agreements Enhanced Training Opportunities on Action Agreements & Parent Engagement Equitable Tracking System for Action Agreements Implemented Collaboration with Community Partners Motivational Interviewing Training	Recurrence MalTX Perm in 12 Perm in 12-23
9: Hood River/ Wasco/ Sherman/ Gilliam/ Wheeler	Current & Appropriate Action Agreements	Training Specific Training with Parent Mentors Sending reminder reports both for Parent F2F and Action Agreements Laminated handout for caseworkers	Recurrence MalTX Perm in 12 Perm in 12-23

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	<b>Current Lead Measure</b>	<b>Action Steps Summary</b>	<b>Lag Measures Impacted</b>
10: Deschutes/ Crook/ Jefferson	Contact w/ Collaterals	Training Collaborate with Professional Collaterals to improve relationship with professionals and improve process knowledge Timely Documentation Supervisor Calibration	Recur Mal Tx Mal Tx FC Placement  Perm in 12 mo.
11: Klamath/ Lake	Safety Threat Threshold Criteria	Monthly review of sample of assessments Share and discuss results of assessment review Staff will utilize/refer to the PS Index and the guide for writing assessments when writing safety threshold criteria Training Specialist to explore resources and tools to present to PS Team	Recur Mal Tx Mal Tx FC Perm 24 + mo.
12: Pendleton/ Boardman/ Milton Freewater/ Hermiston	Accuracy and Sufficiency of Ongoing Safety Plans	Review and make changes to Prep/ Agreement process. Review/change protocol to include case notes documenting discussion of safety plan review and safety threshold application Training on new Prep/Agreement Meeting Protocol Supervisor calibration Caseworker Calibration Role playing training with Family Violence Services	Recur Mal Tx Mal Tx FC Placement stability Perm in 12 – 23 mo.

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	<b>Current Lead Measure</b>	<b>Action Steps Summary</b>	<b>Lag Measures Impacted</b>
13: Union, Baker, Wallowa	Current & Appropriate Action Agreements	Training on usage of new Action Agreement form Parent Engagement Training- Motivational Interviewing Focus Collaboration with Community Partners Parent Mentor ROI Collaboration with Parent Attorney's Early Parent Mentor Involvement Planning Family Report Calibration	Recurrence MalTX Perm in 12 Perm in 12-23
14: Malheur/ Grant/ Harney	Current & Appropriate Action Agreements	Self Sufficiency Program Collaboration for Action Agreement Planning Safety Service Provider & Natural Support FEM/ FDM Inclusion and Action Agreement incorporation Community Partner Collaboration Action Agreement Naming Conventions Standardization Enhanced Tracking System for Up-To Date Action Agreements	Recurrence MalTX Perm in 12 Perm in 12-23
15: Clackamas	Safety Threat Threshold Criteria	Create Caseworker Training	Recurrence Reentry MalTx Perm in 12

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	<b>Current Lead Measure</b>	<b>Action Steps Summary</b>	<b>Lag Measures Impacted</b>
16: Washington	Contact with Collaterals	Create guide of what info can be shared Discuss during preventative staffings Refine and standardize documentation into OR-Kids Documentation time (dedicated typing time for workers) Discuss in pre-contact supervision-	Recurrence Mal Tx Mal Tx FC Placement stability Perm in 12 mo.

### Appendix C: CFSR Case Review Results

<b>CFSR ITEM</b>	<b>Outcomes</b>	<b>Collaborative Agreement Population</b>		
		<b>FC</b>	<b>In Home with ODHS legal custody</b>	<b>Total</b>
<b>Item 3</b> 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?	# of cases reviewed	60	12	72
	# of cases with "strength rating"	39	8	47
	% of cases with "strength rating"	65%	67%	65%
<b>Item 4</b> Is the child in foster care in a stable placement and were any changes in	# of cases reviewed	60	N/A	60
	# of cases with "strength rating"	50	N/A	50

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the child's placement in the best interests of the child and consistent with achieving the child's permanency goal(s)?	% of cases with "strength rating"	83%	0%	83%
<b>Item 12 A</b> Did the agency make concerted efforts to assess the needs of and provide services to children, to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the child and family?	# of cases reviewed	60	12	72
	# of cases with "strength rating"	48	11	59
	% of cases with "strength rating"	80%	92%	82%
<b>Item 17</b> Did the agency address the physical health needs of children, including dental health needs?	# of cases reviewed	60	3	63
	# of cases with "strength rating"	44	3	47
	% of cases with "strength rating"	73%	100%	75%
<b>Item 18</b> Did the agency address the mental/behavioral health needs of children?	# of cases reviewed	46	8	54
	# of cases with "strength rating"	31	6	37
	% of cases with "strength rating"	67%	75%	69%