



OREGON DEPARTMENT OF  
**Human Services**



**Oregon Department of Human Services**  
Child Welfare Division

# **Semi-Annual Efforts Report**

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

OCTOBER 30, 2026

# Semi-Annual Efforts Report

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

*October 30, 2026*

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## I. Executive Summary

### A. Overview

The Oregon Department of Human Services (ODHS) Child Welfare Division submits this Semi-Annual Efforts Report to the Neutral under the *Wyatt B.* Collaborative Agreement as of October 30, 2026.

Our [May 1, 2026 report](#), the Annual Progress and Efforts Report, and [amendment on June 18, 2026](#), set baseline performance on the 14 Measurements in the Neutral's Initial Review and described the Efforts<sup>1</sup> that ODHS is implementing toward the Ultimate Outcomes. The May report described Efforts made in CY 2025 and the first quarter of CY 2026. This report covers Efforts made from April 1 through September 30, 2026. The report provides a status update on the plans and strategies that ODHS is implementing, including any identified challenges and ODHS' response to them. Performance on the 14 Measurements<sup>2</sup> is not included in this report and will be presented in the Annual Progress and Efforts Report in May 2027. This report provides data relevant to tracking the identified strategies.

ODHS continues to carry out its Child Welfare Vision for Transformation, which focuses 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.

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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, Measurements mean "methods of assessing progress toward Ultimate Outcomes".

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### B. Implementation Progress

ODHS carried out the vast majority of the activities identified in the May 2026 report that were scheduled for the second and third quarters of 2026, which are the periods of review for the purpose of this report. To visually represent the status of all implementation strategies, the following designations reflect whether the activities scheduled to occur by September 30, 2026, have been carried out as planned. For strategies marked yellow, the narrative in Sections V-IX explain the delay or challenge and how ODHS is responding.

| STATUS KEY                                                                                    |                                                                                                                                 |                                                                                                                           |
|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
|  = On Track |  = Progressing with some delays or challenges |  = Requires assessment or redirection |

Of the 29 strategies identified in the table below, 23 are on track (green) and six are progressing with some delays or challenges (yellow). There are no strategies requiring redirection (red). The table below in this Executive Summary provides a high-level overview of progress. Greater detail on all these items is provided in Sections V-X.

| Plan                                     | Status                                                                              | Basis                                                                                                                                                                                                                                                                                                           |
|------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Maltreatment in Care and Re-Entry</b> |                                                                                     |                                                                                                                                                                                                                                                                                                                 |
| High-quality screening                   |  | <ul style="list-style-type: none"><li>• Implemented the Quality Assurance tool and monitoring outcomes.</li><li>• Led 434 Review, Evaluate, and Decide (RED) team meetings where trained local staff reviewed screening reports and decided whether to uphold or overturn assignments for assessment.</li></ul> |

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| Plan                                     | Status                                                                              | Basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                          |                                                                                     | <ul style="list-style-type: none"><li>• Currently updating the Structured Decision Making (SDM) tool.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                      |
| Timely CPS assessments                   |    | <ul style="list-style-type: none"><li>• Shared weekly and monthly data with district leaders.</li><li>• Supervisors supported staff to complete real-time documentation in the field.</li><li>• Published Safety Analysis dashboard in April.</li><li>• Conducted root cause analysis of open assessments and built solutions into the <a href="#">Safety Action Plan</a>.</li><li>• Updating agreements with law enforcement and other partners to align processes.</li></ul>                                       |
| Assessment and Safety Plan modernization |   | <ul style="list-style-type: none"><li>• Technical, program, and delivery staff are meeting weekly to build the application, gather feedback and make improvements, including a modernized CPS assessment application and a new Safety Analysis page.</li></ul>                                                                                                                                                                                                                                                       |
| Safety decision-making and planning      |  | <ul style="list-style-type: none"><li>• A data and communication package called “Confirming Safe Environments” is sent monthly to all staff.</li><li>• Safety decisions and plans training was provided to all program managers in September and scheduled statewide at local offices in October and November.</li><li>• The program updated tools and guides for safety decision-making.</li><li>• Reviewed and updated the draft safety plan calibration tool, which will be implemented in Summer 2027.</li></ul> |

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| Plan                                                 | Status                                                                              | Basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 90-day staffings                                     |    | <ul style="list-style-type: none"> <li>• A supervisor toolkit was posted in April.</li> <li>• District level data is sent monthly to all staff.</li> <li>• A reminder to include this as a standing meeting topic was shared with district leadership and supervisors.</li> </ul>                                                                                                                                                                                                                                        |
| Face to face caseworker visits with children         |    | <ul style="list-style-type: none"> <li>• A face-to-face contacts guide was updated, and staff were trained at Permanency summits in May, the CPS quarterly meeting in June, and the joint program summit in August.</li> </ul>                                                                                                                                                                                                                                                                                           |
| Face to face caseworker visits with parents          |   | <ul style="list-style-type: none"> <li>• Data was sent monthly to all staff in a “Confirming Safe Environments” package.</li> <li>• Consultants were engaged to support districts with face-to-face visits.</li> </ul>                                                                                                                                                                                                                                                                                                   |
| Face to face caseworker visits with resource parents |  | <ul style="list-style-type: none"> <li>• New case note templates were shared with staff in September and available to download from the internal website.</li> </ul>                                                                                                                                                                                                                                                                                                                                                     |
| Monthly review of safety plans                       |  | <ul style="list-style-type: none"> <li>• Guides, resources, and a supervisor tool were released and shared on the internal ODHS website.</li> <li>• Safety and In-Home and Reunification teams reviewed sample in-home safety plans for infants 0-12 months old and developed strategies for improvement areas.</li> <li>• The safety plan calibration tool was updated; implementation will occur in Summer 2027.</li> <li>• Data was sent monthly to all staff in a “Confirming Safe Environments” package.</li> </ul> |

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| Plan                                                                                                   | Status                                                                              | Basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Timely Enhanced Supervision Plans                                                                      |    | <ul style="list-style-type: none"> <li>• Automated notification to caseworkers and certifiers when a Child and Adolescent Needs and Strengths (CANS) screening was implemented.</li> <li>• Provided monthly data to all staff.</li> <li>• The In-Home and Reunification and Foster Care programs met to troubleshoot low completion rates and agreed to assign primary responsibility for completion of Enhanced Supervision Plans to certifiers; this will be implemented by the end of 2026.</li> </ul> |
| KEEP (evidence-based support and skill enhancement program for resource and relative resource parents) |    | <ul style="list-style-type: none"> <li>• Monthly emails about KEEP were sent to certification staff.</li> <li>• Staff reviewed and corrected resource parent info weekly in the FETCH database.</li> <li>• Documented reports of contact with resource parents about the opportunity to participate in KEEP were completed quarterly.</li> <li>• Participation in KEEP has increased 7% in July 2026 over baseline.</li> </ul>                                                                            |
| Respite care                                                                                           |  | <ul style="list-style-type: none"> <li>• A quarterly email was sent to staff to assist resource parents to access services.</li> <li>• Pending applications were tracked and reviewed to ensure timely processing.</li> <li>• A multi-pronged communication and outreach strategy resulted in increased awareness and inquiries for respite, from 325 inquiries in 2025 to 400 so far in 2026.</li> </ul>                                                                                                 |

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| Plan                                          | Status                                                                            | Basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New resource home certifier visit requirement |  | <ul style="list-style-type: none"><li>• Starting in January 2026, certifiers are now required to visit resource homes every 90 days instead of 180 days.</li><li>• In August 2026, certifiers completed these visits on time 91% of the time.</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Maltreatment in Care Plan                     |  | <p>Building upon multiple strategies already underway, a targeted plan was developed in June 2026 to address three areas:</p> <ol style="list-style-type: none"><li>1. Trial home visit safety planning and transition from foster care to home - Developed an updated reunification protocol and associated tools that will be reviewed by the Policy and Rules Committee and Policy Council in January 2027.</li><li>2. Implement strategic recommendations to reduce maltreatment in care (MIC) in foster care - Completed data analysis of MIC data from 2023-2025 in August 2026. County-level results were shared with district managers and will be used to develop tailored action plans in 2027.</li><li>3. Records showing inaccurate “historical” data entries<sup>3</sup> are shared monthly with program managers, who have a new process to correct records. The Continuous Quality Improvement team is conducting a review of 2026 Q1 and Q2 records and will conduct a monthly review going forward.</li></ol> |

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<sup>3</sup> “Historical” data entries are cases in which maltreatment occurred prior to the current foster care episode and dates were entered inaccurately.

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| Plan                                        | Status                                                                              | Basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Timely Case Plans</b>                    |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Timely case plans                           |    | <ul style="list-style-type: none"> <li>• Due-date alerts are now live statewide on the Child Welfare home page on the OWL, ODHS's internal website.</li> <li>• All districts receive monthly performance data.</li> <li>• Mentoring partnerships continued between higher- and lower-performing districts.</li> <li>• Permanency fidelity reviews check the quality of family reports, and permanency consultants use the results to inform discussions and coaching with local management teams.</li> <li>• Case transfer process instruction was built into the fall safety training.</li> <li>• Work is continuing to align family reports for use with jurisdictional courts.</li> </ul> |
| <b>Health and Mental Health Assessments</b> |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Timely nursing assessments                  |  | <ul style="list-style-type: none"> <li>• Implemented monitoring and coaching.</li> <li>• The nursing manager sends quarterly data on real-time documentation for placement entry.</li> <li>• The nursing referral desk shortened referral times from three days to same-day/next-day.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                             |
| Health and mental health assessments        |  | <ul style="list-style-type: none"> <li>• An updated health and wellness dashboard was created.</li> <li>• The nursing team monitors data weekly and shares data with districts quarterly.</li> <li>• Process improvements were implemented to ensure data quality.</li> <li>• A daily OR-Kids-to-MMIS eligibility file transfer is</li> </ul>                                                                                                                                                                                                                                                                                                                                                |

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| Plan                                     | Status                                                                              | Basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------------------|-------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                          |                                                                                     | <p>scheduled for completion in October 2026.</p> <ul style="list-style-type: none"> <li>• Moving eligibility into the statewide ONE system is delayed due to backlog of requests.</li> <li>• The Developmental Screening Team doubled its screening capacity.</li> </ul>                                                                                                                                                                                                                            |
| CCO technical assistance learning series |    | <ul style="list-style-type: none"> <li>• ODHS and OHA completed the six-session learning series for CCO providers.</li> <li>• OHA continued this during monthly office hours, starting in September. ODHS Child Welfare presented in October, sharing the onboarding information and training provided to resource parents, including the requirement of health assessments.</li> </ul>                                                                                                             |
| <b>Placements and Services</b>           |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Relative placement                       |  | <ul style="list-style-type: none"> <li>• The Foster Care program monitored and reviewed reasons for non-issuance of a temporary certificate to a relative when a child needed placement.</li> <li>• Family Search and Engagement Services contracts launched in February 2026.</li> <li>• Monthly data reports were issued and reviewed.</li> </ul>                                                                                                                                                 |
| Recruitment of resource parents          |  | <ul style="list-style-type: none"> <li>• The Foster Care program reviewed and is currently amending a resource parent recruitment and retention contract with The Contingent, a national non-profit organization, to establish more concrete deliverables and reflect updated service and tool array.</li> <li>• Retained Human Services Group to evaluate the licensing process.</li> <li>• Partnered with The Contingent to develop the Common Agenda Development Tool (CADT, formerly</li> </ul> |

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| Plan                                                 | Status                                                                              | Basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                      |                                                                                     | <p>referred to as Ecosystem platform) which is designed to assist in identifying the interdependent relationships between elements and outcomes in child welfare systems with implementation planned for early 2027.</p> <ul style="list-style-type: none"> <li>• The resource parent inquiry-to-certification technology procurement was terminated due to budget constraints.</li> <li>• Quarterly reports with statewide and district level data were issued.</li> <li>• District action plans were developed.</li> </ul> |
| Other ongoing programs that support resource parents |   | <ul style="list-style-type: none"> <li>• My NeighbOR, a program of EveryChild, met 1,087 needs of resource families.</li> <li>• Forty-four matches were made for resource parent peer mentorships.</li> <li>• Foster Parents Night Out volunteers provided respite for resource parents.</li> <li>• My Community volunteers supported families with errands and chores.</li> <li>• ODHS foster care program champions worked with local districts to provide retention events.</li> </ul>                                    |
| Child Specific Caregiver Supports (CSCS) expansion   |  | <ul style="list-style-type: none"> <li>• Policy Option Package seeking funding to expand CSCS from 9 counties to a total of 16 counties was drafted and included in the ODHS Agency Requested Budget for FY 2027-2029.</li> </ul>                                                                                                                                                                                                                                                                                            |
| Response and Support Network (RSN) expansion         |  | <ul style="list-style-type: none"> <li>• Policy Option Package seeking funding to expand RSN from 3 counties to a total of 16 counties was drafted and included in the ODHS Agency Requested Budget for FY 2027-2029.</li> </ul>                                                                                                                                                                                                                                                                                             |

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| Plan                                           | Status                                                                             | Basis                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|------------------------------------------------|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Placement stability protocol                   |   | <ul style="list-style-type: none"> <li>• ODHS designed a new statewide Placement Stability Protocol and trained district staff on it.</li> <li>• A placement stability meeting type was added to case notes to support documentation of meetings.</li> <li>• Implementation begins in November 2026.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Behavioral Health Treatment Foster Care        |   | <ul style="list-style-type: none"> <li>• Onboarded new providers and reached targets for providers and contracted beds.</li> <li>• Contracted capacity expanded by 24 beds in 2026.</li> <li>• Increased the number of youths served - 55 through August 2026 compared to 59 in CY 2025.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Other treatment or placements services ongoing |  | <ul style="list-style-type: none"> <li>• Individual residential care (IRC) - two providers established one-bed IRC programs that opened in May 2026.</li> <li>• Psychiatric Residential Treatment Facilities increased number of beds by 12 in 2026 with additional expansion efforts underway.</li> <li>• Principles to Outcomes-Driven Practice collaborative identified practices to support high-quality, relationship-centered treatment.</li> <li>• Qualified Residential Treatment Program - one additional program opened in April 2026 with five contracted beds.</li> <li>• Residential Independent Living Support Program - a new Portland facility opened in April with nine contracted beds for youth ages 16-18.</li> <li>• Mobile Child Caring Agency temporary model - CW finalized a contract in May to deliver mobile CCA services; services started in October.</li> <li>• Independent Living Services - CW's Youth Transitions program continues contracting with community</li> </ul> |

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| Plan                                                   | Status                                                                              | Basis                                                                                                                                                                                                                                                             |
|--------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                        |                                                                                     | organizations and increased rates for providers in July 2026.                                                                                                                                                                                                     |
| <b>Maltreatment in Care Notification and Reporting</b> |                                                                                     |                                                                                                                                                                                                                                                                   |
| Statewide training module                              |    | <ul style="list-style-type: none"> <li>• Staff communication and training to ensure compliance with notification and reporting timelines and protocol is complete.</li> <li>• A reminder about training and protocol went to supervisors in September.</li> </ul> |
| MIC notification review                                |   | <ul style="list-style-type: none"> <li>• The Neutral approved the qualitative review methodology on June 2, 2026.</li> <li>• ODHS recruited and trained 34 reviewers from across all 16 districts.</li> </ul>                                                     |
| System alerts                                          |  | <ul style="list-style-type: none"> <li>• A dashboard and alerts will be completed in Quarter 4, behind schedule. The alerts will notify caseworkers when a screening report is generated and when the assessment is approved by a supervisor.</li> </ul>          |

### C. Additional Notable Milestones Since May 1, 2026

- ODHS posted its approved [A Home for Every Child Program Improvement Plan](#) (June 1, 2026).
- ODHS submitted its [Annual Progress and Services Report](#) to the federal Children's Bureau (June 2026), which was approved.
- ODHS developed a data validation process in August 2026 to ensure data accuracy and integrity. The process identifies step by step actions and roles/responsibilities for CW program managers and staff, program data analysts, the ODHS Data Office, OR-Kids data management, and the program reporting and outcomes unit.

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- The process for the collection of mental health and physical health assessments was updated to improve accuracy. Previously, health care coordinators relied on resource parents to document assessment completion dates; now dates will be entered into OR-Kids only after checking and verifying either claims data, assessments entered into OR-Kids or calls to the healthcare provider.
- Child Welfare leaders and subject matter experts are working with ODHS technology teams to build a new data tool that will show upcoming and overdue work for all staff—from direct service providers to executive leaders. This tool will help line staff and supervisors manage daily and monthly tasks and give managers and executives real-time visibility into statewide performance. A parallel leadership group is also developing clear expectations and guardrails for how leaders will use the tool to manage performance and outcomes.

### **D. Governance and Infrastructure**

ODHS created the Office of Customer Experience (OCE) to improve how services are delivered in partnership with programs. OCE is building a structure that will strengthen local accountability, support districts and branches, and improve outcomes for children and families. By 2027, OCE regional managers will meet monthly with each district manager to reinforce priorities, review performance data against targets, and work together to solve problems and improve results.

The Integrated Program Improvement Governance Structure described in the May 2026 report remains the central home for driving and coordinating all Child Welfare program improvement initiatives:

- The Executive Governance Team, Core Team, and Strategy Teams continue to meet every two weeks to provide direction and manage the work on a day-to-day basis.
- Three Program Improvement Strategy Teams (1. Permanency; 2. Placements and Services; and 3. Maltreatment in Care Notification and Reporting) continue to lead

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implementation. Program Roadmaps with detailed action items are tracked and reported on by the Child Welfare Project Management Office.

- The Safety Program manages the initiatives and strategies related to safety improvement, including the [Safety Action Plan](#).
- The co-leads from ODHS' nursing program and Oregon Health Authority continue to meet regularly with the CW deputy director to review and monitor performance data on health and mental health assessments, continue planning for ongoing learning sessions with CCOs, and address any challenges with implementation of strategies.

Several structural additions since May have strengthened this work:

- **Joint Placement Stability Strategy Team:** The Permanency Team and the Placements and Services Team come together monthly to jointly address placement stability. This group developed a placement stability protocol which is being implemented starting in November 2026.
- **ODHS Data Office:** The Data Office manages collection and reporting of data across ODHS programs. A data team liaison is assigned to Child Welfare to coordinate data validation.
- **CQI Realignment:** With changes in the federal CFSR process and ODHS' focus on safety improvements, Child Welfare's CQI team is shifting from a one-year improvement cycle, where each branch focused on one practice improvement area, to a two-year cycle with a focus on two practice areas per branch, including at least one tied directly to child safety. This change allows branches to see trends and patterns and gives them the ability to adjust if their plan isn't producing the anticipated results.

## II. Introduction

The ODHS Child Welfare (CW) Program is committed to improving services and outcomes

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for children and families served by the child welfare system. Child Welfare continues 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.

In 2024, ODHS entered into the *Wyatt B.* Settlement Agreement, also known as the Collaborative Agreement. The Agreement focuses on six elements of case practice for children in care:

1. maltreatment in care;
2. re-entry;
3. initial case plans;
4. medical and mental health assessments and services; and
5. placements and services;
6. notification of key parties when a child in care may have experienced maltreatment.

Kevin Ryan is the Neutral appointed by the Court to evaluate ODHS's Efforts<sup>4</sup>. The Neutral's Initial Review [issued July 29, 2025](#), and [amended April 15, 2026](#), sets 14 Measurements<sup>5</sup> for these practice areas.

ODHS is fully committed to the Agreement and to making real, lasting progress toward its Ultimate Outcomes<sup>6</sup>. This is the second semi-annual report submitted to the Neutral. The

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<sup>4</sup> Per the Collaborative Agreement, Efforts mean "all actions, policies, practices, and procedures made and/or undertaken by ODHS to achieve Ultimate Outcomes...."

<sup>5</sup> Per the Collaborative Agreement, Measurements mean "methods of assessing progress toward Ultimate Outcomes".

<sup>6</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."

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first report, the Annual Progress and Efforts Report submitted on May 1, 2026, set the baseline for measuring future performance. It also included detailed Implementation Plans with quarterly activities for 2026 and described additional strategies already in progress.

This report describes Efforts made April through September 2026. Because some data takes time to mature, most year-to-date information reflects January 1 through August 31, 2026, unless otherwise noted.

This report focuses on the work completed and the progress made on the implementation plans and other identified strategies. This report provides data relevant to tracking the identified strategies. Performance on the 14 Measurements will be provided in the May 2027 report. The Neutral continues to have access to ODHS's internal dashboard with performance data updated quarterly. In addition to informing the Court and the parties, this report also supports transparency and accountability to the public.

### III. Organization of the Report

The report includes the following sections:

- **Section IV** provides information about the Integrated Program Improvement Governance Structure, including the Project Management Office and the quarterly roadmap process.
- **Sections V through IX** report implementation progress in each Ultimate Outcome area:
  - V: Maltreatment in Care and Re-Entry
  - VI: Timely Case Plans
  - VII: Health and Mental Health Assessments
  - VIII: Placements and Services
  - IX: Maltreatment in Care Notification and Reporting

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Sections V through IX include:

- background information on the practice area;
- the teams leading the work;
- a status update on each strategy, including actions completed, changes made, and challenges encountered.
- **Section X** describes ODHS's Continuous Quality Improvement (CQI) Efforts, including the transition to a two-year improvement cycle.
- **Section XI** updates ODHS's Efforts to support the workforce and strengthen infrastructure.

### IV. Integrated Program Improvement Governance Structure

ODHS Child Welfare's Integrated Program Improvement Governance Structure remains the central home for driving and coordinating program improvement, including the Collaborative Agreement and the federal Child and Family Services Review (CFSR) Program Improvement Plan. As described in the May 2026 report, the structure is designed to avoid siloed or duplicative work and to help staff understand why these Efforts matter for children and families, rather than creating a reporting compliance-driven culture.

As described in the Executive Summary, ODHS created the Office of Customer Experience to improve how services are delivered in partnership with programs. OCE is building a structure that will strengthen local accountability, support districts and branches, and improve outcomes for children and families. By 2027, OCE regional managers will meet monthly with each district manager to reinforce priorities, review performance data against targets, and work together to solve problems and improve results.

#### Team Composition and Cadence

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| Body                                                                                                                                                  | Meeting Cadence                                                                                | Changes since May                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Executive Governance Team (oversight and direction)                                                                                                   | Every two weeks                                                                                | Executive leadership from OCE began attending this meeting.                                                                                                                                                                                                                                                                                                                                                 |
| Core Team (project management and implementation)                                                                                                     | Every two weeks                                                                                | This team was restructured to ensure that all core initiatives are included, including safety planning and decision-making, ODHS transformation, CQI and Tribal practice improvement.                                                                                                                                                                                                                       |
| Strategy Team (data analysis and trouble-shooting)                                                                                                    | Every two weeks                                                                                | None                                                                                                                                                                                                                                                                                                                                                                                                        |
| Program Improvement Strategy Teams: Permanency, Placements and Services, Maltreatment in Care Notification and Reporting (implementation planning and | Every two weeks, with team leadership meeting on alternate weeks to set priorities and agendas | <p>Added a Placement Stability Strategy Team, combining the Permanency and Placements and Services teams in a monthly meeting.</p> <p>The Safety Program and In-Home &amp; Reunification Program co-manage the initiatives and strategies related to safety improvement, including the <a href="#">Safety Action Plan</a>.</p> <p>A larger Health and Mental Health Assessments strategy team completed</p> |

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| Body      | Meeting Cadence | Changes since May                                                                                                                                                                                                                                                                                                     |
|-----------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| delivery) |                 | their primary initiatives. The co-leads from ODHS nursing program and Oregon Health Authority continue to meet regularly with the CW deputy director to review and monitor performance data, continue planning for ongoing learning sessions with CCOs, and address any challenges with implementation of strategies. |

OHA remains represented on the Placements and Services strategy team and on the Health and Mental Health leadership coordination. During this period, the Strategy Teams also carried out related plans that build on the Implementation Plans:

- the Safety Action Plan;
- the June 2026 Maltreatment in Care Plan, developed with the Office of Customer Experience;
- the “A Home for Every Child” Program Improvement Plan.

### **Project Management Office and Quarterly Roadmaps**

Implementation updates continue to be tracked in the ODHS Program Roadmaps, managed by the Child Welfare Project Management Office (PMO). Project owners submitted Q2 and Q3 2026 updates, and the PMO reported progress to executive leadership while flagging overdue initiatives for follow-up. The roadmaps show what has been completed and highlight actions or strategies that are behind schedule or not yet started.

### **Structural Enhancements Since May**

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- **Joint Placement Stability Strategy Team.** The Permanency and Placements and Services teams now meet monthly to develop and implement the Placement Stability Protocol.
- **Data Office.** After the June 2026 amendment, ODHS worked with its new Data Office to refine the formal data validation and approval process. The process further defines roles for data analysts, program managers, and data and program leadership.
- **CQI realignment.** The CQI staffing model and review cycle have been updated to support a two-year improvement cycle. CQI staff now conduct quality assurance reviews in every district with a focus on safety practice. Each branch selects two measures to work on during the cycle.

The following sections provide detailed updates on each of the strategies implemented. To visually represent the status of all implementation strategies, each strategy has been marked green (on track), yellow (progressing with some delays or challenges) or red (requiring redirection) at the beginning of each section. There are no strategies designated red at present. Each section provides the relevant detail underlying the status designation.

## V. Maltreatment in Care and Re-Entry

**Background:** The safety and well-being of children in care is Child Welfare’s top priority. “Maltreatment in care” (MIC) means abuse or neglect that allegedly occurs while a child is in foster care or in Child Welfare’s legal custody<sup>7</sup>. “Re-entry” means a child returns to

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<sup>7</sup> A study of reports of maltreatment in care in 2025 found that 22% of those cases were “historical”, meaning cases in which maltreatment occurred prior to the current foster care episode and dates were entered inaccurately.

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foster care after they have returned home to their parent or caregiver. Strategies to reduce MIC and re-entry overlap and are thus described together in this section.

Our May 2026 report to the Neutral outlined multiple strategies that ODHS Child Welfare (CW) is implementing to reduce Maltreatment in Care and Re-Entry. These strategies were developed by reviewing ODHS data, conferring with staff and reviewing national research and best practices.

ODHS has two teams that are actively working on these issues and coordinating as appropriate with one another, the Permanency Strategy Team and the Safety Program.

The Permanency Strategy Team includes managers from In-Home and Reunification and Permanency programs, district and program managers, child welfare specialists, and CQI staff. Since early 2025, the team has been developing and carrying out implementation plans to reduce MIC and re-entry and tracking progress. The team meets twice per month.

The Permanency Strategy Team works closely with Child Welfare's Safety program, which includes the Oregon Child Abuse Hotline (ORCAH) and Child Protective Services (CPS) functions. In 2025, the Safety and In-Home and Reunification programs created a [Safety Action Plan](#) that focuses on four main areas: screening practice, timely CPS assessments, safety decision-making, and using Safe Systems Analysis and Critical Incident Review.

Building on this work, ODHS created an expanded plan to reduce MIC in June 2026.

The section below provides status updates on pertinent items from all the plans referenced above that were completed or ongoing in the April-September 2026 time frame for this report.

### 1. High-Quality Screening

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As detailed in ODHS's Safety Action Plan, CW is implementing strategies to ensure timely and accurate screening decisions on calls coming into the hotline, including:

- a. QA tool - The Safety Program completed development of and implemented the new tool in January 2026, combining screening and CPS quality assurance reviews. Program and delivery staff partner on these reviews and the strengths and areas of improvement are shared, plans are developed and all outcomes are monitored in Power BI report.
- b. Review, Evaluate and Decide (RED) Teams - RED Teams were launched in early 2026 to provide a secondary review of screening reports and support consistent screening decisions using the Structured Decision-Making (SDM) tool. A workgroup was formed to guide implementation and review early data. In July 2026, 206 RED Team decisions were reviewed: 78% resulted in Overturn and Close at Assessment, and decisions aligned with SDM 58% of the time. Nineteen percent of closed reports had a subsequent report on the same concerns, and most of those were reassigned for assessment. Child Welfare Executive Leadership and OCE have decided to end RED Teams by December 31, 2026, because they did not reduce assessments and improved OR-Kids documentation now supports more accurate screening without the need for a secondary review.
- c. Structured Decision Making (SDM) tool - Updates to the SDM tool to improve decision accuracy and statewide consistency are currently about 75% complete. The updated tool is undergoing Interrater Reliability (IRR) with consultants from Evident Change and Safety Program staff and will be finalized by 10/30/26. Staff training will occur in November and December. The tool will be updated in CWIS/ODG (the system for documenting screening reports) with a go-live date of 1/5/27.

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### 2. Timely CPS Assessments

As shown in Figure 1 below, ODHS has been steadily improving the proportion of CPS assessments that are completed timely.

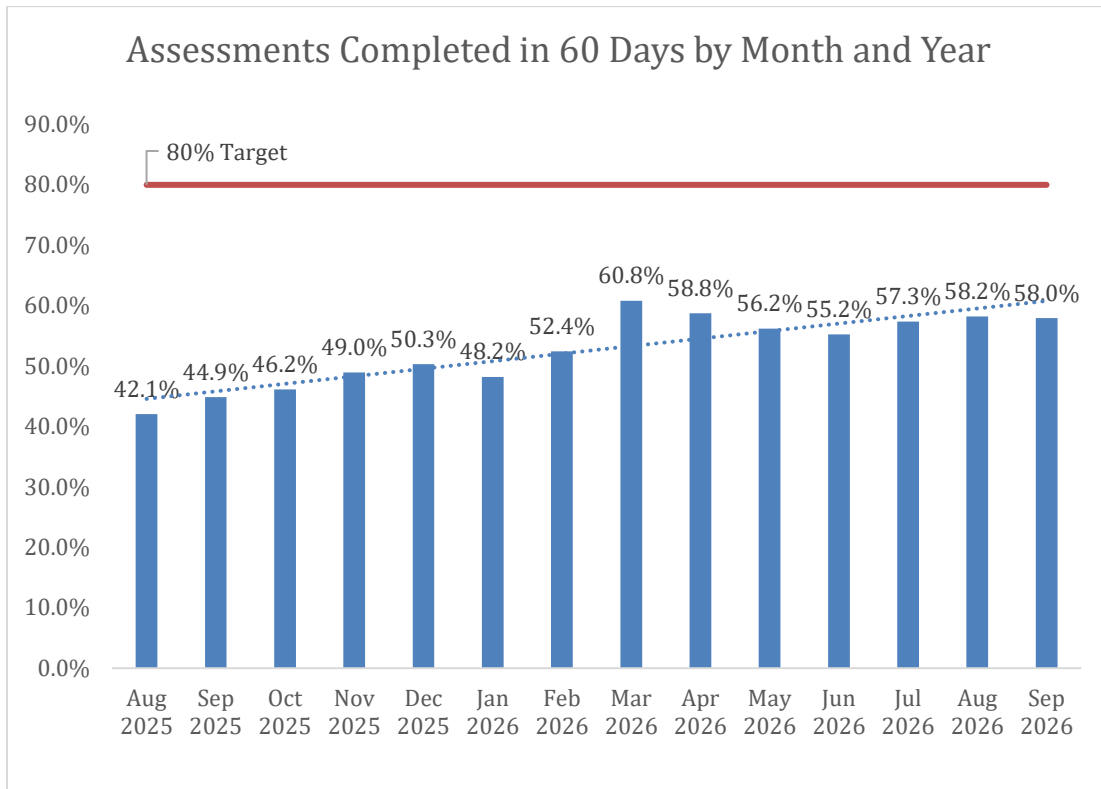


Figure 1 – District data dashboard July 2026

Figure 2 shows the steady increase of an underlying measure, Percent of Initial Contact Completed on Time. Initial contact helps ascertain child safety and complete timely assessments.

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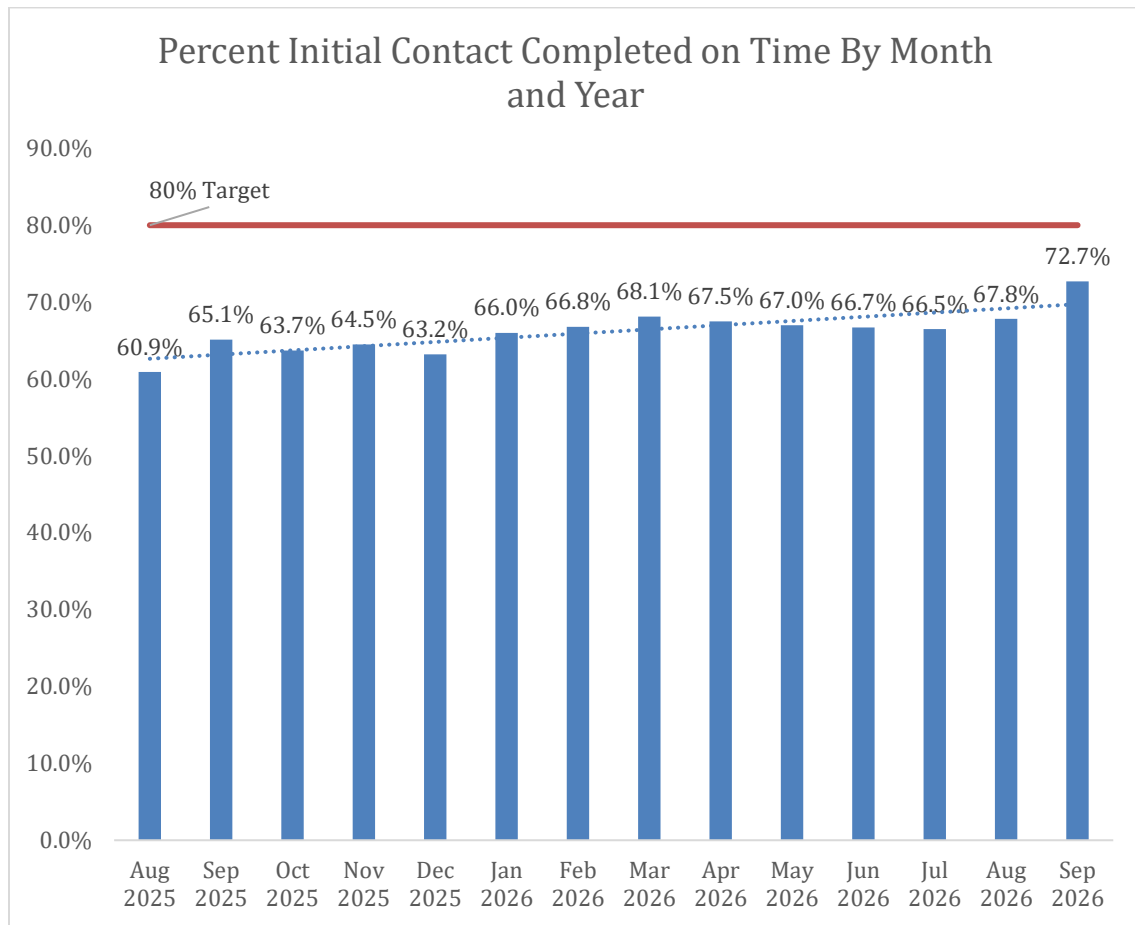


Figure 2 – District data dashboard July 2026

Each district has its own plan to manage assessment timeliness, and statewide strategies from the Safety Action Plan are being put into practice, including:

- a. District oversight: District leaders receive weekly and monthly data. They review staffing levels to support CPS caseloads and review data to understand how well their operations are working. The ODHS Office of Customer Experience (OCE) also reviews data with district managers to track progress and plan improvements.

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- b. Real-time documentation: Supervisors are supporting staff in documenting case activity as close to the time of contact as possible, ideally the same day or the next business day if the activity happens over a weekend.

Child Welfare created a real-time documentation report in November 2025 that supervisors use to monitor progress. Beginning in April 2026, CW and OCE made real-time documentation a priority and provided technical support so staff can enter information while working in the field. The Safety program and In-Home and Reunification program released two updated toolkits in September 2026, one for caseworkers and one for supervisors. A new transcription service provides faster turnaround times to support same-day documentation.

- c. Reducing technical barriers: Child Safety Program released a Safety Analysis dashboard in April 2026. OR-Kids assessment updates are in progress (data fields and alerts) via the Assessment Modernization efforts (#3 below).
- d. Fewer reports on open assessments: Child Welfare completed a root cause analysis in May 2026 to find ways to reduce additional reports on assessments that are already open by strengthening safety management. The areas needing improvement are being implemented in the Safety Action Plan section 3 - "Improve the quality of safety decisions strategies to include updates to rule, procedure, tools and delivery of training and coaching."
- e. Aligning multidisciplinary teamwork: To avoid delays caused by coordination issues, Child Welfare is updating agreements with law enforcement and other partners, so everyone's processes align more smoothly.

### 3. Assessment Modernization and One Safety Plan

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Updates to the CPS assessment application and the Safety Plan are aimed at supporting consistent, well-informed child safety decisions. Technical, program, and delivery staff have been meeting weekly to build the application, gather feedback, and make improvements. User testing is happening throughout the process.

Program staff have also met with the training unit to plan how training will be delivered. Training is expected to begin in Spring 2027, with the full launch planned for Summer 2027.

Key system improvements include:

- a. A modernized CPS assessment application that guides workers through each part of the assessment supports clearer analysis, confirms decisions, and recommends next steps. Example: When all five Safety Threshold Criteria are met, the system will identify an Impending Danger Safety Threat and prompt the need for a safety plan.
- b. A new Safety Analysis page with one Safety Plan will be accessible to both CPS and Permanency workers. This provides a dedicated space for documenting ongoing safety threat analysis throughout the life of a case—something OR-Kids does not currently support.

#### 4. Safety Decision-Making and Planning

The Permanency/In-Home and Reunification team launched a monthly “Confirming Safe Environments” data and communication package in March 2026, shared with district leaders and available on the district dashboard. It tracks key safety indicators such as safety plan completion, age of the safety plan, monthly reviews, and timely face-to-face contact with children and parents. The Child Safety and In-Home and Reunification programs also introduced a “back to basics” approach emphasizing frequent face-to-face visits, strong in-home casework, clear supervisor roles, and a defined reunification process. Together, the programs provided aligned guidance and priorities for CPS and permanency staff, including:

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- a. Safety Decisions and Plans training focused on applying Oregon Safety Model concepts in practice—strengthening critical thinking, safety decision-making, and safety planning in the complex situations staff encounter every day. This in-person 6.5-hour training was provided to all program managers in September 2026 and scheduled at local offices throughout the state in October and November 2026. Learning objectives include:
  - i. Collect sufficient information
  - ii. Identify safety threats for analysis
  - iii. Apply safety threshold criteria
  - iv. Evaluate how the safety threat is operating
  - v. Create and manage effective safety plans
  - vi. Determine when court involvement is needed
  - vii. Importance of family transition for child safety.
- b. In August 2026, ODHS reviewed and updated the draft safety plan calibration tool. (Appendix A) It will be implemented in Summer 2027, after the Safety Decision and Planning trainings and supports are in place, since those are essential for effective calibration. Several districts are already doing calibration work, and this tool will help bring the rest of the districts into alignment.
- c. Updated tools and guides for safety decision-making, for example, Safety Plan Guide, Non-Court Involved criteria, restricting access guidance, Oregon Safety Manual on the OWL (internal web) page.

### 5. 90-Day Staffings

90-day staffings provide an 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.

The data in Table 1 below shows the baseline, the performance measured during the review period and whether performance improved (up arrow), declined (down arrow) or

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remained the same (horizontal arrow). (All similar tables in these sections provide this information and the arrows designating whether performance since the baseline has improved, declined or remained the same.)

As shown below, performance on timely 90-day staffings has improved from baseline.

Table 1

| Program/<br>Measure | Baseline<br>Performance   | Current<br>Performance                       | Goal <sup>8</sup>                                        | Baseline to<br>Current<br>Performance |
|---------------------|---------------------------|----------------------------------------------|----------------------------------------------------------|---------------------------------------|
| 90-Day Staffings    | <b>29.7%</b> (2024- 2025) | Q1 2026 <b>36.7%</b><br>Q2 2026 <b>45.7%</b> | <b>35%</b> by end of<br>Q2<br><b>55%</b> by end of<br>Q4 | ↑                                     |

Figure 3 shows increase in 90-day staffings over time.

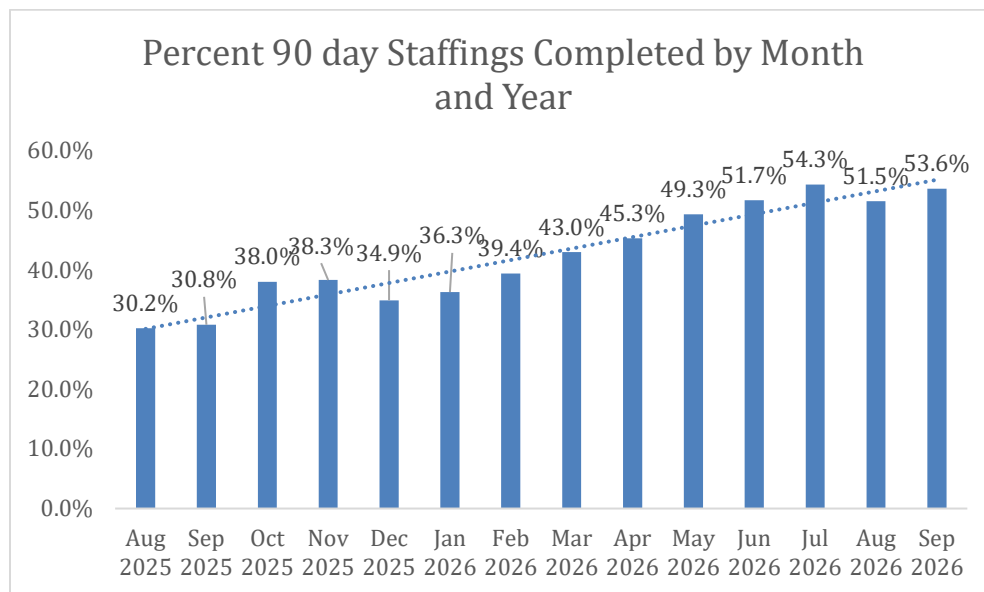


Figure 3 – District data dashboard September 2026.

<sup>8</sup> The goals noted in these tables throughout the report are ODHS' internal goals; they are not targets required by the Collaborative Agreement.

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Following are the actions taken during the period under review for this report:

- a. A 90-day staffing supervisor toolkit was added to the OWL internal website in April 2026 that includes an updated case note template, updated 90-day staffing guide, and a new supervisor coaching guide for 90-day staffings. (Appendix B)
- b. A supervisor tools tab was added to the Permanency resource page on the OWL internal website in March 2026.
- c. Communication began in April 2026 to local office management teams to include 90-day staffings as a standing topic at team meetings.
- d. Permanency Fidelity Reviews, an internal quality assurance process, will monitor improvements in documenting 90-day staffings. For reviews conducted in 2025, 24.4% were rated as a strength; for 2026 year to date, 21.9% were rated as a strength. Reviews show a slight decrease in ratings for the quality of 90-day staffings as the quantity and timeliness of this performance measure significantly improve. As these QA reviews are completed for specific branches, permanency consultants are reaching out to program managers and supervisors to provide feedback and ensure the 90-day staffing guide and case note template are being used consistently to improve the quality.
- e. Provided district leaders with a monthly email showing this data point, including a list of supervisors meeting the goal. Consultants follow up with districts when performance falls short of quarterly improvement targets.

### 6. **Face-to-Face Caseworker Visits with Children in Foster Care, Parents and Resource Parents**

Caseworkers conducting monthly face-to-face contacts with children, parents and resource parents is an essential strategy for assessing safety and risk.

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As shown in Table 2 below, performance has improved slightly from baseline in each of the three areas below, although performance on face-to-face visits with parents and resource parents is designated with horizontal arrows since they have not shown marked improvement over the last two quarters.

Table 2

| Program/<br>Measure                               | Baseline<br>Performance    | Current<br>Performance                       | Goal                                                                                           | Baseline to<br>Current<br>Performance |
|---------------------------------------------------|----------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------|---------------------------------------|
| Face- to- Face<br>Visits with<br>Children         | <b>91.6%</b><br>(Dec 2025) | Q1 2026 <b>92.1%</b><br>Q2 2026 <b>92.4%</b> | Increase face-to-<br>face visits with<br>children to <b>95%</b><br>by Dec 31, 2026             | ↑                                     |
| Face- to- Face<br>Visits with Parents             | <b>36%</b><br>(Dec 2025)   | Q1 2026 <b>37.3%</b><br>Q2 2026 <b>36.6%</b> | Increase face- to-<br>face visits with<br>parents to <b>50%</b><br>by Dec 31, 2026             | →                                     |
| Face- to- Face<br>Visits with<br>Resource Parents | <b>77.4%</b><br>(Dec 2025) | Q1 2026 <b>78.5%</b><br>Q2 2026 <b>77.7%</b> | Increase Face-<br>to- Face visits<br>with Resource<br>Parents to <b>84%</b><br>by Dec 31, 2026 | →                                     |

The actions taken during the period under review for this report include:

- Updated the face-to-face guide for caseworkers and included action items in other safety decision-making tools like the ongoing safety plan guide and supervisor toolkit.
- Presented and trained staff and leadership on face-to-face contact guide at a joint district and program manager meeting, at Permanency summits for all permanency workers in May (safety plan guide), the joint program summit in August (safety decision planning, Assessment Modernization Project, One Safety Plan), and at the CPS quarterly meeting in June. The guides and other

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safety tools have been posted on the OWL (ODHS internal website resource page). An email reminder about the updates was sent in September to supervisors and caseworkers. Permanency consultants have communicated on this topic with their assigned local offices and provided coaching. Note: Training was incorporated into the safety decisions and plans training as noted above, instead of a stand-alone training identified in the original implementation plan.

- c. Sent district-level data monthly to district leadership as part of the Confirming Safe Environments data package. The Permanency team has requested additional filters to allow location of where the child is contacted (resource home, parent home, residential or other treatment setting) and whether the contact was made by the primary assigned caseworker or a secondary courtesy worker. These requested updates do not currently have an estimated delivery date.
- d. Monitored Permanency fidelity reviews for child contact/engagement. The QA tool rates the quality of child face-to-face contact as documented in the case note. For reviews conducted in 2025, 27.8% were rated as a strength; for reviews conducted so far in 2026, 20.0% were rated as a strength.
- e. Shared new case note templates for conducting and documenting quality face to face visits with staff in September 2026 and made them available to download from the OWL, the ODHS internal website.
- f. Currently developing a parental face-to-face report that shows when parent data is missing in OR-Kids, which will help improve accuracy. Anticipated delivery is Q4 2026 or Q1 2027.

### 7. Monthly Review of Safety Plans

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A safety plan identifies any safety threats, documents how the safety threat is operating in the family and what the plan is to manage the threat, including who will be doing what as a safety provider. Safety plans are required to be updated monthly and/or when there is a change in family circumstances.

As shown in Table 3 below, performance on timely monthly review of safety plans has improved from the baseline.

Table 3

| Program/<br>Measure               | Baseline<br>Performance | Current<br>Performance                       | Goal                                                                          | Baseline to<br>Current<br>Performance                                               |
|-----------------------------------|-------------------------|----------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Monthly Review of<br>Safety Plans | <b>25.7%</b> (Oct 2025) | Q1 2026 <b>33.6%</b><br>Q2 2026 <b>37.7%</b> | <b>30%</b> by end of Q2<br><b>40%</b> by end of Q3<br><b>60%</b> by end of Q4 |  |

The actions taken during the period under review for this report include:

- a. In January 2026, 11 review teams of Safety and In-Home & Reunification consultants, coordinators and managers reviewed 74 cases with in-home safety plans with an infant 0-12 months old. The teams analyzed and shared the findings with district and program leadership in April 2026. Areas for improvement included outdated safety plans, unclear safety provider roles, safe sleep practices not consistently managed, and inadequate engagement of parents. This led to priority actions like the strategies identified in the bullets below and development of the Confirming Safe Environments data and communication package described below.
- b. Updated and shared the ongoing Safety Plan Content Review Guide (Appendix C) in May 2026.

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- c. In August 2026, we reviewed and updated the draft safety plan calibration tool. It will be implemented in Summer 2027, after the Safety Decision and Planning trainings and supports are in place, since those are essential for effective calibration. Several districts are already doing calibration work, and this tool will help bring the rest of the districts into alignment. *(As noted in Safety Decision-Making and Planning above.)*
- d. Developed and shared Oregon Safety Model Resources on the OWL internal website.
- e. Developed and shared “Coaching to Safety: A Supervisor Tool”.
- f. Provided monthly data to district leaders as part of the Confirming Safe Environments data package.

### 8. Timely Enhanced Supervision Plans (ESPs)

Enhanced supervision plans 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. The ESP helps resource parents know what works best for meeting the specific needs of the child in their care and keeping them safe and stable. Note: Timely ESPs is assigned a yellow status indicator due to challenges moving performance in the right direction. New strategies are underway that are expected to improve performance going forward.

As shown in Table 4 below, performance has not improved from the baseline. To address this, the Permanency and Foster Care program managers met in September 2026 and agreed to assign responsibility for creating the ESP to certifiers. They met in September with foster care and permanency staff to discuss and finalize the expectations. Work is underway to develop tools and communication materials, share the plans with district leadership and certification staff, and begin implementing by the end of 2026.

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Table 4

| Program/<br>Measure                  | Baseline<br>Performance               | Current<br>Performance  | Goal                                                                          | Baseline to<br>Current<br>Performance                                               |
|--------------------------------------|---------------------------------------|-------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Timely Enhanced<br>Supervision Plans | <b>23.8%</b> (Oct 2024-<br>Sept 2025) | Q1-Q2 2026 <b>18.2%</b> | <b>30%</b> by end of Q2<br><b>40%</b> by end of Q3<br><b>50%</b> by end of Q4 |  |

The actions taken during the period under review for this report include:

- Provided monthly data to district leaders as part of the Confirming Safe Environments data package, begun April 2026.
- Identified local districts in April 2026 that completed supervision plans at 40% or below.
- Improvements to an automated CANS email notification were completed, including clear instructions on how to upload the plan into the file cabinet to be counted in the performance measure, clarification that the due date is 30 days from the notification email (and not the effective date on the CANS assessment). Certifiers are copied on the notification email and will assist caseworkers.
- In July 2026, permanency staff met with the well-being team and foster care team to identify possible improvements to the notification process, including exploring the role of certifiers to support.
- Permanency and Foster Care program managers met in September 2026 and agreed to assign responsibility for creating the ESP to certifiers. They met in September with foster care and permanency staff to discuss and finalize the

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expectations. Work is underway to develop tools and communication materials, share the plans with district leadership and certification staff, and begin implementation by the end of 2026.

### 9. KEEP Participation

KEEP is an evidence-based statewide support program available to Oregon's resource, kinship, adoptive and assisted guardian parents. It is a trauma-informed, group-based curriculum that blends peer support with research-based parenting strategies, tailored to each family's and child's unique needs.

As shown in Table 5 below, KEEP participation has increased from baseline.

Table 5

| Program/<br>Measure                                | Baseline<br>Performance | Current<br>Performance | Goal                                   | Baseline to<br>Current<br>Performance |
|----------------------------------------------------|-------------------------|------------------------|----------------------------------------|---------------------------------------|
| KEEP- Eligible<br>Resource Parent<br>Participation | 31.5% (Jan- Jul 2025)   | 38.5% July 2026        | 33% by July 2026<br>33.75% by Dec 2026 | ↑                                     |

The actions taken during the period under review for this report include:

- Monthly emails were sent to certification staff about the KEEP enrollment and referral process, raising awareness and generating referrals. In Q1, this resulted in 42 new referrals; in Q2, there were 31 referrals of resource parents. The referrals vary with the number of eligible resource homes.
- Reviewed and corrected resource parent info in FETCH (the comprehensive database of all active resource parents) weekly, increasing accuracy of information for outreach.
- Documented contact with eligible resource parents through a quarterly report, including date and method of contact, purpose of contact, summary of

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conversation and outcome. The Q2 report showed that 99.8% of eligible resource parents were contacted by KEEP engagement specialists in that period.

### 10. Respite Care

Respite care is an important resource that gives resource families and parents a needed break from caregiving.

As shown in Table 6 below, performance is on track to achieve the 10% and 5% increases for calendar year 2026.

Table 6

| Program/<br>Measure                                               | Baseline<br>Performance                         | Current<br>Performance                                         | Goal                                                                                         | Baseline to<br>Current<br>Performanc<br>e |
|-------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------|
| Respite Care-<br>Participation of<br>Eligible Resource<br>Parents | <b>1,235</b> Resource<br>families*<br>(CY 2025) | <b>1,162 Resource<br/>families</b><br>(January-August<br>2026) | Increase<br>participation of<br>resource parents<br>by 10% by Dec<br>2026 (1,359<br>parents) | ↑                                         |
| Respite Care-<br>Participation of<br>Parents                      | <b>174 Parents*</b><br>(CY 2025)                | <b>163 Parents</b><br>(January-August<br>2026)                 | Increase<br>participation by<br>5% by Dec 2026<br>(183 parents)                              | ↑                                         |

\*Updated from the previous baseline of January-November 19, 2025

The actions taken during the period under review for this report include:

- A quarterly email was sent to staff to remind them about respite care resources and encourage them to assist resource parents in accessing the services.
- Pending respite care applications were tracked and reviewed to ensure timely processing and to identify any delays or barriers. From January through

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September 2026, average processing time for applications was 72 days, far less than the requirement of 180 days maximum. In Q2, analysis found 20 applications that were over 180 days; most were data entry issues that were easily resolved. Supervisors were notified and are addressing outstanding items with their teams.

- c. Continued integrating a short social media video into statewide messaging to raise awareness about respite care services and how families can access them through Every Child. Respite is presented as a key option across multiple outreach channels, including website promotion, news features in Every Child newsletter, tabling events, community presentations and “Exploring Foster Care Coffee House”. These combined strategies resulted in 325 respite inquiries passed from Every Child to ODHS Child Welfare in 2025; to date in 2026, 400 inquiries have already been passed to ODHS.

### 11. New Resource Home Certifier Visit Requirement

On January 1, 2026, the requirement changed so that certifiers must visit resource homes every 90 days instead of every 6 months. In August 2026, certifiers completed these visits on time 91% of the time.

### 12. Maltreatment in Care (MIC) Plan

ODHS Child Welfare reviewed 488 incidents of maltreatment in care from 2025 to develop strategies for improvement. The results showed that 65 percent involved abuse during trial home visits (22%), in resource family settings (21%), or “historical” incidents (22%), meaning the maltreatment happened before the current foster care episode (and thus did not represent an actual incidence of maltreatment in care). Working with the Office of Customer Experience, Child Welfare created a targeted plan in June 2026 to further address these three main areas of concern. These short-term strategies support and build on the ongoing safety work and the other strategies described above. Child Welfare will

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provide the first update on progress against the MIC plan to ODHS leadership in November. Note: the MIC Plan was assigned a yellow status indicator due to some delays in implementation because of staffing capacity issues. All three goal areas are progressing.

- a. **Trial Home Visit (THV) Safety Planning and Transition from Foster Care to Home** - The first area focuses on reducing maltreatment in care during trial home visits. To support this, the agency developed an updated reunification protocol and associated tools. This drafted protocol will be reviewed by the Policy and Rules Committee (PARC) and Policy Council (PC) in January 2027 and then added to the Child Welfare Procedure Manual.

Early analysis shows that parental substance use is a factor in MIC during THV, contributing to 50-60% of those incidents. The protocol clarifies when substance-use experts should be involved and sets expectations around convening a family team meeting when concerns arise. It also establishes an expectation that local offices strengthen coordination with in-home behavioral health providers at the district level.

- b. **Implement Strategic Recommendations to Reduce Maltreatment in Care in Foster Care** - The second goal focuses on reducing maltreatment in care within foster care. To support this, the agency committed to conducting a data analysis and improving consistency in assessments and decision-making across foster care and safety programs.

The initial data analysis for CY 2025 was completed in August 2026, and county-level results were shared with district managers that same month. They will use this information to develop tailored action plans in 2027 addressing where maltreatment in care is occurring.

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To improve assessment consistency at a statewide level, updates to the safety plan calibration tool and the safety plan review guides have been completed. These tools are currently being piloted, but expansion to additional districts has been paused until September 2027 due to staff capacity issues (*as noted in Safety Decision-Making and Planning 4b above*).

- c. **Technical Fixes for Historical MIC Incident Date Errors** — The third focus area aims to ensure accurate maltreatment-in-care data. To support this, the agency is clarifying roles and responsibilities for keeping accurate records and providing simplified guidance and job aids to help staff follow correct data-entry steps and avoid common errors.

The job aids and tools were created and shared with staff in August 2025, and expectations around roles and responsibilities have been reinforced through the work plan. As of May 2026, records are now being sent to Program Managers monthly, and a new process is being put in place: supervisors will return pending records with errors to caseworkers for correction, and mistakes found in approved records will be fixed through a formal ticketing system. This full process is expected to go live by the end of the year.

In September and October 2026, CW's Continuous Quality Improvement Team conducted a review of Q1 and Q2 2026 records to analyze documentation accuracy. Results were not yet available as of this report; however, going forward, they will conduct a monthly review to ensure issues can be identified and addressed in a timely manner.

## VI. Timely Case Plans

**Background:** A case plan (also called a family report) is an important document that guides families and child welfare staff. It must be written within 60 days after a child

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enters foster care. For children who stay in their homes, the case plan must be written within 60 days after the assessment is finished.

In 2025, the Permanency Strategy Team reviewed data and conferred with managers to better understand why case plans were not consistently completed on time. They studied districts that were doing well and those that were struggling. The team then created a statewide plan to support best practices in three key areas identified as challenges:

- Make sure districts use a clear and timely process to transfer cases from CPS to caseworkers. Delays in transferring cases increase the difficulty in completing case plans on time.
- Add case plan due dates to workers' calendars during the first prep meeting.
- Use the family report during court jurisdictional hearings instead of making a separate court document. Using the family report eliminates duplication of effort and saves time.

Also, staff from districts with strong performance were paired as mentors with the four lowest-performing districts to provide support and technical assistance.

Note: Timely case plans were assigned a yellow status indicator due to continued challenges aligning the case plan with the court report (#3 below) and declines in some of the performance of the districts being mentored (#6 below).

However, in July, Child Welfare saw the highest results for timely case plans since 2025, as shown below in Figure 4.

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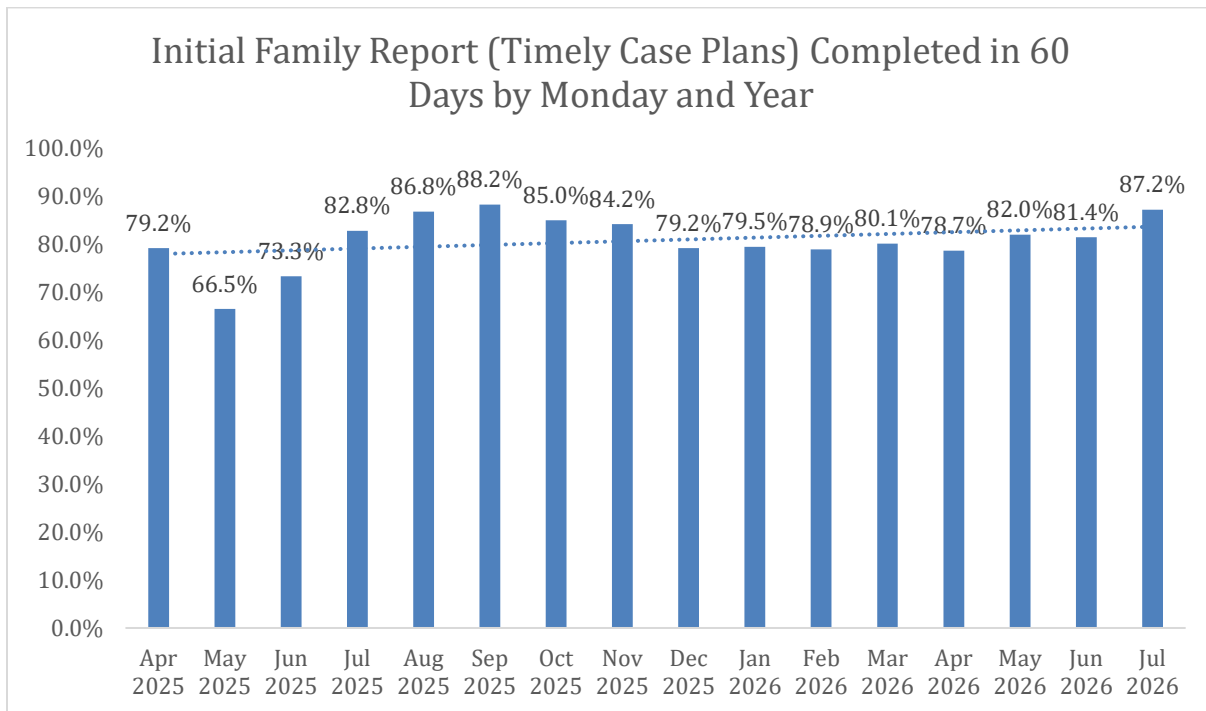


Figure 4: The percent of initial family reports (timely case plans) completed within 60 days.

The actions taken during the period under review for this report include:

1. **Timely case transfers** - The In-Home and Reunification team continues to work with districts to assess how they're implementing the statewide Transfer Process. An in-person safety training for program managers, held in September 2026, included instruction on the transfer process and a Family Transition Map in the curriculum. The same training will be provided for all CPS and permanency staff in October and November.
2. **Case plan reminder system** - The initial Family Report due dates were implemented on the CW home page, the internal resource web, in May 2026. The CW home page alerts are statewide and mandatory; all local offices also have the option to use the Outlook calendar to track Family Report due dates.

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3. **Aligning the case plan with the court report** – In-Home and Reunification leaders met with the Juvenile Court Improvement Project in February 2026 to learn more about why some courts are hesitant to accept the family report and instead require development of a separate court document. The results were inconclusive in terms of identifying clear issues to address. Staff identified three districts (Districts 14, 15 and 16) in which courts do not accept the family report; In-Home and Reunification staff are working with those districts to develop solutions.
4. **Statewide and district level monitoring** - All districts receive monthly statewide and district level performance data on timely case plans. The newly established Office of Customer Experience connects monthly with each district manager and reviews priority initiatives, including timely case plans. A performance measure for timely case plans on in-home cases has been developed and is part of the Family Preservation data dashboard; the data team is working to include statewide data on the dashboard.
5. **Permanency Fidelity Reviews** - Permanency Quality Assurance (QA) Reviews check the quality of family reports and permanency casework in Oregon. The goal is to improve outcomes for children and families and support ongoing quality improvement statewide. The review tool includes 29 mostly qualitative measures that help show strengths and practice trends for timely case plans within branches and across the state. Reviewers also look at how well cases follow the Oregon Safety Model and Child Welfare policy.

Each branch's review happens according to the Child and Family Services Review (CFSR) schedule, and most QA reviews occur at the same time as the CFSRs. A random sample of cases is chosen using a confidence interval to make sure the results are meaningful for the size of the branch. Cases must have an identified safety threat and be open between 180 and 365 days to be eligible. Permanency

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consultants use the results to inform discussions and coaching with local management teams.

QAs are electronic-only, and reviewers check whether information is documented correctly in OR-Kids. All case information must be entered before the review period starts; anything added after that won't be reviewed. Each review team has two people, and both review the same cases independently, so the cutoff ensures they see the same information. The review covers the current episode only, though case history may be read for context. In addition, each district selects specific Permanency Fidelity Reviews measures that are relevant to their district performance to work on with the CQI team for improvement.

6. **District level progress** - The four lowest performing districts identified in 2025 and paired with higher performing districts have shown improvement over time. Some districts are seeing slight reductions in recent months, which is attributed to prioritizing completing overdue CPS assessments and shifting staff resources to that effort. Supervisors are working to rebalance resources to ensure continued progress across multiple priority areas.

| District | Baseline June 2025 | Q1 2026 | Q2 2026 |
|----------|--------------------|---------|---------|
| 1        | 0%                 | 30%     | 23.1%   |
| 4        | 29.4%              | 61.2%   | 62.8%   |
| 6        | 50%                | 97.5%   | 91.9%   |
| 14       | 26.3%              | 72.7%   | 91.7%   |

## VII. Health and Mental Health Assessments

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**Background:** 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. Timely assessments are an important step toward achieving positive outcomes for children in foster care. ODHS works closely with Oregon Health Authority (OHA) and Coordinated Care Organizations (CCOs) to ensure children in care have access to health, mental health and dental services in a timely manner.

The actions taken during the period under review for this report include:

**1. Mandatory Real-Time Documentation Protocol for Placement Entry** — Timely nursing, health, and mental health assessments depend on entering a child's placement in OR-Kids immediately when they come into care. Supervisors are supporting staff in documenting case activity as close to the time of contact as possible, ideally on the same day.

Child Welfare created a real-time documentation report in November 2025 that supervisors use to monitor progress. Beginning in April 2026, CW and OCE made real-time documentation a priority and provided technical support so staff can enter information while working in the field.

The nurse manager sends quarterly data to district, program, and office managers on placement entry and required assessments. This comes with a reminder that placements need to be entered and approved the same day, or the next business day if the placement occurs over a weekend.

See Figure 5 for an example of the data being shared with district leaders, showing percent of placements being entered within one day.

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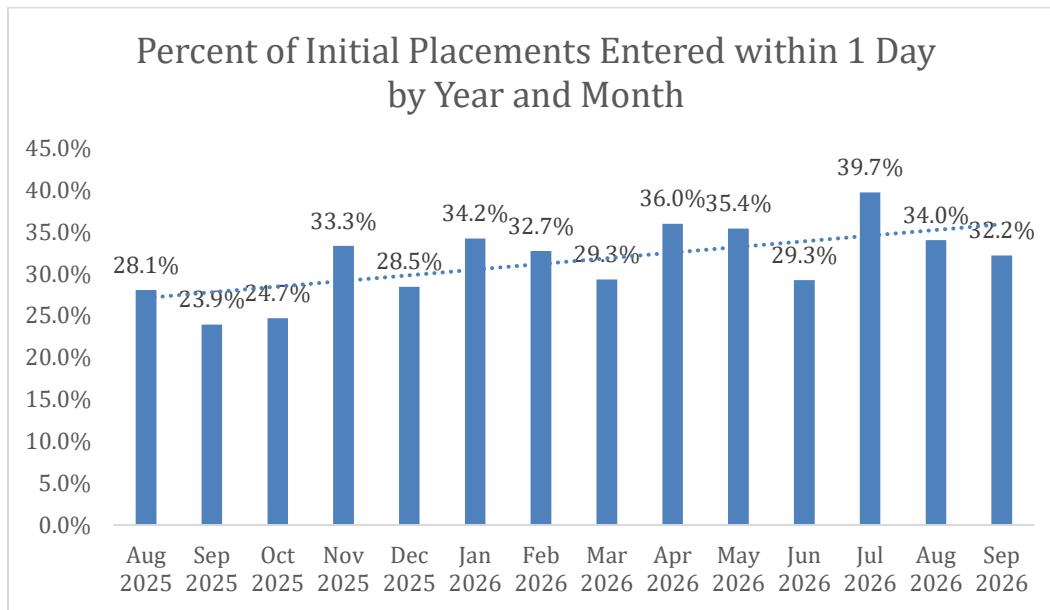


Figure 5 shows statewide % of initial placements entered within 1 day; district leaders receive district-specific information. Data from OR-Kids.

**2. Nursing Referral Desk** — In fall 2025, the nursing program created a referral desk to assign cases to nurses more efficiently to facilitate the required initial nursing assessments. All new placements now go through one central point, staffed by three rotating team members. They are trained to make sure the workload is shared evenly across the nursing team. This change has shortened referral times from an average of three days to same day or next day. Workload is now more balanced, which prevents backlogs and improves timeliness.

**3. Health and Wellness Dashboard** — The Health and Wellness dashboard shows the mean number of days it takes to complete nursing assessments and allows searches by an individual nurse. It is now available in OR-Kids for all Child Welfare staff but is mainly used weekly by the Nurse Administrator and Nurse Manager to monitor progress. The dashboard is a significant improvement over the previous practice of using spreadsheets to document and track, increasing accuracy and availability.

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After setting the Initial Review goal of completing nursing assessments within 10 days of a child entering care, the nursing program added a new measure to the dashboard in April 2026 showing the percentage completed by nurse within that timeframe. This has helped track overall timeliness. The nursing program reviews the dashboard regularly to identify problem areas and determine whether delays are caused by late placement entry or slower nurse response. The nurse manager then provides coaching to local offices or nurses as needed.

The nurse program manager also shares dashboard data quarterly with district, program, and office managers, and meets regularly with local office managers to review the data and address any issues with slow placement entry.

**4. Daily Notification of Enrollment to CCOs** — On November 1, 2025, ODHS and Oregon Health Authority (OHA) implemented a change in the transfer process of notification of enrollment to Coordinated Care Organizations (CCOs) from a weekly to a daily action. This coincided with a change in the CCO incentive metric for physical and dental assessments from 60 days to 30 days effective January 1, 2026. Discussions with CCO providers in the technical assistance learning series (see below) provided overwhelmingly positive anecdotal feedback that this process has greatly improved their ability to begin scheduling children in care for assessments. Full data will be shared in the May 2027 report to the Neutral, however we are seeing steady improvement in dental and mental health assessment timeliness and more modest improvement in medical assessment timeliness.

**5. Eligibility Determination and Notification Improvement** — The ODHS nursing program manager and the federal policy program manager met in Q1 2026 with staff from OHA and the ONE system (the statewide program that manages eligibility for benefits and social services) to find ways to shorten eligibility determinations to three days. One barrier is the delay in sending foster care entry information from OR-Kids (Child Welfare's information system) to OHA's Medicaid Management Information System, which connects to the CCOs. ODHS and OHA are building a daily file transfer to fix this

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issue and are working with CCOs to determine implementation timeline. ONE system staff also agreed to prioritize disenrolling children who are already on Medicaid when they come into care, so ODHS can quickly enroll them once eligibility is determined.

A second challenge is moving eligibility determination into the statewide ONE system. Because ONE has a backlog of project requests, this change is still being proposed and does not yet have a timeline for completion.

**6. Developmental Screening Program / Developmental Screening Team** — ODHS created the Developmental Screening Team (DST) in July 2025 to centralize Early Intervention (EI) referrals. The nursing team now manages EI referrals, so the process is consistent. The DST also began using the Ages and Stages Questionnaire (ASQ), a screening tool that helps track a child's social-emotional and developmental progress and identify possible concerns. The ASQ is completed every six months until a child is 5½ years old. Early intervention helps identify developmental, emotional, or social needs early so children can get the right support.

From January to July 2026, ASQ results showed that 61% of children under five have social-emotional concerns and 74% have developmental concerns. Because of this, the program doubled the number of screeners starting in late August 2026.

In July, the program added developmental and behavioral resources for caregivers to a [shared site](#). Beginning in October, developmental screeners will start providing these resources to resource parents along with referral information for KEEP.

The nurse program manager shared ASQ data with the KEEP program in June. KEEP staff conducted a crosswalk of the toddler manual with ASQ developmental areas and skill-building activities. In late September, KEEP held a three-hour learning lab for all group leaders focused on ASQ skills they can use immediately in their work.

**7. Technical Assistance Learning Series for CCO Providers** – Providing timely medical, dental and mental health services to children in care requires close collaboration between

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ODHS, OHA and CCOs. A six-part technical learning series was presented from March through August 2026, hosted by OHA with support from ODHS, to build relationships, better understand the systems at work, troubleshoot problems, and share best practices. The series included the following session content:

Session 1: Systems mapping - current state overview, needs assessment findings, development of shared process map

Session 2: Roles and responsibilities - measure specification changes, ODHS workflow and timeline, process map with roles and responsibilities

Session 3: Relationships with providers - three types of approaches to provider relationships: one-stop shop, designated provider, and open networks

Session 4: Partnering with ODHS - Child welfare processes and priorities, medical assistant specialist role and responsibilities, resource parent checklist and resource standardization

Session 5: Dental and mental health assessment tools - strategies for timely assessments, improvements in mental health assessment timeliness

Session 6: Ensuring assessments lead to care coordination and treatment - using assessment data to help connect children with ongoing care, resources and support

ODHS led discussions in Sessions 2 and 4 about Child Welfare roles, responsibilities, and workflow from the time a child enters care to when they receive required health and well-being assessments. Conversations with CCOs identified several concerns:

- Ability to contact resource parents and caseworkers: CCOs reported some incorrect contact information for resource parents, especially when a child moves from a temporary placement to a more permanent one and the data system has not yet been updated. When this happens, CCOs usually try to reach the caseworker, who may be unavailable because they are in the field. One solution is for CCOs to contact the Medical Assistant Specialist (MAS) at the local branch instead. MAS staff are more available and trained to

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respond to health-related issues, but many CCOs did not know this role existed. ODHS provided an updated MAS contact list to support this effort.

- Resource parent responsibilities: CCOs have noticed that resource parents sometimes have different understandings about their role in scheduling required assessment appointments. CW nurses give resource parents a checklist of needed appointments and responsibilities in the well-being packet during the nursing assessment, and this same information is shared during onboarding for new resource parents.

Relative and kin resource parents may feel overwhelmed when they suddenly begin caring for a child in their family and may need extra trauma-informed support. CW nurses are trained to approach relatives with a trauma-informed lens and provide written resource information. CCOs were also taught about the emergency certification process for relatives who have not yet received onboarding training and may not know about required appointments. This training emphasized using a trauma-informed approach, recognizing that when relatives step in to care for a child, their entire family has experienced a trauma that led to foster care.

- Timely placement and eligibility entry: CCOs continue to be concerned about delays in entering placement and eligibility information, which affects their ability to complete timely assessments. Improvements are underway through real-time documentation and eligibility process updates.

To support continued collaboration and learning, OHA began offering monthly office hours for CCOs starting in September, continuing at least through 2027. ODHS is participating in these sessions and presented in October, sharing onboarding and training information that is provided to resource parents, including requirements to get health assessments completed.

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**8. Data validation and reporting** - ODHS discovered a data error in nursing assessments after submitting the May 1 efforts report to the Neutral. ODHS reported the data error to the Neutral in June and submitted an [amendment on June 16, 2026](#), correcting the percentage of timely nursing assessments from 80.6% in the initial report to 30.1% in the amendment. ODHS determined that the error was a data filtering error on the assessment date and developed a data validation process, in collaboration with ODHS Data Office, for all ODHS data to ensure accurate reporting going forward.

ODHS worked with the new Data Office to refine its data validation processes and developed additional steps for reviewing and approving data before it is reported. The process defines clear roles and responsibilities for data analysts, program managers, and data and program leadership.

The nursing team has also changed how they collect and enter information on health and mental health assessments. Instead of calling resource parents to confirm appointment dates, they now utilize MMIS claims data to confirm these appointments have occurred. This creates a 90-day delay, but it ensures the data is accurate.

## VIII. Placements and Services

**Background:** When children have consistent homes and access to the physical, mental, and behavioral health services they need, they experience fewer disruptions and have better long-term outcomes.

ODHS Child Welfare established a Placements and Services Strategy Team in 2025. The team includes the Foster Care program manager, the Treatment Services program manager, district and program managers, child welfare experts, CQI staff, and representatives from the Oregon Health Authority. The team meets twice a month. Since early 2025, it has been developing and implementing strategies to improve placement stability and meet children's physical, mental, and other service needs.

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ODHS has committed to the federal “A Home for Every Child” initiative as part of the Child and Family Services Review improvement process. ODHS posted its [program improvement plan](#) on June 1, 2026. The plan focuses on reducing repeat maltreatment and strengthening supports that help children remain safely at home, increasing placement resources so children can be placed quickly when needed, and improving services that support stable placements.

The actions taken during the period under review for this report include:

### 1. Relative Placement

Placing children with relatives is a priority because it helps them stay connected to their family, culture, and community. ODHS uses a broad definition of “relative” so children can be placed with a wide range of family and close community connections. ODHS is working to increase the number of children who are placed with relatives as soon as they enter foster care and numbers of relative placements continue to increase.

As shown in Table 7 below, initial placement with relatives has increased from baseline but the point in time proportion of all children in care placed with relatives has stayed nearly the same.

Table 7

| Program/<br>Measure                                | Baseline<br>Performance                 | Current<br>Performance                          | Goal                      | Baseline to<br>Current<br>Performance |
|----------------------------------------------------|-----------------------------------------|-------------------------------------------------|---------------------------|---------------------------------------|
| Initial Placement<br>with Relatives                | <b>36.5%</b><br>(Nov 2024- Nov<br>2025) | <b>38.4%</b><br>(December 2025-<br>August 2026) | <b>41%</b> by Nov<br>2026 | ↑                                     |
| Total Children in<br>Care Placed with<br>Relatives | <b>39.3% (Sept. 30,<br/>2024)</b>       | <b>40.4% (Sept. 30,<br/>2026)</b>               | <b>44%</b> by Nov<br>2026 | →                                     |

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|  |                                     |  |  |  |
|--|-------------------------------------|--|--|--|
|  | 40.0% (Sept. 30, 2025) <sup>9</sup> |  |  |  |
|--|-------------------------------------|--|--|--|

The actions taken during the period under review for this report include:

- a. Monitored and documented reasons for non-approval of temporary certificates for relative foster care; the Foster Care program manager must sign off on any applications denied approval. This began as a pilot in 2025 with some districts and is now applicable to all districts. From April 1 through September 30, 2026, 21 requests were approved to delay or deny issuance of a temporary certificate; 9 applications were approved and issued a temporary certificate after further assessment, and the relative child was placed in the home.
- b. Regular communication about the importance of relative engagement was sent to all caseworkers. Q2 communication was sent April 10, 2026 and May 21, 2026; Q3 communication occurred on July 7, 2026 and August 18, 2026.
- c. Reviewed monthly initial placement with relatives data through the district data reports sent monthly and through the self-serve online dashboard. The data is reviewed quarterly by the Foster Care Program, Safety Program and In-Home and Reunification Program teams.
- d. Cross program discussion was held in October between Permanency, Certification, and CPS program managers to review the business protocols related to relative searches, ongoing communication channels to reinforce the importance of placing with relatives and reminding staff of the tools.

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<sup>9</sup> The baseline and current data was changed from a year-long average to a point in time, specifically September 30, for a clearer comparison across three years.

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- e. Family Search and Engagement Services contracts were implemented in February 2026 – Boys & Girls Aid (BGAID) for Western Oregon and Klamath-Lake counties and Greater Oregon Behavioral Health Inc. (GOBHI) for Eastern Oregon. From February through September 2026, 69 children have been served. Both contracts are operating at full capacity with waiting lists and prioritize referrals for children who have been in care the longest, who are at risk of temporary lodging, or are stepping down from higher levels of care without identified placements.

### 2. Recruitment of Resource Parents

When a relative placement isn't possible, ODHS needs a group of dedicated, well-trained, and well-supported resource parents. ODHS has focused on both recruitment of resource families and retention to ensure enough placement resources.

Note: Recruitment of resource parents has been assigned a yellow status indicator due to delays in implementation of some strategies (item "c" below), cancellation of an RFP due to budget limitations (item "e" below), and performance data for recruitment compared to the targets ODHS set (Table 8 below).

As shown below in Table 8, retention improved over baseline and inquiry to certification rate remained the same. New home recruitment is on track for an increase over baseline; if recruitment continues at the current pace, ODHS will have 187 new homes for 2026, an increase from 2025 but short of ODHS' internal goal of 200.

Table 8

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| Program/<br>Measure                        | Baseline<br>Performance              | Current<br>Performance              | Goal                    | Baseline to<br>Current<br>Performance |
|--------------------------------------------|--------------------------------------|-------------------------------------|-------------------------|---------------------------------------|
| New General<br>Resource Homes              | <b>173</b> (CY 2025)                 | <b>125</b> (as of Sept. 1,<br>2026) | <b>200</b> by Dec. 2026 | ➡                                     |
| General Resource<br>Home Retention<br>Rate | <b>83%</b> (CY 2025)                 | <b>86%</b> (as of Sept. 1,<br>2026) | <b>80%</b> by Dec. 2026 | ⬆                                     |
| Inquiry- to-<br>Certification Rate         | <b>13%</b> (July 2024- June<br>2025) | <b>13%</b> (CY 2025)                | <b>17%</b> by Dec. 2026 | ➡                                     |

The actions taken during the period under review for this report include:

- a. Conducted a review of the current \$3.6 million contract with The Contingent, a national non-profit organization. Currently in the process of amending the contract to include more specific deliverables and reflect updated service and tool array including Resource Parent Ambassador Pilot Program, Compass and Partner Portal.
- b. Retained HSG to conduct an evaluation of the licensing process. Evaluation was completed as of June 2026. Design meetings for the next phase began in October 2026.
- c. Partnered with Every Child/The Contingent to design and build the Common Agenda Development Tool (CADT), also known as the Ecosystem platform. CADT integrates multiple data streams—including recruitment, retention, and attrition—to identify gaps, trends, and barriers impacting Oregon’s ability to recruit and retain resource families. This work is funded through philanthropic investments and grant support. Full implementation of the platform, initially anticipated in Q4 2026, is planned for early 2027.

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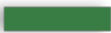
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- d. ODHS is also partnering with The Contingent on the rollout of Compass, a new concierge-style support service for resource parents. Compass will provide personalized guidance, connections to resources, and ongoing support as families move through the inquiry, certification, and placement process. This work is also funded through philanthropic investments and grant support.
- e. The RFP to procure a technology solution supporting the full inquiry-to-certification process (RPICT) was discontinued due to budget constraints. In place of this procurement, ODHS will focus on enhancing internal systems—specifically the Resource Family Inquiry (RFI) process—to address the same needs and improve the overall experience for prospective resource families.
- f. Each district developed and implemented a recruitment and retention action plan focused on the specific needs of each area. To further strengthen this work, ODHS is partnering with The Contingent to develop district-level numerical targets that will provide clearer direction and help align recruitment and retention strategies statewide as we work toward a goal of a 1:1 ratio of children and available families, consistent with ACF’s A Home for Every Child initiative.
- g. Sent quarterly emails promoting the Resource Parent Customer Service training to all Child Welfare staff on April 22, June 18, July 24 and August 31, 2026. Additional efforts included a live virtual statewide watch party on August 20, 2026.
- h. Provided a Resource Family Recruitment and Retention Quarterly Report with statewide and district level information; including data, action plans and activities.

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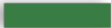
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- i. Continued refinement of the Child Welfare Retention and Recruitment Dashboard, available on PowerBI, which provides data and insights on resource parent inquiry through certification.
  - j. The Foster Care program has documented continuing challenges with consistently retaining resource families. Exit surveys of resource parents leaving the program highlight the need for increased support and communication from ODHS, leading to many of the strategies outlined above. Additional strategies designed to support resource families include KEEP and respite care, described in Section V, as well as Child Specific Caregiver Supports and Response and Support Network, included in item 6 below.
3. **KEEP Participation** — See Section V.
4. **Respite Care** — See Section V.
5. **Other ongoing programs that support resource parents include:** 
- a. 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.” Between April and September 21, 2026, 1087 needs were met.
  - b. Resource Parent peer mentorships pair new resource parents with seasoned resource parents who provide mentoring and support. The program operates in spring and fall each year. In April-May 2026, 44 mentor/mentee matches were created across 24 counties.
  - c. Foster Parents’ Night Out mobilizes volunteers to provide respite care for resource families.

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- d. My Community forms a team of volunteers to support resource families with whatever they need, including meals, assistance with laundry or yard work, etc.
  - e. ODHS Foster Care Program champions work with local districts to provide retention events, “dinner and discussion”, etc. for support and respite.
6. **Focused Opportunities for Children Utilizing Services (FOCUS) Program** — 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. Some of these services include the following:
- a. **Child Specific Caregiver Supports (CSCS) Expansion** 

CSCS contracted providers deliver coaching and education to help caregivers support a child’s behavioral or specialized needs. These services help keep children in community placements instead of residential treatment. CSCS providers offer tailored, in-home support focused on stabilization and skill-building. It currently operates in nine Oregon counties and is fully utilized. In 2025, CSCS served 108 children and 74 YTD in 2026 (January-August).

    - i. Drafted and submitted a policy option package (POP) to provide staffing resources to expand CSCS into 7 new counties for a total of 16 counties. The POP was included in the ODHS Agency Requested Budget for 2027-2029.
    - ii. Currently awaiting approval and inclusion in the Governor’s Requested Budget.
  - b. **Response and Support Network (RSN) Expansion** 

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RSN contracted providers deliver 24/7 help and short-term clinical and non-clinical support to resource and post-adoptive parents, helping them address challenges and connect to long-term services. RSN providers help keep children in community placements rather than residential treatment. It operates around the clock in three Oregon counties and is fully utilized. In 2025, RSN served 272 children and 210 YTD in 2026 (January-August).

- i. Drafted and submitted a policy option package (POP) to provide staffing resources to expand RSN into 13 new counties for a total of 16. The POP was included in the ODHS Agency Requested Budget for 2027-2029.
- ii. Currently awaiting approval and inclusion in the Governor's Requested Budget.

### 7. Placement Stability Protocol

Every placement move of a child in care disrupts relationships, schooling and the child's sense of safety - compounding the sense of trauma the child may experience in foster care. Multiple placements also increase the potential that a child may be placed in temporary lodging if a suitable placement cannot be found. ODHS formed a Placement Stability Strategy Team, combining the Permanency and Placements and Services teams once a month to develop a protocol to increase placement stability. The guidance focuses on the protocols for conducting a placement stability meeting with parents, resource parents, and other key participants when a placement is at risk, the caregiver is requesting removal, the child is feeling unsafe, or another major life event occurs. The guidance provides staff with essential tools to help recognize early indicators of placement strain, proactively intervene and work collaboratively to prevent placement disruption whenever possible.

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Note: The Placement Stability Protocol was assigned a yellow status indicator only due to implementation delays. However, the protocol has begun implementation this fall and is anticipated to be on track going forward.

The actions taken during the period under review for this report include:

- a. Conducted a survey in February 2026 on frequency and nature of facilitated meetings in all districts.
- b. Discussed findings and solutions with district and program managers in March and April 2026.
- c. Convened a cross-program workgroup in May 2026 to develop strategies that improve placement stability for children in care.
- d. Developed a placement stability protocol to conduct facilitated meetings with resource parents, parent(s), child (if possible), child's supports, and staff. The guide includes a step-by-step process to convene, facilitate, document and follow up on the meeting. (Appendix D)
- e. Communicated the importance of placement stability and explained the upcoming protocol to district and program managers in September 2026.
- f. Developed and shared materials, including the protocol, one-page summary, timeline, "what's coming" summary, and FAQs; posted to the OWL internal website in September 2026.
- g. In September and October 2026, provided training and coaching to district staff and online drop-in Q&A sessions. The Office of Customer Experience included coaching in their district confers beginning in October 2026.
- h. Added a placement stability meeting category to case notes in OR-Kids to track.

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- i. The protocol implementation will begin in November 2026 with regular check-ins by CW program and Office of Customer Experience with program managers and monthly district-level data sharing.
- j. Baseline July 2026: 37.4% of children in care had three or more placement moves. The goal is to reduce the number of placement moves that are the result of settings not able to meet the child’s behavioral needs. We will track placement stability staffings alongside the number of placement moves to understand the impact of this initiative.

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

BH-TFC supports children and youth with intensive behavioral health needs in a family setting instead of residential treatment. It combines Behavior Rehabilitation Services (BRS) delivered by trained proctor parents with intensive outpatient behavioral health services to meet treatment needs in the least restrictive setting.

This model was developed by ODHS and tested over five years and showed better access to mental health services and more stable placements compared to similar children in BRS proctor care. ODHS had 47 contracted beds at the end of the demonstration project and expanded to 71 contracted beds in 2026.

As shown in Table 9 below, ODHS has increased both the number of providers and the number of beds.

Table 9

| Program/<br>Measure | Baseline<br>Performance | Current<br>Performance | Goal          | Baseline to<br>Current<br>Performance |
|---------------------|-------------------------|------------------------|---------------|---------------------------------------|
| BH- TFC Providers   | 5 (December 2025)       | 8 (Q2 2026)            | 8 by Dec 2026 | ↑                                     |

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|                                                               |                        |                          |                        |                                                                                     |
|---------------------------------------------------------------|------------------------|--------------------------|------------------------|-------------------------------------------------------------------------------------|
| Contracted Beds                                               | <b>47</b> (March 2026) | <b>71</b> (Q2 2026)      | <b>71</b> by Dec 2026  |  |
| Contract Utilization (agencies with new or expanded capacity) | N/A                    | <b>34%</b> (Q1- Q2 2026) | <b>70%</b> by Dec 2026 |                                                                                     |

The actions taken during the period under review for this report include:

- a. Onboarded three new BH-TFC providers as of March 2026.
- b. Provided support for onboarding of new homes (ongoing through December 2026)
- c. Supported the expansion of BH-TFC capacity. Contracted capacity expanded by 24 beds in 2026.
- d. Fifty-five youth have been served through August 2026, compared to 59 youth served in all of 2025. Of those served, 15 were in agencies with new or expanded capacity.

### **9. Other ongoing program, treatment or placement activities or services:**

- a. **OHA Partnership for High-Acuity Needs** — ODHS is collaborating with the Oregon Health Authority to address lack of access and resources for individuals with high acuity behavioral health needs. These are some examples of the regular collaboration spaces: OHA/ODHS Children’s Intensive Treatment Services Workgroup; OHA/ODHS Individual Child Urgent Case Escalation Protocol; OHA Children’s Behavioral Health Community Escalation Team; OHA/ODHS Director’s Monthly Behavioral Health Workstreams meeting; project between providers, OHA, and ODHS

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CW to streamline referrals for IIBHT when children are on track to reunify with their parent(s).

- b. **Governor's Behavioral Health Initiative Subcabinet for Child Welfare and Youth Behavioral Health** — Cross-agency coordination is addressing the following: System gaps and bridge service development for youth in care with complex needs as well as where these services could be supported by Medicaid funding; CCO Care Coordination updates and progress reports from OHA; Centralized escalation process across OHA and ODHS CW for youth in care at risk of or experiencing Temporary Lodging.
- c. **Individual Residential Care** - IRC is a new level of care that provides individualized, home-like, rotating staff support to one child or young adult at a time who has extraordinary needs. IRCs serve children whose recommended level of care is not currently available and whose needs, behaviors, or safety considerations prevent them from being supported in other settings. Two providers opened one-bed IRC programs in May 2026.
- d. **Psychiatric Residential Treatment Facilities** - Number of beds increased from 236 in 2024 to [263 in 2025](#). Additional PRTF expansion efforts are underway in 2026.
- e. **Principles to Outcomes-Driven Practice** - From 2024–2026, ODHS, OHA, the Building Bridges Initiative, and the Oregon Center for Excellence carried out a two-year quality improvement effort to strengthen residential treatment through deeper partnership with youth and families. Supported by pre- and post-assessments from the University of Kentucky, the project engaged youth, caregivers, providers, and staff to better understand residential care and identify practices that promote high-quality, relationship-centered treatment.

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Key areas of work included:

- **Accountability:** Ensuring programs remain accountable to youth and families by incorporating their perspectives and advancing organizational culture change.
- **Capacity:** Building provider and staff ability to meaningfully include youth and families in care and improvement efforts, and valuing lived-experience input.
- **Connections:** Strengthening how programs maintain youth relationships with family and community support during treatment.
- **Culture:** Examining historical practices, promoting youth autonomy, elevating youth, family, and staff voice, and improving partnerships that support ongoing learning.

Overall, the initiative identified practices and conditions that support more collaborative, inclusive, and relationship-centered residential treatment.

- f. **Qualified Residential Treatment Program (Q RTP) expansion:** One program opened in December 2025 with six contracted beds, and another opened in April 2026 with five contracted beds. Treatment Services is supporting both programs through initial implementation. The program that opened in December 2025 is fully utilized and utilization is steadily progressing for the program that opened in April 2026.
- g. **Residential Independent Living Support Program:** A new Portland facility opened in April 2026 with nine contracted beds for youth ages 16–18 who have moderate to acute mental health needs. This expands transitional living services to younger youth in a Child Caring Agency setting. Treatment

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Services is supporting the program through initial implementation, and the program is now nearly fully utilized.

- h. **Mobile Child Caring Agency (CCA) Temporary Model:** Child Welfare finalized a contract in May 2026 with a provider to deliver Mobile CCA services. Services are designed to serve youth experiencing temporary lodging through a licensed CCA that supports youth with complex needs. Treatment Services is refining the model and providing onboarding support. Services began on September 30, 2026. Child Welfare is partnering with the ODHS Office of Performance, Policy and Research (OPPR) to evaluate the model.
- i. **Independent Living Services:** CW's Youth Transitions program contracts with community organizations to provide statewide independent living skills training to young people ages 18 through 23 preparing to leave foster care or those who have recently exited that need support before living independently. Rate increases for contracted providers went into effect July 1, 2026. ODHS is continuing all the efforts described in the [May 1 report](#).

## IX. Maltreatment in Care Notification and Reporting

**Background:** Oregon statutes, including ORS 419B.015, 419B.035, and 418.259, define ODHS responsibilities for notifying legal parties and providing records related to reports of maltreatment of children in care. By standardizing notification procedures, using tools to track timeliness, and offering targeted staff training, ODHS can ensure allegations are communicated promptly and accurately. Templates, prompts, and qualitative reviews further support consistent notifications to courts, attorneys, and parents, enabling faster intervention and stronger protective oversight.

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The Maltreatment in Care Notification and Reporting strategy team was led by lead program managers in the Safety Program and Permanency Program and included staff in business operations, paralegals, and information services. They worked to create a qualitative review methodology and tool, develop and implement an online staff training module, build and train a team of qualitative reviewers, and implement technical improvements to expedite and track reporting.

The actions taken during the period under review for this report include:

### 1. **Statewide Training Module**

The online training module, launched in January 2026, provides clear expectations and step by step instructions for staff to follow. As of September 2026, the training has been completed by 69.7% of supervisors, 79.5% of caseworkers level 1 (SSS1s) and 89.9% of caseworkers level 2 (SSS2s). Communications went out in the spring and again in September to all relevant staff. In September, we also shared district completion rates and lists of staff who finished the training with program managers and supervisors, so that they can follow up with staff.

### 2. **MIC Notification and Reporting Review**

The review methodology and tool were approved by the Neutral on June 2, 2026. The program manager recruited a team of 34 reviewers from local offices in all 16 districts, made up of paralegals, office managers, and case aides, and conducted three-hour training sessions with them on May 27 and 28 to familiarize them with the methodology, the review guide and the process going forward.

### 3. **System Alerts**

In the May 1 efforts report, ODHS incorrectly reported that two OR-Kids alerts had already been completed. As documented in the [June 18, 2026 amendment](#), those

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alerts had not yet been implemented because they were delayed by a backlog of technical requests. The updates are expected to be completed as part of the December 1, 2026 maintenance release. Note: The system alerts initiative was assigned a yellow status indicator due to the delay in implementing the alerts.

The two items scheduled in the December update are:

- a. An alert sent to the assigned primary caseworker when a screening report is generated. This alert requires the caseworker to notify all legal parties within 3 days of assignment.
- b. An alert sent to the assigned primary caseworker when an assessment has been approved by a supervisor. This alert requires the caseworker to submit all necessary documentation within 5 days of approval.

An additional request was submitted in September 2026 for a new report that will help determine whether required MIC initial and disposition notifications are being completed. This report will support local leadership in improving notification practice.

## X. Continuous Quality Improvement

**Background:** The Continuous Quality Improvement (CQI) Program uses district and statewide qualitative and quantitative data, aligned with federal performance standards, to help local offices target and strengthen specific areas of child welfare practice.

**Status Update:** The CQI program continues to partner with child welfare branches statewide to identify priority areas for improvement and develop targeted strategies. The program is shifting from a one-year improvement cycle, where each branch was focused on one improvement area, to a two-year cycle focused on two practice areas per branch, including at least one tied directly to child safety. This change allows branches to see

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trends and patterns and gives them the ability to adjust if their plan isn't producing the anticipated results.

As of September 1, 2026, 11 of 22 sites have selected Action Agreements as their measure. These agreements support family engagement, establish case goals, and help parents progress toward reunification or other outcomes. Action Agreements require active parental engagement, as they are intended to be a collaborative document outlining the caseworkers' responsibilities (making referrals, arranging transportation, etc.) and the parent responsibilities. This measure comes from the In Home and Reunification Quality Assurance Review. Previously, this measured whether the Action Agreement is present in the database. In January, 2026, the tool and guidance documents were expanded to measure whether the document is present and whether the caseworker made efforts to engage each parent. A new dashboard tracks the number and percent of cases with at least one instance of an action agreement entered. Improvement strategies include reminders for staff, collaboration with parent mentors, earlier engagement in the Action Agreement process, and Protective Capacity Assessment (PCA) workshops for caseworkers. A persistent barrier is the limited accessibility of the online form, and teams are working to find more effective solutions.

The CQI program hosted a statewide Learning Collaborative on October 7 focused on Action Agreements with parents. Eighty-eight participants joined the hybrid session, including ODHS staff, Parent Peer Mentors, and community partners. Presenters shared District 13's work, introduced the updated Action Agreement process and permanency QA expectations, and demonstrated how data tools can support practice. Caseworkers and Parent Peer Mentors discussed practical, collaborative approaches to developing Action Agreements and supporting families. The panel emphasized engaging parents as partners, highlighted real-world strategies, and reinforced the value of shared learning across districts. The event advanced consistency, collaboration, and continuous quality improvement in Oregon's child welfare practice.

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Two districts have selected Timeliness to Initial Contact for the first time since the program's launch in 2022. This measure is evaluated through Child and Family Services Review qualitative findings and quantitative OR-Kids administrative data. Branches are working to balance trauma-informed practice with statutory timelines and are tracking barriers to timely contact to identify root causes.

As the agency continues prioritizing safety, many branches have selected the Safety Planning measure, assessed through the In-Home and Reunification Quality Assurance Review. Performance indicators center on whether plans sufficiently manage safety in both in-home and out-of-home settings. Improvement approaches vary, but a key driver is the Supervisor Calibration model, where supervisors review safety plans with guidance from subject matter experts. Calibration helps supervisors determine the quality standard needed for approval. ODHS plans to implement Supervisor Calibration statewide in 2027.

### **CQI Infrastructure Update**

To support the transition to a two-year improvement cycle and the selection of two measures per branch, CQI staffing has been reallocated across districts. This structure also allows CQI to provide more direct support to Central Office programs to identify areas of practice for improvement and apply CQI tools and methodology more broadly than the previous system allowed. The program is designing an improvement cycle for the Oregon Child Abuse Hotline (ORCAH), scheduled to begin in early 2027, and will establish consultation opportunities to guide statewide improvement efforts.

The fifth statewide Learning Collaborative on June 4, jointly led by the Learning Collaborative and Data Literacy programs, focused on strengthening staff understanding of Child Welfare data sources, collection processes, and data quality. Facilitated by a Senior Data Analyst and CQI staff, the session emphasized how accurate data informs practice, supports performance measurement, and enhances safety, family engagement, permanency, and service quality.

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### Permanency Quality Assurance Reviews

Oregon Child Welfare conducts two Quality Assurance reviews: one assessing safety and screening, and the other evaluating in-home and reunification cases. Each branch is reviewed annually, with the Period Under Review aligned with their Child and Family Services Review cycles. This shift streamlines data collection and aligns review findings with CQI tracking and improvement efforts. Consultants and subject matter experts continue to complete the reviews, while CQI ensures consistent coordination and data integration.

## XI. Workforce and Infrastructure

**Background:** The Employment Training and Workforce Development (ETWD) program was expanded between 2022 and 2024 to provide the agency with the ability to develop and deliver specialized training in response to program and district needs.

**Status Update:** This program is actively involved with each central office program and their associated initiatives, as well as each of the 16 districts. ETWD provides support in the design, development, delivery, evaluation and administration of training, as well as technical assistance for related tasks.

Progress on workforce development and training initiatives described in the May report: (Note that the Safety Decision Training Series is described in Section V, part 4 above.)

- Indian Child Welfare Act (ICWA) Training Enhancements: Four courses have been finalized covering Reason to Know, Active Efforts, Notice, and Qualified Expert Witness.

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- Safe & Together: Identified six individuals to serve as domestic violence subject matter experts and sent four to S&T CORE training in preparation for qualifying them as trainers.
- District Training Teams: ETWD is partnering with district leadership across the state to build local training teams and develop district training plans. So far, 13 of 16 districts have teams in place, and 10 of those have completed their plans. These teams help districts identify their training needs, outline key deliverables, and request additional support when needed.
- New Worker Training for Social Service Specialist 1: Portland State University has begun developing a proposal for a revised curriculum for Essential Elements of Child Welfare Practice including:
  - Moving from virtual to a blended model where there would be virtual and in-person training days.
  - Make the curriculum more modular so that components can be repeatable if necessary.
  - Look for opportunities for the simulation center to be utilized as standalone content.
  - Build out supervisor supports and transfer of learning activities that can connect classroom training with supervisors and coaching and training specialists when they return to their branch.
  - A curriculum map that illustrates course topics, learning objectives, time on topic, evaluation methods, and the associated competency.
- Investments in training have created a responsive team that now delivers more than 200 specialized resources for staff and resource parents, covering everything from basic OR-KIDS tasks to advanced crisis-intervention skills. Recent funding

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reductions limit the ability to purchase external trainings, workshops, and conferences. To address this, the team is collaborating across training units, aligning and sharing content, and using internal expertise so staff, supervisors, and training specialists can continue to support ongoing professional development.

- E-Learning for Staff: Six new courses on topics including ILP Housing, Random Moment Survey System, Litigation Overview, Discovery Best Practices, Client-Attorney Privilege, and Maltreatment in Care Notification.
- E-Learning for Resource Parents: Four new courses on topics including Adult Attachment Styles, Emergency Preparedness, Preparing Your Family for Accepting a Child into Your Home, and Overview of ODHS CW Parenting Tools.
- Positive Discipline Series hosted for resource parents with courses including Creating Family Dynamics, Building Positive Connections with Children, Understanding Challenges and Life Skills, Express Understanding to Focus on Solutions, Meeting Children's Unique Needs.
- Non-Violent Crisis Intervention Training: Hosted 29 events and trained 303 staff on verbal de-escalation, crisis intervention, and physical engagement when working with populations who have experienced trauma.
- Quarterly and Monthly Professional development for Social Service Specialist 2, Child Welfare Supervisors, Consultants, and Coordinators focused on their role as coaches, consultants, and trainers.
- Initiated development of a self-paced e-learning course for Permanency Workers that will provide specialized skill and knowledge training around managing in-home and substitute care safety plans and case plans, family engagement, and permanency planning.

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- Implemented an updated e-learning development software that includes AI tools to streamline training development, assist in translation preparation, and reviewing/updating content. This will dramatically improve efficiencies in all areas of development while providing quality enhancements to training content.

Funding changes resulted in the following modifications:

- Exploration of expansion of tuition stipends for current and prospective child welfare staff has been paused given the current budget picture.
- Cancellation of creation of regional academy system for initial training of caseworkers.
- Cancellation of Oregon Leadership Coaching model implementation.

ETWD will continue to monitor the fiscal picture and reconsider if circumstances improve.

## **XII. Conclusion**

The efforts outlined in this report show steady, measurable progress toward meeting the commitments of the Collaborative Agreement and improving outcomes for children and families served by Oregon Child Welfare. Across the major practice areas—safety, permanency, health assessments, placements and services—ODHS advanced key strategies, is strengthening accountability structures for district offices, and continued to build the infrastructure necessary for sustained improvement.

During this reporting period, ODHS made notable gains in several foundational areas: timely CPS assessments, monthly safety plan reviews, 90-day staffings, face-to-face contacts with children, and initial placement with relatives. These improvements reflect more consistent practice, strengthened supervision, and better use of real-time data. In areas where performance has not yet improved as expected—such as enhanced supervision plans and certain district case plan timelines—ODHS has identified underlying

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challenges and initiated targeted corrective actions, including revised protocols, clearer roles, expanded training, and enhanced data oversight.

ODHS also continued to strengthen the systems that support frontline practice. The agency advanced its data validation processes, expanded specialized training, modernized safety and assessment tools, and increased collaboration with the Oregon Health Authority and external partners. The shift to a two-year Continuous Quality Improvement cycle and expanded district-level coaching will further support consistent, durable improvement statewide.

These efforts reflect ODHS's ongoing commitment to meeting the expectations of the Collaborative Agreement and to providing children and families with safer, more stable, and more supportive services. As implementation continues, ODHS will remain focused on achieving measurable outcomes, addressing identified gaps, and ensuring transparency to the public we serve.

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### XIII. Appendices

#### Appendix A - Safety Plan Calibration Tool

##### Safety Plan Calibration Tool Phase 2

For this review, please focus on the first two boxes of the plan (Safety Threats and Safety Plan); we are not yet discussing In-Home Criteria or Conditions for Return.

Please note that some questions will have multiple options for No. Be sure to select the No answer that most closely aligns as this will help us better understand what is missing.

\* Required

\* This form will record your name, please fill your name.

##### Safety Plan Guide

<https://dhsopa.sharepoint.com/teams/Hub-ODHS-CW/Permanency%20Resources/Forms/AllItems.aspx?viewid=278a7c1f%2D0cea%2D4925%2Daf60%2D3dfc1c9d832c&id=%2Fteams%2FHub%2DODHS%2DCW%2FPermanency%20Resources%2FSafety%20Plan%20Guide%2Epdf&parent=%2Fteams%2FHub%2DODHS%2DCW%2FPermanency%20Resources>

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1. Which site are you evaluating? \*

- ☐ District 1 - Tillamook/Clatsop Co.
- ☐ District 1 - Columbia Co.
- ☐ District 2 - Eastside
- ☐ District 2 - Westside
- ☐ District 3 - Marion Co.
- ☐ District 3 - Polk Co.
- ☐ District 4 - Lincoln Co.
- ☐ District 4 - Linn/Benton Co.
- ☐ District 5
- ☐ District 6
- ☐ District 7
- ☐ District 8 - Jackson Co.
- ☐ District 8 - Josephine Co.
- ☐ District 9
- ☐ District 10
- ☐ District 11
- ☐ District 12
- ☐ District 13
- ☐ District 14
- ☐ District 15
- ☐ District 16
- ☐ Other

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### 2. What are the identified safety threats? \*

- ☐ 1: The family situation is such that no adult in the home is routinely performing parenting duties and responsibilities that assure child safety
- ☐ 2: One or both parents' or caregivers' behavior is violent and/or they are acting (behaving) dangerously.
- ☐ 3: One or both parents' or caregivers' behavior is impulsive or they will not/cannot control their behavior.
- ☐ 4: Parents' or Caregivers' perceptions of a child are extremely negative.
- ☐ 5: A family situation or behavior is such that the family does not have or use resources necessary to assure a child's safety.
- ☐ 6: One or both parents' or caregivers' attitudes, emotions and behavior are such that they are threatening to severely harm a child or are fearful they will abuse or neglect the child and/or request placement.
- ☐ 7: One or both parents' or caregivers' attitudes or emotions are such that they intend(ed) to seriously hurt the child.
- ☐ 8: A situation, attitudes and/or behavior is such that one or both parents or caregivers lack parenting knowledge, skills, and motivation necessary to assure a child's safety.
- ☐ 9: Parents' or Caregivers' attitudes and behavior result in overtly rejecting CPS intervention, refusing access to a child, and/or there is some indication that the caregivers will flee.
- ☐ 10: Parents' or Caregivers' attitude, behavior, perception result in the refusal and/or failure to meet a child's exceptional needs that affect his/her safety.
- ☐ 11: The family situation is such that living arrangements seriously endanger the child's physical health.
- ☐ 12: The situation is such that a child has serious physical injuries or serious physical symptoms from abuse or neglect.
- ☐ 13: The situation is such that a child shows serious emotional symptoms and/or lacks behavioral control that result in provoking dangerous reactions in parents or caregivers.
- ☐ 14: The situation is such that a child is fearful of the home situation or people within the home.
- ☐ 15: Because of perception, attitude or emotion, parents or caregivers cannot, will not or do not explain a child's injuries or threatening family conditions.
- ☐ 16: One or both parents or caregivers has a child out of his/her care due to child abuse or neglect or has lost a child due to termination of parental rights.

### 3. For all identified safety threat(s), does the description identify **who** is creating or not protecting child(ren) from the threat(s)? \*

- ☐ Yes, all individuals are addressed
- ☐ No

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4. Why was this marked no? \*

- ☐ At least one individual is missing
- ☐ The information isn't clear about who's behavior is unsafe or who is not protecting

5. Reviewer Notes

6. Is the severe impact to the child(ren) described? \*

Consider both emotional and physical impacts. Consider whether severe impact is described to **each** child by **each** parent's behavior.

- ☐ Yes, severe impact by each parent to the child is described
- ☐ No

7. Why was this marked no? \*

- ☐ The severe impact to the child(ren) is not fully described
- ☐ Description does not address the severe impact to **all** impacted child(ren) and/or impact not described by **each** parent

8. Reviewer Notes

9. Does the narration make it clear how the unsafe behavior(s) are occurring? \*

Description should include how the unsafe behavior is currently operating.

- ☐ Yes
- ☐ No

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10. Why was this marked no? \*

- ☐ None of the behaviors are clearly described
- ☐ Not **all** of the behaviors are clearly described or the descriptions are too vague

11. Reviewer notes

12. Is there information about patterns and/or duration of the unsafe behavior(s) that informs the safety threat(s)? \*

Clearly describing the patterns or durations of unsafe behaviors help the agency better understand how pervasive the unsafe behaviors are and how they are occurring.

- ☐ Yes or the description indicates that information about duration and patterns are still being gathered
- ☐ No

13. Why was this marked as no? \*

- ☐ There is information about duration and/or pattern of behavior for one parent but not all parents **OR** there is some information about pattern and/or duration but it is not sufficient
- ☐ There is no information about duration and/or patterns for any parent

14. Reviewer notes

15. Is it clear how often the unsafe behavior is occurring? \*

Describing the frequency (when and how often) of the current unsafe behavior helps the agency understand when safety supports are needed and how predictable the behavior is.

- ☐ Yes
- ☐ No

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16. Why was this marked as no? \*

- ☐ There is no information about the frequency of the unsafe behaviors
- ☐ There is some information about the frequency of unsafe behavior but other information (i.e. one parent only) is missing

17. Reviewer notes

18. Does the narration include information about parental progress? \*

Describing parental progress regarding the safety threat helps with parent engagement and to recognize effort, and helps us understand how a safety threat may be changing.

- ☐ Yes
- ☐ No
- ☐ N/A

19. Why was this marked as no? \*

- ☐ There is no information about parent progress
- ☐ Information is missing about one or more parents

20. Reviewer notes

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21. If historical case information is included, is it relevant and needed to understand how the safety threat(s) applies? \*

Some historical information provides context and can help describe progress and change development. This is different from describing a pattern of behavior. If it is unclear if the information is historical or there is no historical information, select N/A.

- ☐ Yes, historical information is included and is adequate and appropriate
- ☐ No, historical information is included that is not relevant and/or confusing
- ☐ N/A

22. Reviewer notes

23. Does the intrusiveness of the plan match the description of the current unsafe behaviors? \*

Is the intrusiveness of the plan to manage safety proportionate to the current behavior described? (pervasive, predictable, severe). Is this plan the least restrictive? Consider when/how the unsafe behavior is occurring.

- ☐ Yes
- ☐ No

24. Why was this marked no? \*

- ☐ The plan is too restrictive/intrusive or unrealistic
- ☐ The plan does not adequately manage the safety threats
- ☐ There is insufficient information to determine whether the intrusiveness is appropriate

25. Reviewer Notes

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26. Are the safety activities described sufficient to manage all unsafe behaviors? (choose one) \*

- ☐ Yes, safety activities are addressing all unsafe behaviors
- ☐ No

27. Why was this marked no?

- ☐ None of the safety activities are sufficient to manage the behaviors
- ☐ There is some unsafe behavior that is not addressed by the plan OR there are activities that do not correspond to the described behavior
- ☐ It is unclear how the safety activities manage the unsafe behavior(s), OR there is not enough information about the unsafe behavior(s) to understand what safety activities would be sufficient

28. Reviewer Notes

29. Does the plan clearly describe the responsibilities of the Safety Provider(s)? \*

e.g. When will safety activities be performed? How frequently are safety providers in the home? What do the safety activities look like? (Family Time will be covered in a different question below) All safety plans need at least one Safety Provider (it can be resource parent or family time coordinator)

- ☐ Yes, the roles of all Safety Providers are included
- ☐ No

30. Why was this marked no? \*

- ☐ The roles of some, but not all Safety Providers are included
- ☐ There is not enough information about the role of the Safety Providers

31. Does the plan clearly articulate what specific observable behaviors safety providers should be looking for so they know when and how to intervene? \*

The role and responsibility for each Safety Provider should be clearly stated

- ☐ Yes
- ☐ No

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32. Reviewer Notes

33. Is it clear what Safety Providers should do if they observe any unsafe behavior? \*

☐ Yes

☐ No

34. Reviewer Notes

35. Does the plan include the details of the Family Time and/or contact between parents and their children should look like for **all** parents and for **all** children? \*

This question captures the logistical details - Including **when** Family Time is occurring, **who** is allowed to participate in Family Time or if there are restrictions of when family time is occurring or if any unsupervised contact allowed. What about community visits? Is Family Time outside of ODHS supervision?

☐ Yes, Family Time supervision is clearly explained for all parents and all children

☐ No

☐ N/A - Family Time is not currently applicable on this case (i.e. in home, etc)

36. Why was this marked no? \*

☐ Family Time expectations are addressed for some, but not **all** children or **all** parents

☐ Family Time expectations are unclear or some details are missing

☐ Family Time supervision is not addressed in the plan but should have been

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37. Does the plan adequately address the unsafe behaviors and ensure safety for the children during Family Time? \*

☐ Yes

☐ No

☐ N/A

38. Reviewer Notes

39. Is it clear how and when the plan will be monitored by the caseworker? \*

Make sure the following are included: frequency and setting of face to face contact between parents/children with worker; safety provider or Family Time coordinator contact with worker; and when the worker will update the plan.

☐ Yes, all are included

☐ No

40. Why was this marked no? \*

Make sure the following are included: frequency and setting of face to face contact between parents/children with worker; safety provider or Family Time coordinator contact with worker; and when the worker will update the plan.

☐ None of these are included

☐ Not all elements are included

41. Reviewer notes

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42. Are there elements included in the plan that should not be? \*

Check all that apply

- ☐ Parent Promises
- ☐ Change services
- ☐ Parent Responsibility
- ☐ Child Responsibility
- ☐ OSM language (restating the safety threat)
- ☐ Agency bias
- ☐ None
- ☐ Other

43. Reviewer Notes

44. Can the plan be easily understood by the parent(s) and Safety Providers? \*

Consider comprehension level, agency lingo, etc. This is really looking at the **readability** and not the sufficiency of the plan. Sufficiency is captured in other questions.

- ☐ Yes, the language is clear and direct
- ☐ No

45. Why was this marked no? \*

Can choose more than one.

- ☐ There is too much agency lingo/formal language
- ☐ The language is confusing or unclear

46. Reviewer notes

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47. What are some elements of the plan that you liked? \*

Check all that apply

- ☐ Clear and direct language
- ☐ Reflects parent with strengths based language
- ☐ Includes elements of the family's culture
- ☐ Safety activities are in alignment with the family's culture
- ☐ It is clear the caseworker consulted with the Tribe in the development of this safety plan
- ☐ Other

48. Is there a child under 12 mos AND a safety threat that could impact safe sleep? \*

Safety threats related to substance use disorder, parenting skills, or other behaviors that could impact an infants sleep safety.

- ☐ Yes
- ☐ It is unclear if there is a child under 12 mos in the home
- ☐ N/A - There is no child under 12 months OR child is in substitute care OR safe sleep is not related to the safety threat.

49. Is safe sleep addressed in the plan to manage safety when related to the safety threat?

- ☐ Yes, safe sleep is addressed
- ☐ No, safe sleep should have been addressed and was not

50. After a full review of the plan, considering elements that are missing or included, would you recommend approving this plan? \*

- ☐ Yes
- ☐ No

51. Reviewer notes

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### Appendix B- 90-day Staffing Supervisor Guide

#### 90-Day Staffing: Intentional Contact



OREGON DEPARTMENT OF  
**Human Services**  
Child Welfare

#### Supervisor Guide

This guide assists with the 90-Day Staffing/Case Plan Review

► Not every question will apply or need to be discussed ◀

\*\*Use the [90-Day Staffing Case Note Template](#) from the OWL to document in an OR-Kids case note (Category > Meetings; Type > 90-Day Staffing)

\*\*Throughout the staffing, ensure compliance with ICWA/ORICWA as outlined in OAR Chapter 413 Division 115.

#### Safety: Children are protected

**Current safety threats:** Are threats described as current/observable? Includes impact to the child? Any changes since the last staffing?

**Safety plan sufficiency:** Is the safety plan current? Does it clearly describe how safety is managed? Is it least restrictive? Proactive communication with safety providers occurring? Monthly review with family documented?

**In-home criteria:** Does each criterion have specific narrative as to whether it is met or unmet? Any barriers or early warning signs that and criterion may no longer be met?

**Conditions for return (if out-of-home):** Tied to unmet in-home criteria? Clear and Simple? Progress described with evidence? What must change for a safe return home?

**Safe sleep:** When safe sleep intersects with the safety threat, how is safe sleep monitored and by whom? Checklist/education completed with relevant caregivers?

**Documents to review:** Ongoing Safety Plan, Safe Sleep checklist, Family Report, case notes, Supervision Plan

#### Permanency: Children have stability & permanency in their living situations

**Current placement:** Placement type + length? Stability/disruption risk signals? Worker/caregiver/certifier communication occurring? Connections in place (cultural, siblings/family/community)? ICWA/ORICWA placement preference?

**CANS/Enhanced Supervision Plan (ESP):** CANS? If LOC 1+, ESP completed w/resource parent? Resource parent/certifier each have a copy? Reviewed at home visits?

**Family time:** Visit and Contact Plan (831) current? Includes siblings? 4050? Least intrusive? Can family time increase safely? Are parents able to attend key child activities/cultural connections during or in addition to family time? Other contacts?

**Family engagement:** Who is involved in case planning/family meetings? Anyone missing? Have parents/children been asked about who to include? Any next steps?

**Protective capacities/expected outcomes (EOs):** Any protective capacity shifts? Progress towards EOs documented? How do we know change has occurred, not just compliance? Stage of change? Services and contact with providers? Expert evaluations? What must change to close case?

**Concurrent planning:** Family Report updated? Permanency Plans most appropriate based on child needs? Child/Parent/Resource Parent included in planning? Convo with attorney/CASA? Relative search? Vital Statistics docs? Next steps?

**Documents to Review:** CANS/Supervision Plan, Visit and Contact Plan (831), Relative Search, Family Report, Court orders, CRB findings, ICWA/ORICWA

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## 90-day Staffing: Intentional Contact



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Child Welfare

### Supervisor Guide

Well Being: Families have an enhanced capacity to provide for their children's needs

#### CHILDREN

**Face to face (F2F):** Worker F2F contacts with **all** children monthly? Documented? Individual conversations? Notes reflect confirming a safe environment/safe sleep?  
**Child Voice:** Reflected in planning (family reports, FDM/YDMs, etc.)? Participation in age/developmentally appropriate activities?  
**All About Me Book:** Present/started for each child/young adult? Last update? if not current, steps to update?  
**Education:** Needs and functioning? IEP/504 status? School contacts occurring?  
**Medical:** General health? Exceptional needs? IDD services?  
Medications/med logs? Dates of last medical/dental/vision appointment? Parent able to attend? Medical Records?  
**Mental health (MH):** Referrals made? Services in place? Follow-up/interim supports needed/provided? Known diagnoses? Contact with providers? Psychotropic meds (approvals/logs)? Impact of diagnoses/meds on child functioning i.e. side effects/benefits?  
**Self-Selected Environment (SSE):** Child's location/status known, safety assessed? Monthly F2F contact in SSE? Req'd staffing/consults occurred? Next review date?  
**Documents to Review:** Case notes, Family Report, Provider records, ORKids person management and relationships tabs

#### PARENTS

**Face to face (F2F):** Worker F2F contacts with **all** parents monthly? Documented? Any barriers to meaningful F2F contact? Plan to address barriers? Absent parent search?  
**Relationship:** Connection with resource parent/caregiver? Involvement in child activities? Icebreaker?  
**Parent Voice:** Reflected in planning (family reports, FDMs, action agreements, etc.)?  
**Other ODHS programs:** Connected to Self Sufficiency/Voc Rehab/APD, etc.? ADA accommodations? Coordination w/programs to support parent? Referrals needed?  
**Action Agreements (AA):** Is AA collaborative/current? Listed services are appropriate/equitable/culturally responsive? More referrals to be made? Concrete supports? Any barriers/unmet needs? Update cadence?  
**Documents to Review:** Family Report, Action Agreement, Provider records, ORKids person management and relationships tabs

#### PLACEMENT

**Face to face (F2F):** Substitute caregiver contacted monthly and F2F every other month? Documented? Unmet needs or supports?  
**Relationship:** RP relationship with child? Capacity to meet the child's needs, both current and long term? Any support/respite needs? Communication/collaboration with certifier? Reasonable and prudent parenting standard applied? RP/Caregiver has needed docs/plans/tools (e.g., ESP)  
**Safety in placement:** Out-of-home care assessments? Safety/support needs to address? [SB 1515/243](#) concerns to report?  
**Documents to Review:** Supervision Plan, OHCA/CAS, Placement Support Plan

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### 90-day Staffing: Intentional Contact



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### Best Practice Reminders

**The 90-day staffing should result in decisions regarding the direction of the Case Plan.**

#### Possible decisions:

- Adjust the ongoing safety plan
- Move toward reunification (or increase readiness)
- Change or Adjust the permanency plan
- Evaluate and strengthen concurrent planning (including relative engagement)
- Close the case

#### Consider:

- How frequently is the plan's effectiveness reviewed?
- Are we measuring behavioral change and meeting the family's needs, not compliance?
- Are all key voices included in assessing progress (parents, Tribes, caregivers, children, service providers, etc.)?
- Are we getting sidetracked by issues that aren't relevant to the 90-day staffing and the assessment of the case plan's direction?
- If progress is limited, explore "why", is/are there:
  - Limited parental involvement in creating the plan?
  - Expectations that may not be reasonable or achievable?
  - Inaccurate identification of safety threats or needs?
  - Inappropriate or insufficient services being offered to the family?
  - A plan to address the barrier(s)?
  - Gaps in the caseworker or team's knowledge about case planning or engagement with the family?

#### Decision Checks:

- Are we clearly distinguishing between resolving safety threats/meeting expected outcomes versus meeting conditions for return/return home?
- Are the behaviors/conditions being measured directly tied to the safety threats and diminished protective capacities?
- If reunification is getting closer, is there an increase in planning/casework to assure safety, stability, and prevent re-entry?
- If timely progress toward the case plan goals is not occurring, are we actively supporting and developing the concurrent plan?

If the case plan **targets the right issues and practice aligns with these expectations**, there should be abundant information to support decisions and interventions.

For additional coaching tools for case staffings and supervision, consider the reviewing Supervisor Tools on the Permanency Resources [OWL](#)

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### Appendix C- Safety Planning Guide



#### **SAFETY PLAN CONTENT GUIDE- Updated May 2026**

**This guide is a tool to help create and document safety plans that sufficiently and sustainably manage child safety.**

*While Initial and Ongoing Safety Plan structures may look different, the content and components are the same.*

**IMPORTANT REMINDER:** When developing a safety plan, if the Department knows or has reason to know the child is an Indian Child, the child's Tribe must be involved in safety planning and the caseworker must comply with [OAR Chapter 413, Division 115](#)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Effective Date of the Safety Plan:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>SAFETY THREAT(S):</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| The safety threats will pre-fill using standard OSM language                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Safety threats listed on the <b>Impending Danger Safety Threat</b> tab include the date of the corresponding <b>assessment</b> when the threat was identified.<br>Any safety threats added through the <b>Ongoing Safety Plan Safety Threat Identification</b> page will be noted as such with the corresponding date.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b><u>Description of Safety Threat(s):</u></b><br>Write a <b>clear and concise</b> description of how the safety threats are uniquely operating within the family condition.<br><br>** This is <b>not</b> a copy and paste of the description of the safety threshold criteria from the CPS assessment. And do not copy and paste the identified safety threat as this information is already included. **<br><br>► Use language that describes what happened in observable terms (what someone did or didn't do; what could be seen or heard) and the impact to a child(ren) and is written with the parents/caregivers as the audience.<br><br>► The description needs to include all unsafe children and all legal parents/caregivers (including those not in a current caregiving/non-custodial role) for each child.<br><br>► When the safety threat involves a child under 12 months and the child's sleep practices are an observable part of the safety threat, the concerns must be clearly described, including any specific vulnerabilities that apply (e.g., prenatal substance exposure, prematurity, low birthweight). |

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### ► Consider using the 8 questions to help frame the description of the safety threats:

1. **Who** is creating and/or allowing the threat?
2. **What** are they doing/not doing?
3. **To whom** (which children) are affected and what is the severe impact to the child?
4. **When** is the threat occurring (what times, days of the week, etc.)?
5. **What** (precipitants) within the family condition, contributes to the safety threat?
6. **How often** (frequency) does the family condition/threat occur?
7. **How long** (duration) has the family condition been occurring?
8. **How pervasive** (persistent) is the family condition/safety threat ongoing, or does it come and go?

As the case progresses, review and update this section to describe how the safety threat is currently operating as of the date of this safety plan. As safety plans are updated, discard outdated information from previous safety plans unless specifically pertinent to the **imminence** and **pervasiveness** of the safety threat.

### SAFETY PLAN:

#### This section of the safety plan includes two components:

- It specifically describes the *plan to manage* the impending danger safety threats *and*;
- Actions Child Welfare will take to *monitor* the safety plan to ensure it is sufficient.

#### Things to note:

*If the court orders specific language and/or criteria as part of a safety plan, staff with the Supervisor/AAG/Consultant and clearly note court-ordered elements in the safety plan documentation.*

#### Plan to manage Safety Threat(s):

This section focuses on how child safety will be **managed right now**. This includes actions by safety providers and safety services to control the threat in the present.

**\*\*Do not include information about change services, goals, and expected outcomes. This information should be documented in the Family Report and Action Agreement\*\*.**

Safety plans are written for and with families. Use plain, respectful language that fits the parents'/caregivers' communication needs and preferences.

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**When documenting a clear and sufficient plan to manage child safety the following must be included:**

**1. Where the child(ren) live?**

- Each child and their respective type of placement. (If in-home be clear which parent the child is living with and when, if time is shared between parents)

**2. Family Time Plan?**

- Who is attending, where it is occurring and when it is happening?
- How child safety is being managed during family time?
- Include any appointments or events in the child's life where the parent is invited and the child will be present.
- Any other relatives who are approved to attend family time?

**3. Role and expectations of Safety Providers (SP)?**

- **Who** are the SPs? **Note:** *Parents/caregivers on the case or any children (anyone under age 18) cannot be safety providers.*
- **Role:** What is the SP specifically responsible for? Clearly describe the different roles for different SPs.
- **Understand and respond:** Identify the specific, observable behaviors/conditions that indicate the safety threat is present or escalating (avoid labels/diagnoses) and clearly describe how the SP will respond to manage safety.
- **Supervision level:** Specifically describe what level of supervision is necessary e.g., within sight and hearing at all times, SP in the home the entire time, SP checks in every X minutes, child is not left alone with caregiver, etc. **and why.**
- **Actions to manage safety:** Describe the specific actions each SP will take during the times they are responsible. Be clear about what the SP does routinely while the plan is working and what the SP will do immediately if safety concerns arise. Use the **Expectations for SPs guide (Form 2789B) for ideas.**
- **Escalation thresholds:** When and how to contact Child Welfare and when to call 911/emergency services.
- **Safe sleep (required when the child is 12 months or younger and the child's sleep practices are an observable part of the safety threat):** Describe how the SP will **monitor safe sleep** and ensure SPs have the needed **safe sleep education/information.**

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- **Communication plan:** Document the communication plan with the SPs, including frequency and method, their observations (what they saw/heard, concerns, strengths, and any interventions used). When an SP is **supervising family time**, ensure SP provides information about the contact no later than 7 days after family time occurrence.

#### 4. How will Child Welfare monitor the plan to manage safety?

- **Face-to-face contact:** Describe the expected frequency and type of contacts with children, parents/caregivers, and resource parents. Face to face contacts will be more frequent with in-home plans.
- **SP contact:** Child Welfare will have proactive, regular contact Safety Providers (SPs) to ensure the plan continues to sufficiently manage child safety. Describe the expected frequency and method of SP check-ins.
- **Provider check-ins (if services are in place):** Child Welfare will check in with service providers as needed, monthly at a minimum, to support safety planning. Describe who Child Welfare will contact and how often.
- **Family Time:** During monthly contacts, Child Welfare will obtain updates from parent(s)/caregiver(s) and SPs about Family Time and confirm the Visit and Contact Plan (Form 831) is being followed.
- **Plan updates:** If concerns arise or the safety plan is no longer sufficient, Child Welfare will review the safety plan with the family and adjust safety management activities as needed to maintain child safety. (Plan updates will include the child's Tribe when the Department knows or has reason to know that the child is an Indian Child).
- **Other individuals who may help monitor safety:**
  - These are individuals who can share updates with Child Welfare about how things are going for the child and/or parents/caregivers, but who are not approved SPs.
    - Examples include Self Sufficiency staff (including a Family Coach), parent mentors, service providers, school/childcare staff, and family-identified supports.
  - Document who they are and the method/frequency for updates.

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### SAFETY SERVICE PROVIDER(S):

**\*ORKIDS requires at least one person be included in this section to be approved\***

| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Service                                                                                           | Frequency                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <p>Document the names of each SP. If entering a resource parent in this section, do not use the Resource Parents' real name, but instead use:<br/>Last name: Parent<br/>First name: Resource</p> <p>Caseworkers are <b>not</b> SPs, as they <b>primarily monitor</b> safety plan sufficiency rather than directly manage safety. There are <b>some</b> exceptions to this, including if the caseworker is supervising family time or doing TL. Prior to adding any SSS1 as an SP, talk with the supervisor. Family Time Coordinators are often listed appropriately as SPs.</p> | <p>Document what this SP will be doing to ensure safety. For example, Supervising Family Time</p> | <p>Document how often the SP will provide this service.</p> |

### IN-HOME SAFETY PLAN CRITERIA:

**How are the in-home safety plan criteria met or, for an out-of-home safety plan, how are the criteria not met?**

Evaluate and document **how each parent/caregiver has met or not met each of the four in-home criteria**. This includes all parents/caregivers indicated as case participants (e.g. when one parent is noncustodial, intermittently present, or not currently available to assess).

► **This means each parent will have an individualized description/justification documented for each met and unmet in-home criterion.**

► Updating a safety plan means there has been a change in family condition(s) and/or safety management. This section must be **reviewed and updated** to reflect current circumstances and how the criteria are met (or not met) **today**.

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Use the [In-Home Criteria and Conditions for Return Guide](#) for support, not a copy and paste.

**Documentation for each criterion as Met/Unmet could be structured for each parent/caregiver, individually, as follows:**

**1) There is a home-like setting where the parent(s)/caregiver(s) and child(ren) can live?**

Met/Unmet:

Justification (documented facts supporting "met" or "unmet"):

**TIP:** A home-like setting can be many different things: a tent, shelter, apartment, one room of a house, etc. The key for this criterion is stability and sustainability.

**2) There are no barriers in the home to allowing safety providers and activities to occur?**

Met/Unmet:

Justification (documented facts supporting "met" or "unmet"):

**TIP:** Barriers are conditions and/or people that interfere with safety providers and activities occurring. Lack of information about what barriers may be in the home is not a reason alone to keep a child out of their home.

This does not include whether or not there are SPs available. That is included in criterion #4 referring to resources available to manage safety.

**3) At least one parent/caregiver is willing to cooperate with the plan?**

Met/Unmet:

Justification (documented facts supporting "met" or "unmet"):

**TIP:** Willingness to cooperate with an in-home safety plan is based on a caregiver's participation in safety planning and allowing, **not interfering** with, safety providers and safety activities. Willingness may exist even when a parent/caregiver does **not agree** with the reasons a safety plan is needed.

**4) The necessary safety activities and resources are available to implement the plan?**

Met/Unmet:

Justification (documented facts supporting "met" or "unmet"):

**TIP:** This is about safety providers and services being available at the level required to manage child safety in the home.

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### CONDITIONS FOR RETURN:

If a child is out of home, the following conditions must be met for the child to be safely returned with an in-home safety plan:

Only write Conditions for Return for criteria that are currently UNMET.

► For each unmet in-home criterion for *each individual parent/caregiver*, specifically describe what must be in place for that criterion to be met.

► If the child is currently placed in-home with a parent/caregiver, there will not be conditions for return for the other parent/caregiver, only a description of the in-home criteria.

Use the [In-Home Criteria and Conditions for Return Guide](#) for support, not a copy and paste.

For each **unmet** in-home criterion, document what is necessary for the criterion to be met.

**TIP:** Conditions for Return are written as the opposite of *each* missing in-home safety plan criteria.

For example:

► **Unmet In-Home Criterion:** The mother *does not* have a stable home from which to implement a safety plan.

► **Corresponding Condition for Return (what must change?):** The mother *will* have a stable home where an in-home safety plan can be maintained.

(Repeat writing the "opposite" for each unmet criterion)

| PRINTED NAME | SIGNATURE | DATE SIGNED | ROLE |
|--------------|-----------|-------------|------|
|              |           |             |      |
|              |           |             |      |
|              |           |             |      |

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## Appendix D- Placement Stability Protocol

Oregon Department of Human Services | Child Welfare

### MEMORANDUM

**TO:** All District Child Welfare Staff

**FROM:** Rolanda Garcia, Director, Child Welfare

**CC:** Molly Miller, Lacey Andresen, Stacey Loboy, Jennifer Holman, Sara Fox, Lori McClure, Kim Keller, Sherelle Jackson

**DATE:** September 2026

**RE:** Placement Stability Protocol — Guidance and Expectations for Child Welfare Staff

### Section 1: Purpose and Commitment

As we continue our shared commitment to ensuring safety, wellbeing, and permanency for the children and young people we serve, this guidance provides direction on the consistent use of this Placement Stability Protocol across all ODHS Child Welfare districts.

Each placement move disrupts relationships, schooling and the child's sense of safety — compounding the trauma that brought the child into care in the first place. This protocol and the facilitation guidance that accompanies it are essential tools to help us recognize early indicators of placement strain, intervene proactively and work collaboratively to prevent disruption whenever possible.

This guidance focuses on the protocols for conducting the required placement stability meeting with parents, Child Welfare certified resource parents and other key participants when the child is at risk of a third placement move. However, it is critically important to recognize that:

- Nurturing relationships between parents and resource parents from the very beginning (through comfort calls and icebreakers) and all the way through a child's time in foster care is a critical placement stability strategy;
- When parents and resource parents/relative caregivers work together, children experience less trauma, placements are more stable, and families reunify faster and more sustainably;
- A single meeting cannot build this kind of trust itself. It must be cultivated intentionally and continuously, through every interaction across the life of a case.

**Our Shared Goal:** Hold a prevention-focused meeting before a placement reaches a point of crisis — not after.

### What This Guidance Covers

This document is organized as follows:

- Section 2 — The Placement Stability Protocol: A step-by-step procedure for identifying at-risk placements and convening a timely response.
- Section 3 – Facilitators: Who Can Serve in this Important Role
- Section 4 — Meeting Facilitation Guide: Detailed guidance for staff facilitating a placement stability meeting, including agenda, facilitation techniques, and challenging-dynamics tips.

Placement Stability Guidance | Page 1 of 14

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- Section 5 — Staff Expectations: Specific direction to local office teams on consistent implementation, caregiver inclusion, and documentation.
- Section 6 – Template Letter to Resource Parents.
- Section 7 – Meeting Template

## Section 2: Placement Stability Protocol

| Step                          | Who                     | What                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| PHASE 1 — IDENTIFY            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1                             | Caseworker / Certifier  | <b>Identify Early Warning Signs of Disruption</b> <ul style="list-style-type: none"><li>• Behavioral escalations</li><li>• Caregiver stress or burnout</li><li>• School disruptions or attendance problems</li><li>• Missed appointments or services</li><li>• Youth expressing dissatisfaction or desire to leave</li><li>• CW Resource parent requests a placement meeting</li></ul>                                                                                                                                                                                                                                         |
| PHASE 2 — NOTIFY              |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2                             | Facilitator or Designee | <b>Notify the Team Immediately- Certifier or Caseworker connects with facilitator</b> <ul style="list-style-type: none"><li>• Parent(s)</li><li>• Resource parent(s)</li><li>• Certifier and supervisor</li><li>• Caseworker and supervisor</li><li>• Mental health or DD service providers</li><li>• Care Coordinator</li><li>• Tribe (if applicable)</li><li>• Child's attorney</li><li>• CASA (if applicable)</li><li>• Child (if appropriate)</li><li>• Family/kin supports</li><li>• ODDS/CDDP liaison (if youth has I/DD)</li><li>• Teachers, school counselors, or other school support staff (if applicable)</li></ul> |
| PHASE 3 — SCHEDULE            |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3                             | Facilitator or Designee | <b>Schedule the Meeting Within 24–48 Hours</b> <ul style="list-style-type: none"><li>• Use an in-person or virtual format that enables full participation</li><li>• Use the <a href="#">Child Welfare Facilitated Family Meeting Model</a></li><li>• See Section 3 for full facilitation guidance</li></ul>                                                                                                                                                                                                                                                                                                                    |
| PHASE 4 — CONDUCT THE MEETING |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

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| Step                | Who                     | What                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|---------------------|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 4                   | Facilitator or Designee | <b>Facilitate a Problem-Solving Meeting</b> <ul style="list-style-type: none"><li>See Facilitation Guide in Section 4 below</li></ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| PHASE 5 — FOLLOW UP |                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| 5                   | Facilitator or Designee | <b>Document and Follow Up</b> <ul style="list-style-type: none"><li><div><div>Note Information</div><div><div>Date Occurred:</div><div>09/03/2026</div><div>08:00</div><div><input checked="" type="radio"/> AM <input type="radio"/> PM</div></div><div><div>Category:</div><div>Meetings</div></div><div><div>Type:</div><div>Placement Stability</div></div><div><div>Contact Method:</div><div></div></div></div></li><li>Document the meeting and decisions in OR-Kids case notes, using category: Meetings, type: Placement Stability</li><li>Distribute the summary to all participants within 24–48 hours</li><li>Schedule a check-in within 7–10 days or sooner if needed with those identified at the meeting</li><li>Monitor implementation of supports and adjust as needed</li></ul> |

## Section 3: Facilitators: Who Can Serve in this Important Role

The facilitator plays a pivotal role in the success of a placement stability meeting. A skilled facilitator creates the conditions for genuine engagement and problem-solving — ensuring all voices are heard, the conversation stays focused on the child's needs, and the group moves toward concrete, actionable commitments even when emotions are running high.

Facilitators for placement stability meetings may include dedicated facilitators as well as program managers, caseworkers or supervisors when necessary.

Regardless of who serves in the role, the most important consideration is readiness: facilitating a complex meeting involving parents, resource parents, and agency staff requires skill, practice, and preparation that goes beyond day-to-day casework. Staff who facilitate these meetings must be equipped to manage group dynamics, hold a productive and trauma-informed space, and guide a diverse group toward shared solutions — even when participants are in conflict or distress.

To support staff in developing these skills, facilitation training is available for all staff who will be serving in this role. Districts should reach out to their consultants to access training resources and schedule preparation for their team. No staff member should facilitate a placement stability meeting without first having the opportunity to build the foundational skills this role requires.

## Section 4: Placement Stability Meeting — Facilitation Guide

A placement stability meeting is a structured, collaborative gathering convened when a child's second foster care placement is in jeopardy of disrupting. It brings together the child's support network — including parents, resource parents, agency staff, relatives, and other key participants

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— to identify the factors impacting stability, mobilize supports, and develop a concrete plan to preserve the placement when it is in the child's best interest.

**Important:** This is not a punitive or adversarial process. It is a problem-solving forum grounded in the shared interest of all parties in the child's safety, stability, and well-being.

## When to Convene

Convene a placement stability meeting promptly — ideally within 72 hours of a disruption being identified as likely — in any of the following circumstances:

- A CW resource parent has indicated they can no longer care for the child or are considering requesting removal
- A child is engaging in behaviors placing the placement at risk (e.g., running away, aggression, destruction of property)
- Significant conflict exists between the child and resource parent(s)
- A child has disclosed feeling unsafe, unwanted, or unable to remain in the home
- Escalating conflict between parents and resource parents is destabilizing the placement
- A significant life event (e.g., illness of a foster parent, changes in household composition) has altered the foster family's capacity

## Who Should Be Invited

The facilitator and caseworker should give deliberate thought to who needs to be present. Core participants typically include:

### Parents/Family

- Parents (as appropriate given case circumstances, court orders, and safety considerations)
- Family/kin support: Important relatives (grandparents, aunts/uncles) who are involved in the child's life or who may be potential placement resources

**Note on Parent Participation: Involvement** of parents should be the default unless there is a compelling safety reason to exclude them. Their presence can strengthen the caregiving alliance, model cooperation, and surface information about the child's needs not known to the foster family.

### Staff

- Child's assigned caseworker (required)
- Caseworker supervisor
- Foster care certifier (required)
- Foster care certifier supervisor
- Therapist or behavioral health provider (if child is engaged in services)
- Child's attorney or CASA
- Mental health or DD service providers
- Care Coordinator

### The Child

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The child should participate in a manner appropriate to their age and developmental stage. Children 10 and older should generally attend at least a portion of the meeting. Younger children may be consulted separately prior to the meeting and have their views communicated by the caseworker or therapist.

## ✓ Resource Family

- Resource parent(s) — both, if applicable
- Other household members may be appropriate if they are central to the concerns

## Others as Appropriate

- Former resource parents (if they maintain a supportive relationship)
- Mentors, teachers, coaches, clergy — anyone who is a meaningful part of the child's support network

## Tribal representatives (if the child is subject to ICWA) Roles

| Role        | Responsibility                                                                                                                                                                                 |
|-------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Facilitator | Runs the meeting, manages the agenda, ensures all voices are heard, keeps discussion focused and productive, de-escalates tension. Ideally someone other than the child's assigned caseworker. |
| Facilitator | Documents key points, agreements, and action steps in real time; distributes written action plan to all participants within 24–48 hours.                                                       |
| Caseworker  | Provides case context, presents the child's current status and needs, follows up on the action plan, and enters documentation into OR-Kids.                                                    |
| Supervisor  | Available for decision-making authority; can authorize supports or resources during the meeting.                                                                                               |
| Certifier   | Provides support to resource family. Clarifies any certification process, offers support services.                                                                                             |

## Pre-Meeting Preparation

Pre-meeting preparation is critical to the success of the meeting. The facilitator/caseworker/supervisor/certifier should coordinate to determine who is handling each of the tasks described below.

### At Least 24–48 Hours Before the Meeting

- Speak individually with resource parent(s) about the purpose of the meeting and what will be discussed, and to understand their specific concerns and current commitment level to the placement
- Speak individually with parent(s) to explain the purpose of the meeting and their role
- Speak with the child (age-appropriately) about what they want, what they are experiencing, and what they want shared on their behalf
- Review the child's case file, placement history, and service plan
- Identify what supports or resources may be available (respite care, therapeutic services, behavior support specialists, peer support for foster parents, etc.)

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- Consult with supervisor to clarify what the agency is authorized to offer or arrange
- Arrange for interpretation services if needed
- Send a meeting notice that explains the purpose in plain, non-alarming language

## Before the Meeting Begins

- Arrange seating so it is not adversarial — avoid parents/family on one side and resource family on the other
- It is encouraged to set up the meeting space with tissues, water and a private space for a break.
- Brief the note-taker on their role
- If the child will attend, decide who will accompany them and plan for their comfort

## Meeting Agenda

| # | Agenda Item                  | Time      | Description                                                        |
|---|------------------------------|-----------|--------------------------------------------------------------------|
| 1 | Welcome & Framing            | 5–10 min  | Introductions, meeting values, ground rules, purpose statement     |
| 2 | Child's Voice                | 5–10 min  | Child speaks or caseworker/therapist presents child's views        |
| 3 | Understanding the Situation  | 15–20 min | Each party shares perspective; structured listening exercise       |
| 4 | Identifying Underlying Needs | 10–15 min | Root cause analysis; strengths and stressors                       |
| 5 | Developing the Action Plan   | 20–25 min | Concrete commitments with named owners and timelines               |
| 6 | Contingency Planning         | 5–10 min  | If disruption cannot be prevented: transition planning             |
| 7 | Closing & Next Steps         | 5–10 min  | Review action plan aloud; confirm follow-up; affirm shared purpose |

### 1. Welcome and Framing (5–10 minutes)

Open the meeting by welcoming everyone, introducing all participants by name and role, and establishing ground rules. Clarify that the meeting is solution-focused, not about assigning blame. Describe the values with which we approach this meeting: we strive to have a conversation that is strengths-based, trauma-informed, culturally responsive and family driven/youth guided.

Suggested opening: "We are here today because [child's name]'s placement is in a difficult moment. Our goal is to understand what's happening, hear from everyone here, and work together to figure out the best path forward — for [child's name] and for everyone in this room."

Suggested ground rules:

- One person speaks at a time
- Speak for yourself — use "I" statements
- Listen to understand, not just to respond
- Keep the focus on the child
- Confidentiality: what is shared in this room stays in this room (with appropriate exceptions)

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- It is okay to take a break if emotions are running high

## 2. Child's Voice (5–10 minutes)

Before adults present their perspectives, center the child's voice. This can be done by having the child speak directly (if present and willing), having the parent, caseworker, CASA or therapist present what they heard from the child, or reading a statement the child prepared.

Prompt the child or summarize their views on: What do they like about living with their resource family? What is hard right now? What do they wish was different? What do they want to happen?

If the child is not present, affirm that their voice matters and explain how it was gathered.

## 3. Understanding the Current Situation (15–20 minutes)

Invite each party to share their perspective. Guide this as a structured listening exercise — not a debate.

- **Parent(s):** What do you know about what your child is experiencing? What do you think your child needs right now?
- **Resource parent(s):** What specific concerns or challenges are you experiencing? When did this begin? What have you tried? What would need to change for you to feel supported?
- **Caseworker:** What does the agency know about the factors contributing to this situation? What services are currently in place?
- **Certifier:** What information does the certifier have about the contributing factors relating to possible placement disruption.

Facilitator's role: Ask clarifying questions, not leading ones. Reflect back what you hear. Validate emotions without endorsing positions. Gently redirect if the discussion becomes unproductive or personal by reminding participants about the meeting values.

## 4. Identifying Underlying Needs and Stressors (10–15 minutes)

Facilitate a shared analysis of root causes. Frame this as a team problem-solving exercise.

Common underlying issues include:

- Unmet behavioral health needs
- Unresolved trauma responses
- Insufficient or ineffective services
- Resource parent burnout or isolation
- Insufficient information shared with resource parents about the child's history
- Parents/family–resource family relationship tensions
- Developmental or educational needs not being addressed
- The child's grief about separation from parents/family

## 5. Developing the Action Plan (20–25 minutes)

For each concern identified, ask: What would help? Who can provide that? By when? How will we know it is working? Document all commitments as they are made, including who is responsible and the specific timeline.

Common supports to consider:

- Respite care (emergency or planned)
- Behavior support specialist in the home

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- Therapeutic services or change of therapist
- Trauma-informed parenting coaching for resource parent
- Increased caseworker contact or check-ins
- Support group or peer mentor for resource parent
- Sibling visits or contact with parents/family or friends
- After-school programming or structured activities for the child
- Mediation between parents/family and resource family
- Financial or material supports for the resource family
- Tribal support services (if applicable under ICWA)

## 6. Contingency Planning (5–10 minutes)

If there is uncertainty about whether the placement can be preserved, the group should prepare a contingency plan so that, if disruption does occur, it is managed in the least traumatic way possible.

- Are there relatives or kin who could serve as a placement resource?
- Is there a former resource family or other trusted adult with whom the child has a relationship?
- If the child must move, how can we support both the child and the resource family through that transition?
- What does the child need to know, and how and when will they be told?
- How can the resource family remain connected to the child even if the placement ends?

**Note:** Contingency planning is not about giving up on the placement — it is about responsible preparation for every possibility.

## 7. Closing and Next Steps (5–10 minutes)

Close the meeting by reviewing the action plan aloud, confirming the follow-up timeline (typically 1–2 weeks), thanking everyone for participating, and affirming the commitment of everyone in the room to the child. End on a note of shared purpose.

### After the Meeting

- Distribute the written action plan to all participants within 24–48 hours
- Enter relevant information into OR-Kids
- Follow up immediately on any urgent commitments (e.g., arranging respite, submitting a referral)
- Schedule the follow-up contact with the resource family
- Debrief with your supervisor about what was learned and what support the family needs
- If the placement disrupts despite these efforts, document what was attempted and ensure the transition plan is implemented compassionately

### Facilitation Tips for Difficult Dynamics

**If tensions escalate between parents and resource parents:** Acknowledge the emotion, take a break if needed, and redirect: "I can see there are some strong feelings here. Let's

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take a five-minute break and come back. At the end of the day, we're all here because we care about [child's name]."

**If a resource parent is firm that they cannot continue:** Do not pressure them but explore what specifically would need to change and whether it is achievable. Affirm their commitment to the child even if they cannot continue: "I hear you saying you've reached your limit, and I want to respect that. Can we spend a few minutes understanding what would need to be different?"



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**If parents are defensive or dismissive:** Affirm their love for their child and reframe their participation as an act of parenting: "You know your child better than anyone in this room. We need your help understanding what [child's name] needs."

**If the child is distressed during the meeting:** Have a plan in advance for a trusted adult to take the child out of the room. Do not force the child to stay. Their safety and comfort come first.

**If the meeting reveals new safety concerns:** Pause the placement stability discussion. Address the safety concern through appropriate agency protocols. Resume the stability conversation once safety is addressed.

## Key Principles

- **Trauma-informed:** Recognize that placement instability is itself traumatic for children, and that all parties may be acting from a place of fear, grief, or overwhelm.
- **Child-centered:** Every decision should be grounded in what is in the best interest of this specific child.
- **Family driven/youth guided:** Parents are the experts on their children and children often know exactly what they need.
- **Strengths-based:** Begin from a place of recognizing what is working and what each person brings, not only what is challenging.
- **Culturally responsive:** Honor the cultural context of the child and family. Ensure interpretation services are available. Be alert to how culture, race, and family structure shape the dynamics in the room.
- **Transparent:** Be honest with all parties about the stakes, the agency's concerns, and the decision-making process.
- **Action-oriented:** The meeting should produce tangible commitments, not just a better understanding of the problem.

## Section 5: Staff Expectations

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## Review Your Local Meeting Practices

Each local office team should take time to evaluate how placement stability discussions are currently being facilitated. This includes asking parents and resource parents how the meeting went for them. These meetings should be structured, timely, and grounded in the principles outlined in this guidance. Teams are encouraged to assess the frequency, format, and effectiveness of current meetings and identify opportunities to strengthen practice.

## Meaningful Inclusion of Caregivers

One of the most critical elements of stabilizing a placement is ensuring the full, meaningful inclusion of resource parents/relative caregivers in all meetings where placement stability is being discussed. Resource parents/relative caregivers offer essential insight into the child's needs, daily routines, activation points, and strengths. Their partnership allows us to develop realistic, individualized plans that address concerns early and honor their experience and commitment.

Moving forward:

- Resource parents/relative caregivers should be invited, prepared, and supported to participate meaningfully in all placement stability meetings
- Staff should ensure that resource parents/relative caregivers understand the purpose of the meeting and feel that their voice is valued in developing next steps
- When a resource parent/relative caregiver cannot attend, the team should actively seek their input and ensure their perspective is represented in the meeting

## Protocol

- Use the Placement Stability Protocol — do not wait until a placement is in crisis to convene a meeting
- Meetings should be scheduled within 24–48 hours of identifying a placement at risk
- Documentation in OR-Kids should be completed promptly following every meeting
- Follow-up check-ins should occur within 7–10 days of the meeting

## Section 6: Template Letter to Resource Parents

The following template letter is designed to be sent by certifiers or caseworkers to resource parents as proactive outreach — reinforcing their role as partners, normalizing the placement stability meeting, and reducing barriers to asking for help **before** a crisis occurs.

Certifiers should adapt the letter as appropriate for their relationship with the caregiver and local office context.

Hello Resource Parents,

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We hope you are doing well. We want to reach out and remind you that you never have to navigate challenging moments in a placement on your own. When you begin to feel unsure about whether the current placement is sustainable, or if you believe additional support or connection is needed, please let us know.

Stability is one of the most important protective factors for children in care. Consistent, predictable caregiving and routines help reduce trauma, support healing, and build a child's sense of trust and safety. When a child can remain in a placement with caregivers they know and feel connected to, it significantly decreases the emotional and behavioral impact of foster care.

To help support this, we can schedule a **Placement Stability Meeting** whenever you feel that additional support, resources, or problem-solving would be helpful. These meetings bring the team (child welfare staff, parents, service providers, and others) together to talk through concerns, explore options, and determine what tools or services could strengthen the placement and help maintain stability when appropriate.

If you feel that a connection or conversation is needed at any point, please reach out to your certifier. We will schedule the meeting promptly and work with you to find the right support for your home and the child in your care.

Thank you for everything you do. Your commitment makes a meaningful difference, and we are here to support you as partners in this work.

Warm regards,

*[Certifier Name / Local Office]*

### Notes for Certifiers Using This Letter

- This letter is intended as proactive outreach — it can be sent at the start of a placement, during regular check-ins, or at any point when the certifier senses early signs of strain
- Personalize the greeting and adapt language to reflect your relationship with the caregiver
- The letter may be sent by email, shared as a printed handout at a home visit, or read aloud as a conversation opener
- Follow up verbally after sending to reinforce the message and reduce any hesitation the caregiver may feel about asking for help.

### Section 7: Meeting Template

**Placement Stability Meeting Template**  
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#### **Meeting Information (not already entered in OR-kids drop down)**

- **Facilitator:**

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- **Next Scheduled Meeting (if applicable):**

### Participants

| Name | Role                                   | Contact Information | Present? (Y/N) |
|------|----------------------------------------|---------------------|----------------|
|      | Resource Parent(s) and their certifier |                     |                |
|      | Caseworker                             |                     |                |
|      | Supervisor                             |                     |                |
|      | Mental Health or DD service providers  |                     |                |
|      | Tribal Representative (if applicable)  |                     |                |
|      | Child's attorney, CASA or GAL          |                     |                |
|      | Child (if appropriate)                 |                     |                |
|      | Family/kin supports                    |                     |                |
|      | ODDS/CDDP liaison (if youth has I/DD)  |                     |                |
|      | Teacher/School Representative          |                     |                |
|      | Other (Specify):                       |                     |                |

### Purpose of Meeting

- ☐ Initial Placement Stability Meeting
- ☐ Follow-Up Stability Meeting
- ☐ Crisis Response
- ☐ Transition Planning
- ☐ Other: \_\_\_\_\_

### Current Placement Overview

- **Placement Type:**
- **Date of Placement:**
- **Reason for Current Placement:**
- **Strengths of Current Placement:**
- **Challenges/Concerns Identified:**

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## Child's Voice

- **Child's Perspective on Placement:**
- **Wishes, Worries, and Hopes:**
- **Supportive Relationships Identified by Child:**

## Team Discussion

### 1. Safety and Well-being

- Are there any current safety concerns?
- How is the child adjusting emotionally and behaviorally?
- Are there any unmet medical, mental health, or educational needs?

### 2. Permanency Planning

- Is the current placement aligned with the permanency goal?
- Are there barriers to achieving permanency?
- What steps are needed to support permanency?

### 3. Educational Stability

- Is the child attending their school of origin?
- Are there any academic or behavioral concerns?
- What supports are in place or needed?

### 4. Support for Resource Parents

- What supports are currently in place?
- Are additional services or respite needed?
- Are there any training or communication needs?

### 5. Legal and Case Planning Updates

- Are there any upcoming court dates or legal actions?
- Are all parties informed of the current case plan?

## Action Plan

| Action Item | Responsible Party | Due Date | Status |
|-------------|-------------------|----------|--------|
|             |                   |          |        |
|             |                   |          |        |

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### Next Steps & Follow-Up

- **Date of Next Meeting:**
- **Additional Notes:**