

Progress Report

Executive Summary

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

May 1, 2026

Executive Summary

Overview

The Oregon Department of Human Services (ODHS) Child Welfare Division submits this first semi-annual Core Strategies and Efforts¹ Report to the Neutral pursuant to the [Wyatt B. Collaborative Agreement](#) and the [Neutral's Initial Review](#). The report establishes baseline performance, documents the breadth and depth of ODHS' ongoing reform Efforts, and demonstrates ODHS' commitment to implementing substantial, sustained, and meaningful improvements in services and outcomes for children and families—with the goal of achieving the identified Ultimate Outcomes.²

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

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

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

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

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

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

Baseline Performance

The Neutral's Initial Review identified Measurements³ and Ultimate Outcomes across the six practice categories below. ODHS is already near achieving several of the Ultimate Outcomes, reflecting the significant work and progress made over the past several years. Key findings include:

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

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

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

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

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

- **MIC Notification:** This area of practice speaks to ensuring that courts, attorneys and parents are notified when maltreatment in care has been

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

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

alleged. Per the Neutral's Initial Review, the baseline year for assessing ODHS' MIC notification performance is 2027, with baseline performance available in 2028.

ODHS Efforts: A Substantial and Comprehensive Agenda

This report documents that ODHS is implementing substantial, sustained and meaningful Efforts across every category⁶ identified in the Settlement Agreement and Initial Review. As noted, above, major Efforts have already been implemented during the past several years that have contributed to the positive performance shown in this baseline report. Oregon has also made significant investments in the 2025-2027 budget including \$7 million in Family First Prevention Services to keep children safely at home and prevent the need for foster care placement; rate increases for Medicaid and Behavior Rehabilitation Service (BRS) providers in order to increase children's access to these critical services; \$1.88 million to continue expanding and improving capacity and services at Psychiatric Residential Treatment Facilities for children with complex mental health needs (which is part of a total of \$10.4 million invested since 2018); and \$10 million in services to enhance placement stability and avoid the need for use of temporary settings. Recognizing the importance of coordination between the child welfare and mental health systems, the Governor's Office coordinates a Behavioral Health Initiative Subcabinet for Child Welfare and Youth Behavioral Health that meets regularly to identify and track a range of improvement initiatives.

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

⁶ "Categories" mean the particular areas of assessment set forth in Section 2.

Reducing maltreatment in care and re-entry into care

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

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

Improving timely initial case plans

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

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

Improving timely medical and mental health assessments

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

Strengthening Placements and Services

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

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

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

Improving maltreatment in care notification

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

Governance and infrastructure supporting all Efforts

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

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