



# Oregon

John A. Kitzhaber, MD, Governor

## Department of Human Services

*Office of Child Welfare Programs*

*Federal Compliance Unit*

500 Summer St NE, E69

Salem, OR 97301

(503) 945-5600

FAX (503) 373-7032

TTY (503) 945-5896

June 28, 2013



Ms. Tina Minor  
Child Welfare Regional Program Manager  
Administration for Children and Families  
Children's Bureau, Region 10  
2201 6<sup>th</sup> Ave, Suite 300, MS-70  
Seattle WA 98121

Dear Ms. Minor,

Enclosed for your review and approval is the Annual Progress and Services Report for FFY 2013. This plan includes an overview of the progress and accomplishments made toward the Child and Family Services Plan for FFY 2011-2015, including the Chafee Foster Care Independence Program Plan (CFCIP).

Also included is the annual budget request for FFY 2014 for Title IV-B, Subparts I and II; the Chafee Foster Care Independence Program funds; and the Child Abuse Prevention and Treatment Act program funds, as well as a revised budget request for FFY 2013.

Please contact Sherril Kuhns at (503) 945-6679 if you have any questions.

Sincerely,

Lois Ann Day  
Director, Office of Child Welfare Programs  
Oregon Department of Human Services

cc: Nadia Nijim, Region X Child Welfare Program Specialist

*"Assisting People to Become Independent, Healthy and Safe"*  
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**State of Oregon  
Department of Human Services  
Office of Child Welfare Programs**

**FY 2013 Annual Progress and Service Report  
10/1/12 – 9/30/13**

**Lois Ann Day, Director  
Office of Child Welfare Programs  
Department of Human Services  
500 Summer Street NE, E69  
Salem, OR 97301-1067**

**ReSubmitted September 2013**

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The following persons contributed to the development of data and program content for the Title IV-B Annual Progress and Service Report for FFY 2013.

### **Office of Child Welfare Programs**

Lois Ann Day, Director, Office of Child Welfare Programs  
Maurita Johnson, Deputy Director, Office of Child Welfare Programs  
Angela Long, Director, Office of Business Intelligence  
Jason Walling, Innovation Manager, Office of Child Welfare Programs  
Sherril Kuhns, Federal Compliance Manager  
Karyn Schimmels, Child Welfare & Technical Training Manager  
Judy Helstrom, Child Welfare & Technical Training Unit  
Rosemary Iavenditti, Independent Living Program Coordinator, Child Well-Being  
Kathy Prouty, Adoptions Program Manager  
Kevin George, Child Well-Being Program Manager  
Stacey Ayers, Child Safety Program Manager  
Stacy Lake, Differential Response & In-Home Services Program Manager  
Susan Beckett, Manager, Quality Control Unit, Office of Program Integrity  
Donna Haney, Title IV-E Waiver Program Coordinator, Child Welfare Programs  
Michael Stickler, ICWA Consultant  
Anna Cox, Data Collection & Reporting Manager, Business Intelligence  
Laurie Price, Federal Policy Analyst, Office of Child Welfare Programs  
Sonya Olsen-Hasek, Federal Compliance Analyst  
Chris Whitnell, Federal Program Coordinator

### **Early Learning Council/Youth Development Council**

Brenda Brooks  
Jada Rupley

### **Region X, DHHS**

Nadia Nijim, Child Welfare Specialist

### **Members of the Child Welfare Advisory Committee**

Questions regarding this report should be directed to Sherril Kuhns,  
(503) 945-6679.



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## *Introduction*

*Lois Ann Day, Director, Office of Child Welfare Programs*

The Department of Human Services just completed a realignment of all child welfare programs to a newly formed Office of Child Welfare Programs. This includes our three primary policy areas: Safety, Well Being, and Permanency (please see DHS Restructure attachment at the end of the document). In addition, there are supporting programs for provider contracting; managing the SACWIS system, OR-Kids; federal advocacy and compliance; the current Title IV-E Waiver; training; and our critical incident and staff trauma response program.

Since 2009, the department has had a strategic plan to safely and equitably reduce the number of children who experience a foster placement. Starting with 10 of our 36 counties in Oregon, we have worked to build strong community collaborations involving partners and stakeholders in the work of supporting families and keeping children safe so they can remain at home. In 2011, legislation created a Strengthening, Preserving and Reunifying Families Program (SPRF). SPRF formalizes the process of bringing together community partners and stakeholders in a collaborative process to help the department identify gaps in the service array. These programs support families and help keep children safe while parents work on the issues that brought them to the attention of the department. In addition, in 2011, the department began an investigation into the potential for creating a system of differential response in Oregon.

At the time of this report, we are implementing SPRF and starting implementation of Differential Response. These efforts, in conjunction with an anticipated increase in staffing, will be the basis of our work for the next several years and are anticipated to positively impact our safe and equitable foster care reduction work.

In 2011, the department conducted a limited number of Permanency Roundtables to look at cases of children in the foster care system that have Alternative Planned Permanent Living Arrangement (APPLA) plans. This year we are expanding efforts to include children who have been in foster care for more than 24 months without regard to a specific plan.

The department's work with the nine federally recognized Native American tribes continues with monthly phone conferences, quarterly in-person meetings and an annual conference. The department, in collaboration with the courts and the Tribes, is implementing QUICWA in an effort to evaluate and strengthen our active efforts practice.



The Oregon Commission on Children and Families abolished in June 2013 and the work was transferred to two entities focused on educational outcomes: The Early Learning Council (ELC), serving children from birth to 6 years of age, and the Youth Development Council (YDC), serving children from 6 to 18 years of age. Child Welfare works in conjunction with both of these organizations to insure the needs of children involved with the department are met as this transition is implemented.

The department continues to refine and strengthen the management model implemented in 2011 that measures our success through specific outcome based metrics. Differential Response is identified as an enterprise wide breakthrough initiative with enhanced focus and effort on successful implementation. Quarterly business reviews track our progress toward that goal, and planning is adjusted based on the quarterly metrics. As we move into the implementation phase for differential response, line staff are able to raise issues through the continuous improvement process. This system allows for meaningful input from staff at every level.

Copies of our Fundamentals Map and Breakthrough Map are included in this report.

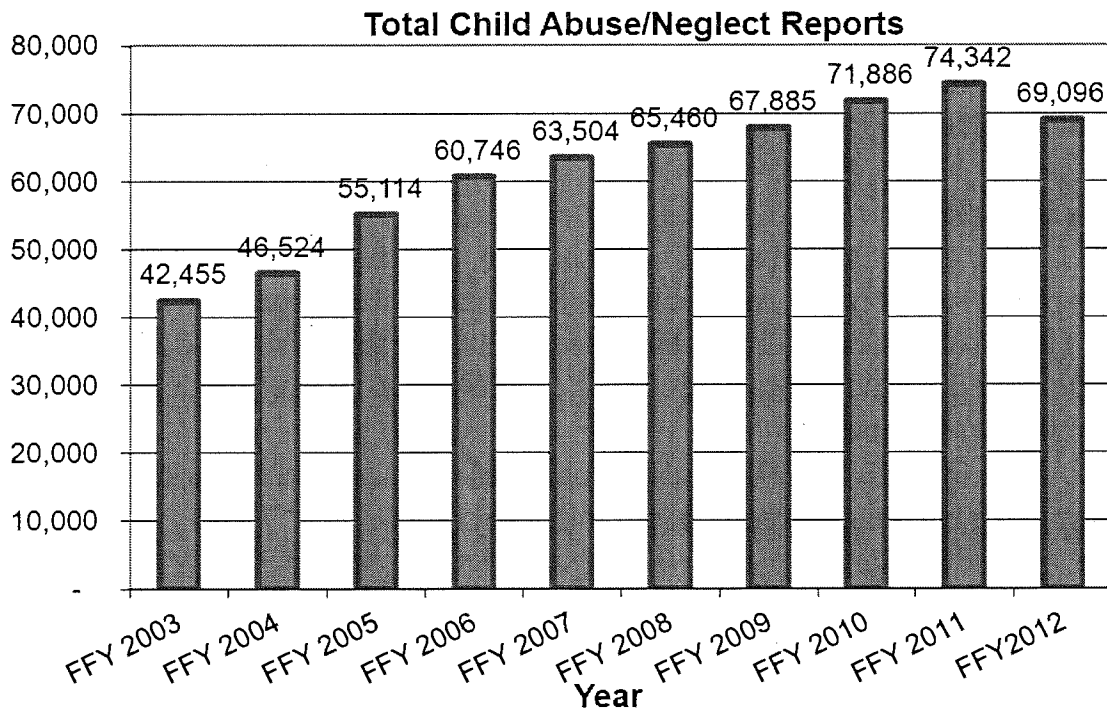
***Title IV-B Subpart I and II of the Social Security Act, Family Support Services Programs***

***Service Description***

***Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, subpart 1)***

The information in this portion of the APSR comes from the Oregon’s SACWIS (State Automated Child Welfare Information System). There are changes in the content of this section due to data conversion issues and changes in reference values. This may impact the inclusion of, or comparability to, data reported in prior years.

- Child Protective Services – During FFY 2012, DHS received 69,096 reports of suspected child abuse or neglect; a decrease of 7.1 percent from the prior year.
- Of those, 30,850 reports were referred for investigation.



Of the reports referred for investigation, 6,251 (20.3 percent) were founded for abuse or neglect. The 6,251 founded referrals represent 9 percent of the total abuse and neglect report volume.

- Abuse and Neglect - There were 9,584 unduplicated child abuse/neglect victims in FFY 2012; a 17.4 percent decrease from FFY 2011.
- For FFY 2012, 66.9 percent of child victims remained in their homes. A total of 24.8 percent of the children who remained home had safety threats that could be managed with an in-home safety plan. If safety threats could not be managed with an in-home safety plan, then an out-of-home safety plan was necessary. For child victims, 33.1 percent were removed from their homes.
- Out-of-Home Care – During FFY 2012, 12,385 children spent at least one day in some kind of foster care. Of those, 89.9 percent (11,138 children) were served in a family foster care setting, with an average of 8,572 children on a daily basis. 6,592 children were in family foster care on an average daily basis, with 34.9 percent placed with relatives.
- Reunification, Adoption and Guardianship – In FFY 2012, about 58.1% of children leaving foster care returned to their parents; 18.5% of children leaving foster care were adopted; 7.6% went into permanent guardianship arrangements.
- A total of 557 children (or 15.4 percent of all exits) left foster care and custody within three months of entry. The median length of time in care for a child who exits is 17.3 months, up from the SFY 2011 median time in care of 15.2 months (13.7 percent increase). For children who reunified with parents, this includes up to six months on a trial home visit.

### **Service Recipients**

- Of the total children served in foster care, 66.5 percent were Caucasian, 3.8 percent were Native American, 14.8 percent were Hispanic, 6.8 percent were African American, 1.1 percent were Asian or Pacific Islander and 7.0 percent did not have race recorded. 1,485 youth received independent living program services.
- During FFY 2012, 7.9 percent of children who entered foster care had four or more reasons for removal from their homes.

**Reasons Children Enter Foster Care FFY 2010, SFY 2011 and FFY 2012**  
*(includes all types of foster care)*

Removal Reason	FFY 2010		SFY 2011		FFY 2012	
	Number	% of Entrants	Number	% of Entrants	Number	% of Entrants
Neglect Abuse	2,472	52.2%	2,155	49.0%	2,608	63.0%
Parent Drug Abuse	2,985	63.0%	2,757	62.7%	1,818	43.9%
Incarceration Of Parent	57	1.2%	13	0.3%	619	15.0%
Inadequate Housing	1,042	22.0%	892	20.3%	600	14.5%
Inability To Cope	1,712	36.1%	1,570	35.7%	554	13.4%
Parent Alcohol Abuse	2,956	62.4%	2,750	62.5%	506	12.2%
Physical Abuse	3,250	68.6%	3,003	68.3%	489	11.8%
Child's Behavior	1,919	40.5%	1,712	38.9%	349	8.4%
Sexual Abuse	316	6.7%	269	6.1%	163	3.9%
Abandonment	46	1.0%	52	1.2%	142	3.4%
Child Drug Abuse	37	0.8%	46	1.0%	78	1.9%
Child's Disability	254	5.4%	231	5.3%	55	1.3%
Child Alcohol Abuse	33	0.7%	40	0.9%	44	1.1%
Death Of Parent	5	0.1%	1	0.0%	19	0.5%
Relinquishment	-	0.0%	-	0.0%	13	0.3%
<b>Total Number of Foster Care Entrants</b>	<b>4,736</b>		<b>4,398</b>		<b>4,140</b>	

*The number of children entering foster care during FFY 2012 declined by 5.9 percent from the SFY 2011 level. The number of children leaving foster care has decreased by 12.1 percent in the same time frame. The result is a net decrease in Foster Care.*

*Source: From AFCARS*

Oregon has established Child Welfare Strategic Improvement Efforts and continues to design program, policy and practice toward successful achievement of these goals.

Goal: Safe and equitable reduction of children in foster care

- Increase number of children who remain safely at home after a founded report of abuse or neglect.
- Increase placements and connections with family, siblings, relatives and other individual children know.
- Increase the number of children leaving foster care either to reunite with parents, to be adopted or in permanent guardianship, and decrease the length of time children spend in foster care.
- Safely maintain or improve the re-abuse rate.

- Equitably eliminate disparate treatment and over-representation of children of color and Native American children in foster care.

Goal: Children in foster care are safe & healthy

- Timely and appropriately meet the medical and behavioral health needs of children in foster care.
- Provide services that support placement stability and that are culturally and linguistically specific to the child and his family.
- Eliminate abuse in foster care.

### **Statewide Improvement Indicators - Improvements at a glance:**

- Many data points used to indicate progress or decline in certain areas are not available this year. For instance, measurements from NCANDS including: Reabuse or absence of reabuse, as well as, abuse in foster care have significant errors.
- Re-entry rate to foster care 12 month period in 2012 was 12%.
- The rate of Native American children and African American children shown as being served in foster care declined. At least some of this decline can be attributed to data conversion, so caution in interpretation is merited.
- Number of children with two or fewer placements for children in care for less than 12 months was 86.4%

### **Statewide Improvement Indicators - Core Improvements:**

#### **Foster Care**

- 12,385 children spent at least one day in some kind of foster care with an average of 8,572 children on a daily basis.
- 6,592 children were in family foster care on an average daily basis, with 34.9 percent placed with relatives.
- Of the total children served in foster care, 66.5 percent were Caucasian, 3.8 percent were Native American, 14.8 percent were Hispanic, 6.8 percent were African American, 1.1 percent were Asian or Pacific Islander, and 7.0 percent did not have race recorded.
- 64.3 percent of children in care on September 30, 2012, had two or fewer placements.
- There were 4,542 certified family foster homes in 2012.
- 555 foster children were in either professional shelter programs or residential treatment settings on an average daily basis.
- The number of youths receiving ILP services declined from 1,565 in SFY 2011 to 1,485 in FFY 2012, a decrease of 5.1 percent.

- 58.1 percent of children leaving foster care were reunited with their families.

**Family and sibling connections**

DHS helps maintain connections for children placed in foster care by working to place them in their home communities, with relatives, and by placing siblings together in out-of-home care.

There were 8,771 children in foster care as of September 30, 2012, the last day of the Federal fiscal year. At that time, 6,936 children were in family foster care (a family-home setting). Of those in family foster care, 38.3 percent (2,654 children) were with relatives. The other settings for children in foster care include those in residential treatment, trial home visits and pre-adoptive settings.

As of the last day of FFY 2012, there were 4,361 children in out-of-home foster care who were part of a sibling group. Of these children, 3,637 (83.4 percent) were placed with the same family as one or more of their siblings. The percent of children with siblings being placed with siblings is down 1.3 percentage points from those in care a year earlier, when 84.7 percent of children were placed with siblings.

**Stability while in foster care**

For children in care as of September 30, 2012, 64.3 percent had two or fewer placements. This is an improvement over 2011 where 63.5 percent of children had two or fewer placements.

**Number of Placements for Children in Foster Care on Last Day of Federal Fiscal Year**

Number of Placements	6/30/2011		9/30/2012	
	Number	Percent	Number	Percent
1	3,364	37.9%	3,489	39.8%
2	2,272	25.6%	2,152	24.5%
3	1,196	13.5%	1,199	13.7%
4	618	7.0%	640	7.3%
5	369	4.2%	399	4.5%
6 or more	1,063	12.0%	892	10.2%
<b>Total</b>	<b>8,882</b>	<b>100.0%</b>	<b>8,771</b>	<b>100.0%</b>

Source: From AFCARS

**Strategic Improvement Efforts –2012/2013**

- Continued implementation of contracts that support in-home services to allow for earlier and more preventative strategies in working with families.
- Increased training and support for supervisors of line field workers.

- Continued implementation of the SAFE Home study (Foster Parent Certification).
- Expanding Permanency Roundtable Pilots and completing qualitative analysis on permanency roundtables to determine feasibility of implementation.
- Designing and developing a Differential Response System in Oregon.
- Identified implementation counties for the Strengthening, Preserving and Reunification of Family Programs (Senate Bill 964).
- Conducted the Indian Child Welfare Act Child and Family Service Review (CSFR).
- Redesigned central supports for child welfare (see Appendix).
- Receiving technical assistance from Casey Family Programs regarding implementation planning for Knowing Who You Are training.
- Safe and Equitable Foster Care Reduction Partnership between DHS, Oregon Commission on Children and Families, Oregon Judicial Department and Casey Family Programs.
- Implementation of the Governor's Task Force on Disproportionality action items.
- Eleven counties in Oregon are implementing SEFCR efforts to safely reduce foster care, reduce disproportionality, increase community engagement, and create more connections and placements with relatives.

➤ *Promoting Safe and Stable Families (Title IV-B, Subpart 2)*

With the help of these Federal Funds, the State of Oregon provides family support services in local communities through contracts to improve parental protective capacity when safety threats have been identified in the child's home. Oregon also provides supportive services for the adoption of children.

**Family Preservation, Support and Time-limited Family Reunification**

The stated goal in the five-year plan was:

- “To redesign the Family Based Services promoting a safe supportive family, and focus on the parent/child relationship.”

Measurement for achievement of this goal was:

- “Increase the percentage of children who are served in their own homes.”

As part of Oregon's five-year plan, Oregon implemented redesigned Family Preservation and Family Reunification services in October 2010. Formerly called “Family Based Services”, these services are now known as In-home Safety and Reunification Services (ISRS), and are delivered by community agencies through contracts with the Oregon Department of Human Services, Office of Child Welfare Services. A full description of these services was included in the previous 2012 Annual Progress and Services Report (APSR).

As described in the previous APSR, ISRS services are targeted towards families with identified Safety Threats and may be used to prevent child placements or return children home when an In-home Safety Plan or Protective Action Plan can be safely established. Criteria for In-home Safety Plans are included in the Oregon Safety Model (OSM) that continues to be refined with consultation from the National Resource Center for Child Protective Services (NRCCPS).

This is a critical practice to determine when ISRS may be safely utilized as an in-home service to prevent further child abuse or neglect. ISRS is only available when safety threats have been identified and the home is calm and stable enough for services to be applied. Parents must agree to participate in services.

Additional consultation and training has been provided through the National Resource Center for In-home Services (NRC In-home). The NRC In-home, provided a “Train the Trainer” package during early implementation of the ISRS program in 2011, and in 2012 provided a second round of this training for contracts



that were implemented later. The goal of this training was to establish core training capacity for In-home services in Oregon through the use of Oregon Child Welfare and Provider trainers.

Contracts were recently extended (October 1, 2012) with some shift of contracts due to low performance. As mentioned previously, some contracts were moved from a fixed monthly payment to a fee for service system that allows greater flexibility for the ups and downs of family and child needs over time.

What are the results so far?

- ISRS was provided to 1,959 families in April 2013, which has been a consistent number of families served in a given month. Services are expected to last 6 to 8 weeks, but may be extended if safety needs require additional services.
- During FFY 2012, approximately 9% of In-home cases received ISRS. Oregon is still in a process of refining service reports from the OR-Kids (SACWIS) system, so data entry has been inconsistent as we moved from our legacy system to OR-Kids. Still, it is clear that most ISRS services are being provided to support reunification versus foster care prevention.
- Approximately 80% of the in-home cases served by ISRS were closed as an intact family in FFY 2012. Correspondingly, approximately 20% of children served with ISRS were later placed in foster care.

Discussion: The Oregon data for in-home cases has been difficult to decipher due to inconsistent data entry into the OR-Kids system. As mentioned, client payment entry is one example as that system was one of the last OR-Kids components to come on-line. We expect that the gradual shift from a fixed payment to fee-for-service contracts will also help improve the reliability of service entry into OR-Kids.

In addition to the ISRS work, Oregon has been working on the Differential Response Breakthrough which involves a three prong approach: 1) DR model and implementation; 2) Senate Bill 964 Strengthening, Preserving, Reunifying Families program; and 3) Oregon Safety Model fidelity work.

We know that children are safer and families are stronger when DHS and communities work together to identify and address family issues early and keep children safe at home or in their communities. Differential Response means that we place less focus on investigative processes and focus more on helping families identify their needs to keep their children safe.

Parents and families benefit from DHS and communities working together to provide stronger up front services and use voluntary engagement in solutions, services, and supports to achieve more successful resolution of issues. An additional anticipated outcome will be the safe and equitable reduction of children in the foster care system by increasing the number of African-American and Native American children remaining home with their families.

Differential Response (DR) offers the potential for providing a better connection for families to community based services that may prevent further contact with child welfare, and it allows DHS to seek safety through collaborative partnerships with families and communities. Using a Differential Response CPS model in other states has also delivered higher levels of satisfaction reported by families and professionals.

Differential Response will include the following:

- Two response tracks for Oregon – a traditional CPS assessment and an alternative response; however, both tracks will have a comprehensive child safety assessment conducted by child welfare staff;
- There will be specific screening criteria to determine which track to use, and either track requires initiation with a report of child abuse/neglect as defined by Oregon screening policy.

The agency is currently finishing the Differential Response design process, which includes a Core advisory team and a Design Team that includes key community partners and agency staff. With the approval of the DHS 2013-15 budget, we will move quickly into a staged implementation process.

Passed by the Legislature in 2011, Senate Bill 964 Strengthening, Preserving, Reunifying Families program law requires DHS Child Welfare to provide extensive services to each family throughout the life of the case to:

- Address the severe trauma that may occur when children are removed from their families;
- Improve permanency outcomes by allowing more children to remain safely in their homes;
- Keep families intact to preserve child-parent bonds;
- Reduce time spent in care for children that have been removed from their homes; and
- Connect families to essential housing resources.

These actions will produce the following outcomes for children and families:

- Reduction in number of children entering foster care and reduction in their length of stay;
- CPS involvement is less traumatic to children and families;
- Families receive family-focused services timely, while children remain safely at home;
- Better collaboration between DHS and its county partners; and
- Better outcomes for children and families.

Seven counties are currently involved (Jackson, Clackamas, Malheur, Multnomah - Alberta Branch, Coos, Josephine and Umatilla), and three more will join by the end of June, 2013 (Tillamook, Washington and Deschutes). There is a plan to continue the roll out of these services statewide.

Oregon Child Welfare is currently receiving Technical Assistance from the National Resource Center for Child Protective Services to assist in ensuring fidelity in the application of Oregon's Safety Model. It is vital to child safety that our practice model is applied both accurately and consistently around the state prior to the implementation of Differential Response in Oregon.

To that end, a training curriculum has been developed with the primary focus on CPS and Permanency Supervisors. The training which is titled "OSM, Supervising to Safety" is currently being piloted in six counties including: Multnomah, Marion, Polk, Yamhill, Klamath and Lake. The training went live on April 2<sup>nd</sup> in Marion County, and will conclude with all pilot counties by mid-September.

The following provides an outline of the training topics:

Day 1: 6 Domains

Day 2: Safety Threats/Safety Threshold; Protective Actions/Initial Safety Plans; and How Safety Threats are Occurring

Day 3: High to Moderate Need Families

Day 4: Ongoing Safety Planning: Managing & Monitoring

Day 5: Conditions for Return/Reunification, Expected Outcomes

The training is unique in that it provides intensive education through peer learning opportunities and practice in a classroom setting as well as Intensive Field Consultation (IFC) following each session. In total, the training consists of five classroom sessions along with regular debrief sessions over a period of 6 months.

Following each classroom session, the pilot counties will apply both current Oregon Safety Model concepts as well as new concepts that are not yet available statewide. There are multiple approaches being utilized which are intended to enhance and adjust both the classroom curriculum training, as well as, the Intensive Field Consultation. Surveys are being offered to the supervisors before and after the classroom trainings and the Intensive Field Consultation. Completed work is also being provided to Oregon's NRC consultant for feedback to insure we are moving in the right direction. Other approaches we are using to increase our knowledge and enhance our practice: the case review process, OSM focused webinar and computer based training for line staff, in addition, we will continue individual and group consultation usually in form of practice forums in local offices. We will also facilitate practice forums during quarterly supervisor meetings. At the conclusion of the final training module in mid-September, this training curriculum will be provided in the remaining counties. The Department is also developing its consultation base in the Permanency and Well Being programs so that all consultants across the Child Welfare Program spectrum become experts in the Oregon Safety Model (OSM). This insures that Central Office consultants are all providing consultation consistent with the OSM. As the "refresh" is expanded to the rest of the state, field experts and leaders are being identified and utilized to insure sustainability. This insures continuity of our practice and also insures that field workers are getting the same consultation regardless of which program area the consultant is from. Additionally, as Oregon continues to move toward implementing Differential Response the Department has started the process of developing continuous quality assurance and reporting systems to help us insure fidelity to the model as well as meeting one of the Department's goals, safe and equitable foster reduction.

### **Populations at Risk of Maltreatment<sup>1</sup>**

The Department, in particular the Self Sufficiency Program (SSP) and Office of Child Welfare Programs formed the Family Stability Workgroup with the specific purpose to identify family stabilization activities and recommend a model to the CW and SS Governance groups that focus on family stability services for clients at risk of, or involved with child welfare. The overall goal is to reduce the number of children entering Foster Care, and to aid in the prevention of child abuse and neglect. The workgroup used NCANDS and TANF data files pulled from the Department's computer reporting system and found the following: families who experience poverty or financial distress, drug and alcohol issues are at increased

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<sup>1</sup> Title: Stressors of Families with Children Transitioning from TANF to Foster Care, July 2010 – June 2011

Date: 10 December 2012

risk of child welfare involvement. Central for many families involved in Child Welfare in Oregon, and all families involved with TANF, is family financial distress. This appears to be exacerbated, at least among the TANF/Child Welfare crossover subgroup in Oregon, by domestic violence, drug and alcohol abuse, and the additional stressor of having young children which is supported by the table below.

<b>Table 1. Family Stress Factors as a Percent of Founded Abuse in Oregon, 2011 Child Welfare Data Book</b>			
	<b>FFY 2009</b>	<b>FFY 2010</b>	<b>FFY 2011</b>
<b>Stress Factor (more than one stress factor may be selected)</b>			
Parent/caregiver alcohol or drug abuse	42.1%	44.4%	46.8%
Physical abuse of spouse/fighting	31.7%	32.6%	35.2%
Parent/caregiver involvement with LEA	27.0%	27.0%	26.4%
Family financial distress	24.3%	23.4%	24.0%
Head of household unemployed	19.9%	20.7%	20.0%
Parent/caregiver history of abuse as child	13.0%	13.5%	13.0%
New baby/pregnancy	13.2%	13.1%	12.2%
Inadequate housing	10.0%	10.4%	9.4%
Heavy child care	3.6%	3.4%	2.8%

As shown in Table 2, some of the major stressors facing TANF families whose children enter foster care are domestic violence, drug and alcohol issues, parental disability, and, obviously as they are on TANF, family financial problems. These issues are similar to the problems facing families who are founded for child abuse and neglect in Oregon.

Table 1 is from DHS’s 2011 Child Welfare Data Book, and it shows that many families founded for abuse experienced parental drug and alcohol abuse, domestic violence, and material hardships, such as employment and housing insecurity. While not all of these families will have a child removed from the home, a subset of this group will have children enter foster care. This suggests that the subset of TANF families who have a child removed from the home are not dissimilar to all of the families with whom Child Welfare interacts (or, at least have been founded for abuse or neglect).

**Table 2. TANF Families, July 2010 - June 2011, Those Transitioning to Foster Care Versus Families Not Transitioning\***

	<b>TANF to FC child, n=1,653; payee/case, n=1,020</b>	<b>TANF, <i>not</i> FC child, n=82,007; payee/case, n=45,082</b>
<b>Age of Child</b>		
Mean age	5.2 years	6.6 years
Under age 6	992 (60.0%)	40,791 (49.7%)
<b>Age of Payee</b>		
Mean age	30.4 years	32.0 years
25-34 years	480 (47.1%)	17,162 (38.1%)
35-54 years	235 (23.0%)	14,390 (31.9%)
<b>Number of Children on Case</b>		
>1 child on case	582 (57.1%)	22,762 (50.6%)
4+ children on case	104 (10.2%)	3,662 (8.1%)
<b>Education, Payee</b>		
> HS Diploma - higher among non-transition group	70 (6.9%)	4,057 (9.0%)
<b>Family Stressors</b>		
Single parent (female) household	826 (81.0%)	32,824 (72.8%)
Domestic violence issues	115 (11.3%)	3,019 (6.7%)
Drug and alcohol issues	68 (6.7%)	925 (2.1%)
Lack of employed adult in home	993 (97.4%)	42,283 (93.8%)
Payee disability	124 (12.2%)	4,082 (9.1%)
Any disqualification	29 (2.8%)	367 (0.8%)
<b>Combination of Family Stressors</b>		
No stressor identified	463 (45.4%)	23,297 (51.7%)
Anyone with more than 1 stressor	82 (8.0%)	1,991 (4.4%)
Parent teen when 1 <sup>st</sup> child born+domestic violence	31 (3.0%)	655 (1.5%)
*All differences in proportions statistically significant at 95% CI, z-test for proportions. Mean age not tested for statistical significance.		

➤ *Family Support (Title IV-B, subpart 2)*

One hundred percent of Title IV-B2 Family Preservation and Support Services funds administered by the Oregon Early Learning Council (ELC) and the Oregon Youth Development Council (YDC) are allocated to the state's 36 counties and nine Federal Recognized Tribes. Both entities had been previously known as the Oregon Commission on Children and Families.

The Early Learning Council is the governing body overseeing the Early Learning System. As part of the 40/40/20 education goal, and the Governor's vision for a seamless education system from birth through college. The Early Learning Council guides efforts to streamline state programs, provides policy direction to meet early learning goals statewide, and provides oversight for services supporting children and families across Oregon.

The Youth Development Council was established to assist the Oregon Education Investment Board in overseeing a unified system that provides services to school-age children through youth 20 years of age, in a manner that supports academic success, reduces criminal involvement and is integrated, measurable and accountable.

The IV-B2 funds administered by these entities are used to provide community-based family support services in four goal areas: Early Childhood Development/Early Learning; Child Abuse and Neglect Prevention; Adolescent Risk Factors; and Child Poverty. All programs are required to report their results, outcomes and data, which is monitored and analyzed by state staff.

In Fiscal Year 2012, counties spent these funds on parenting classes, drug abuse prevention, home visiting programs for parents of infants, foster care reduction activities, relief nurseries' respite care, the treatment of traumatized children, kindergarten readiness, family counseling, and 2-1-1 Resource and Referral helplines. The IV-B2 funds served a total of 48,739 families during FY 2012. Below is a chart of the families served broken down by county.

Tribes use Title IV-B(2) funds to serve the needs of their communities by investing in services, systems change, community development and capacity building that targets child maltreatment, adult substance abuse or poverty. Tribes also use these funds for transportation to alleviate barriers to accessing services, improving family management and life skills.

Beginning July 1, 2013, this funding stream, which had been divided between both the ELC and YDC, will be exclusively under the auspices of the Early Learning Council.

As part of the Early Learning Council, these funds will continue to support; services designed to improve parenting skills; respite care of children; structured activities involving parents and children to strengthen the parent-child relationship; drop-in centers to afford families opportunities for information interaction with other families and program staff; transportation, information and referral services; and early developmental screening of children. These services will continue in the short term through Intergovernmental Agreements with Oregon counties. After specific legislation has passed, the funding will be transferred to the new Early Learning Hubs to provide the same support as federally required.

<b>COUNTY</b>	<b>TOTAL CHILDREN SERVED DURING FY12</b>
Baker	7
Benton	644
Clackamas	499
Clatsop	199
Columbia	117
Coos	364
Crook	18
Curry	35
Deschutes	94
Deschutes	550
Gilliam	111
Grant	36
Harney	55
Hood River	101
Jackson	89
Jefferson	85
Josephine	370
Klamath	615
Lake	2,090
Lane	11,726
Linn	982
Malheur	39



Marion	6,479
Morrow	61
Multnomah	383
Polk	733
Tillamook	112
Union	157
Wallowa	41
Wasco	991
Washington	16,018
Wheeler	84
Yamhill	4,854
<b>Total Served</b>	<b>48,739</b>

➤ *Adoption Promotion and Support Services (Title IV-B, subpart 2)*

**Goal: To provide post adoption services to Oregon families who adopt or provide guardianship for DHS children**

**Oregon Post Adoption Resource Center**

The department's post adoption services program provides services to adoptive and guardianship families who provide permanent homes for DHS children. These services enhance the stability and functioning of Oregon adoptive and guardianship families and their children through the provision of a support network that includes information and referral services, consultation services in response to imminent and current adoptive family crises, support groups, and training. Families who adopt special needs children must have adequate and competent support to help sustain their placements. The funding for post adoption services was eliminated in Oregon's 2011-13 biennial budgets. The department was able to maintain the program using federal Adoption Incentive money for the first year of the biennium and using savings from other contracted programs through the end of June, 2013. A policy option package has been presented to the legislature to restore the program after June 30. This is currently in our Co-chairs budget, and we are hopeful that funding will be in our 2013-15 budget.

In the last four quarters ending March 31, 2013, OPARC has provided the following services:

- 1,196 initial and follow up phone and in person contacts to 429 individual family members or eligible professionals;
- 46 reported crisis or disruption related services;
- 14 trainings reaching 724 individuals;
- 935 library items and information packets to 289 users.

One on-going project for ORPARC is to help counties who do not have an adoptive support group get one started. For smaller counties where a support group would not be sustainable, ORPARC works to develop one-to-one systems of support for parents and to make information available on other forms of support such as regional foster/adoptive associations.

Oregon's disruption rate for the latest reporting year stands at 4.6%.

## **ASSESS ORGANIZATIONAL CAPACITY OF THE FOSTER CARE AND ADOPTION PROGRAM**

The department is currently involved in several breakthrough initiatives and key strategic efforts designed to safely and equitably reduce the number of children in foster care and to increase permanency for children. Discussed here are those initiatives and efforts led by the child permanency program.

First and foremost, the adoption unit has transformed itself into a child permanency program; expanding services to the field beyond adoption permanency planning. While the department utilized consulting resources at the front end of a case and at the back end of a case if a child moved into adoption, for the first time, the department is making efforts to provide permanency consultation throughout the life of a case. Permanency Consultants were added to the unit to provide the following services to field offices:-

1. Targeted case reviews of children on APPLA plans;
2. Implementation of statewide permanency roundtables;
3. Implementation of permanency quarterly meetings with field workers to focus on training and permanency practices;
4. Case specific consultation on barriers to reunification;
5. Provide requested field training, and specific training to teen units/teen workers on permanency planning strategies with teen youth in foster care.

The department is receiving consultation from Casey Family Programs on our permanency planning efforts specifically in the area of permanency roundtables, and using data to inform practice around the state's long-stayers in foster care. Casey is helping the department construct a "deep data dive" to provide analyses on open foster care cases. This data dive is designed to determine how children in care two years or longer look different from other children in care. Using the data to identify categories of demographics, the department can focus its strategies on getting children out of long term care and try to prevent them from entering long term care in the first place. Casey is providing permanency roundtable training to a team from Oregon at an offsite convening, who will then return to train staff in branch offices on the values and skills around permanency planning for long stayers. This will be a launching point for implementing the permanency roundtables in our field offices.

Permanency roundtables are a professional case consultation process that is structured, in-depth, non-blaming and relentless in the pursuit of legal permanency

for a child who has been in care two or more years. At the end of each roundtable, a case specific action plan is developed with identified work efforts and timeline goals specified to expedite safe legal permanency and permanent connections for each child staffed.

While Casey Family Programs is providing technical assistance and training for Oregon to implement Permanency Roundtables, Oregon is being allowed to make the model fit its individual needs using the resources available. Oregon conducted Permanency Roundtables in 2009 in Casey identified counties and learned a number of lessons that are being taken into consideration for present implementation. First, the front end paperwork by the caseworker was time intensive and not particularly helpful in the Roundtable staffing itself. All but a few demographic details are being gathered by the caseworker prior to a Roundtable session. Second, cases were pulled from a random list if they met certain criteria. This resulted reviewing cases where outcomes were not going to change, i.e. youth turning 18, youth close to finalizing permanency plans, or youth getting ready to reunify. Oregon is carefully selecting cases that not only fit our identified criteria, but each case is being looked at prior to a Roundtable to determine whether other factors make a Roundtable unnecessary. Third, caseworkers were often given unachievable long lists of action items on each case reviewed. Action item lists will be short, time limited, and will not be the sole responsibility of the caseworker, but will include members of the child's team, consultants, recruiters, or other identified participants on a case. Fourth, action items were not followed up on and outcomes were not measured. Oregon's model is to use already existing Permanency Committees in field offices to review Roundtable cases at designated time periods, review action items, revise action plans, and report outcomes. Permanency Committees consist of field staff and managers who demonstrate expertise in permanency outcomes for foster kids. Present Permanency Committee duties include sibling planning, evaluating foster parents as current caretakers, and approving the changing of permanency plans. The Central Office Permanency Unit will be responsible for measuring outcomes.

Having field Permanency Committees responsible for the follow up on Roundtable cases and reviewing the outcomes builds expertise in an already existing group of persons and contributes to sustaining the model. In addition, each branch office that has received a Roundtable will identify its own permanency champions to serve on Roundtables for the next branch, continually building the expertise and Roundtable experience with a hope that Roundtables will become a regular part of best practice in Oregon.

Oregon has 563 children on APPLA plans that are eligible for DD services and are residing in either DD foster or group care. There have been significant barriers in Oregon to achieve permanency for these children, because due to the current intensive in-home services and supports that do not follow the children into guardianship or adoption. DD caregivers receive large Title 19 supervision rates that cause a disincentive for the caregivers to adopt or become the child's guardian. The DD program has re-written its Federal waiver to request that intensive in-home services be allowed to follow those children who move into permanency. The waiver has not yet been approved. The department is collaborating with the DD program to change its practice of transferring the eligible children into the DD foster care system. Rather than receive high supervision rates that cannot be matched in adoption or guardianship subsidies, families will receive purchased services that will support the child and will stay with the child as they move into permanency.

Oregon has set additional goals for itself around decreasing the length of stay in foster care and increasing timeliness to adoption, through our Safe and Equitable Reduction of Foster Care efforts. The permanency program is in the process of identifying field and central office barriers and systemic practices that slow the progress of a child's case towards permanency. Supported by continual metrics, the permanency program continues to develop plans, through monitoring our Child Welfare Score Card, to address the barriers and systemic practices and engage the field in focused efforts.

The department, in partnership with Portland State University, continues to provide the Post Graduate Training Certificate in Therapy with Adoptive and Foster Families. This program was formally supported by Title IV-B funding, is now part of the department's Title IV-E budget. It is mentioned in this section because of the objective of the program to increase accessible and affordable mental health support for foster/adopted/guardianship children and their families with professionals competent in using evidence-based strategies for the emotional, behavioral, and mental health issues of children with histories of child abuse, trauma and neglect. This academic year, the department continued to provide scholarships for MHO therapists who take the Oregon Health Plan and also provided scholarships for DHS field workers. Sixteen full program scholarships for MHO therapists and 15 full program scholarships for child welfare workers were provided. In addition, 12 additional self-paying therapists and one additional self-paying child welfare employee participated in the full program which is due to wrap up at the end of this month. Ninety individual class scholarships for child welfare workers and 93 individual class scholarships for therapists were also

provided. Each child welfare worker who participated in the full academic program was required to apply for the program with a plan for how they would use their acquired skills and abilities to support adoptive or guardianship families who return to the department for family support services post finalization. Our child welfare worker population is ill equipped in understanding and supporting the families who raise these children. The hope is that families will receive more competent intervention and support if they return for child welfare services.

## ✦ *Collaboration*

Most initiatives currently underway in Oregon are calling for a community collaboration to identify needed services and drive programs forward. In Child Welfare, we continue to look to strengthen the capacity of our staff to engage in a collaborative way with community partners to design and deliver services. In 2011, legislation creating Strengthening, Preserving and Reunifying Families programs encourages communities to come together to form collaborations that identify gaps in the service array. Implementation of these programs started in 2012, and decisions about needed services were made in partnership with community partners and stakeholders.

Child Welfare program staff consults with a number of community partners and stakeholders in the planning and delivery of services. Key collaborations include but are not limited to:

- Juvenile Court Improvement Project (JCIP) Steering Committee
- Citizens Review Boards
- Oregon's nine federally recognized Native American Tribes
- Children's Justice Act Task Force (CJA)
- Domestic Violence Advisory Committee
- Child Welfare Advisory Committee (CWAC)
- Critical Incident Review Teams
- Coalition of Adoption Agencies
- CASA
- Communities of color and representative organizations
- Service providers
- Other state agencies such as Oregon Health Authority
- District managers, branch managers, and program managers who meet regularly with community partners and stakeholders to address issues specific to their community, families and children

The stakeholders, community partners and central office program staff provide requested information (as outlined in the program instructions issued by ACF) to meet the reporting requirements. The various stakeholders and community partners such as Tribes and JCIP, as well as OCWP program staff, compile and submit information on activities and progress towards the plan, which is then assimilated into the APSR.

### **Collaborations between Office of Child Welfare Programs and Courts**

The Director of the Office of Child Welfare Programs continues as a member of the Juvenile Court Improvement Advisory Committee. In this capacity, the member provides input, recommendations and action review regarding the Oregon Judicial Department, Juvenile Court Improvement Strategic Plan. Child Welfare staff also participates on JCIP subcommittees with joint participation during the Annual Judges Conference. If there is significant legislation passed, Child Welfare staff and JCIP staff jointly participate in legislative road shows to educate child welfare staff and the legal community. Child Welfare staff also participate in several continuing legal education programs delivered by the Oregon State Bar Association.

Child Welfare continues to partner with Casey Family Programs and the Oregon Judicial Department, working to *safely and equitably reduce the number of children in foster care*, and to reduce the disproportionate number of children of color in the foster care system. This collaboration began in 2008 with the Courts becoming a full partner in the collaboration in 2010. This partnership is designed to increase policy and practice improvements among community partners at a statewide level, by creating localized, community driven partnerships and collaborations, to achieve the goals.

The work began initially with eight pilot counties. In 2011, three additional counties were added to this work. Local communities have engaged community partners beyond those usually associated with Child Welfare to ensure a better community response to child abuse and neglect. Those community partners include business and faith communities, and communities of color. Efforts have been made in the last couple of years to align this work with the work of local Juvenile Court Improvement teams with a goal of bringing these two initiatives into closer alignment. Since 2011, the Model Court training and the convening of the eleven counties have occurred in conjunction, further strengthening the efforts to combine the efforts of the JCIP teams and the Casey county teams. A third year of joint convening is planned in 2013.

In 2011, with approval by the Governor and the Legislature, Child Welfare began the process of designing a proposed model for Differential Response in Oregon. The effort to bring Differential Response to Oregon continues, and it is anticipated that the current legislative session will approve significant additional staff for the purpose of implementation. The team that worked on the Oregon design of DR consisted of 30 members, including Agency staff, the Courts, stakeholders, and community partners. With design complete, Oregon is moving into the



implementation phase. There are 10 subcommittees working on elements of the design with an anticipated implementation date of June 2014.

In 2012, Child Welfare conducted an ICWA CFSR, and continues to work in collaboration with the Oregon Tribes and the courts to improve the performance of Child Welfare and the Courts when dealing with ICWA cases. As a part of this work, Child Welfare, the Tribes and the Courts have begun to implement the QUICWA system of tracking court findings and orders to further investigate Agency and Court compliance with the requirements of the Indian Child Welfare Act.

## **✦ Program Support**

### **Child Welfare and Technical Training Unit**

#### **Introduction**

The Child Welfare and Technical Training Unit works in collaboration with the Portland State University (PSU) Child Welfare Partnership (CWP) program, Child Welfare Program staff, and the Department of Human Services (DHS) staff to deliver a broad based workforce development and performance improving training program. The Child Welfare and Technical Training manager continues to be an active participant in the monthly statewide Child Welfare Program Manager's meetings, as well as participation on the DHS Employee-Training Council, and a large variety of statewide committees to keep up to date and informed on Child Welfare training needs. The active participation allows the opportunity to both understand the training needs from the field, as well as provides information to the current and future training plan, goals and objectives.

The Child Welfare and Technical Training Unit consists of four OR-Kids trainers, one Technology and Distance Delivery Training Development Specialist, one PSU-CWP Training Liaison, one Conference Planning Coordinator, and two Training and Technical Support staff. New training initiatives and change in field staffing levels requires close prioritization and allocation of resources within the Unit to meet the training, analysis, workforce development and performance improvement goals and objectives.

#### **Child Welfare Training Advisory Committee**

The Child Welfare Training Advisory Committee continues to have excellent participation and a value add to the training considerations for our Child Welfare staff. Over the past year, the committee has continued the opportunity to review and provide comments to training recommendations and requirements coming from Child Welfare Administration. The agenda items vary, based on the current training needs and topics. Management and staff from various programs are invited to share their current goals and objectives. With the varied membership of the Child Welfare Training Advisory Committee, they are able to provide insight and recommendations for the related training needs.

Some areas that have been presented and discussed are: Differential Response, Pathways to Permanency, review of specialized and advanced trainings, Knowing

Who You Are, pilot of a competency evaluation of CORE students, and the overview of the 2013-2015 training Project Agreement with PSU.

A goal reported in 2012 was to explore pre and post measurements of trainings provided by the CWP. The State and the CWP training unit are committed to offering the highest quality training that will help new case workers in their critical work with children and families. It is in CORE training that participants begin to build their knowledge and skills that shape how they work with vulnerable children and families. In recognition of the importance of this foundational training, a participant observation process was developed and piloted this year by the CWP.

During each two week session of CORE training, every new DHS-CW employee is observed two to three times in the following areas: interaction with trainers and colleagues; engagement in training; and presence in the training room. Within two weeks of the last day of training, a summary of the observations, along with a link to the on-line attendance record, is then sent to the participant's supervisor. The participant receives the summary from their supervisor or by directly requesting it from the CWP.

In January, the observation process was shared with supervisors at the DHS-CW supervisor quarterly meetings in order to create awareness and get feedback. A pilot of the process took place in CORE training in February and March. The process was fully implemented in April. Supervisors will begin to receive observation summaries after the conclusion of the May 10, 2013 session. With the positive feedback from supervisors, it has been decided to include this observation process with additional trainings in the Fall.

### **Portland State University Child Welfare Education Program (CWEP)**

Portland State University continues to offer both a MSW and BSW education program. PSU and DHS-CW have worked together on strengthening the interview process required for an employee and/or recruit to be accepted into the CWEP and to receive tuition assistance. The interview panel has been strengthened to include the DHS-CW Training Manager, DHS-CW Field Services Assistant Administrator, DHS-CW Branch Supervisor and former graduate from the CWEP, PSU Director of Workforce Development for the Child Welfare Partnership, and a PSU-MSW Student Advisor. The interviews are more focused as a job interview approach, ensuring that those applying for tuition assistance have a goal and commitment of working for DHS-CW for at least five years. This will help to improve the placement and hiring of the program graduates. DHS-CW is creating a competitive process and is looking for the best and brightest applicants to ensure

the best in DHS's investment. Currently, there are between 15-20 MSW students and 4-5 BSW students accepted per academic year.

Through the CWEP, DHS-CW has been assisting the professional education and training for its tuition assistance recipients for the purpose of strengthening the Child Welfare programs and Title IV-E activities administered by or under the supervision of DHS-CW. For the past 14 years, the tuition assistance offered to students has been \$6,000 per academic year. The tuition assistance covers three terms; fall, winter and summer terms, \$2,000 per term. This support covers only tuition fees. Due to the significant increase in tuition over the past years, DHS-CW will be increasing their tuition assistance up to \$10,000 per academic year, for the fall, winter and summer terms, \$3,334 per term. The tuition assistance increase is for continuing DHS-CW MSW students and newly chosen DHS-CW MSW students for the 2013-2014 academic years, as well as for continuing recruits. All BSW and new MSW recruits will remain at \$6,000 tuition assistance per academic year, based on the fall, winter and summer terms, \$2,000 per term.

Currently, there are 41 active students in the program. Twenty-two students are scheduled for graduation in June. Twenty-Two students have applied for the CWEP program and currently are in the interview process to be considered for acceptance into the 2013-2014 CWEP program.

#### **MSW/PSU Quarterly Meeting**

Representative from DHS-CW and PSU meet on a quarterly basis to discuss program improvements and ways to strengthen the program, student concerns and increase the partnership and involvement for the program across DHS-CW and PSU. The topics of focus this past year:

- compiling a complete list of all DHS-CW employees who are graduates from PSU MSW Child Welfare Education Program;
- increase involvement of PSU MSW graduates in DHS-CW field supervision;
- further investigate and evaluate the impact of the CWEP on the recruitment, retention and performance of program participation in Child Welfare organizations;
- revise tuition assistance documents to provide more clarity for students and management.

### **Eastern Washington University MSW Program**

DHS-CW did not receive any requests for participation in the tuition assistance program from Eastern Washington University. Their MSW program is a three year cohort program which started in the fall of 2012. It is possible that students may apply at a later time in the program.

### **Child Welfare Training Plan Overview**

The 2013-2015 Project Agreement with PSU has been reviewed and approved by all programs; however, the Oregon Legislature is still in session at this writing. DHS-CW and PSU will adjust and refine the Project Agreement as needed based on the final legislative budget. There is a potential that Child Welfare may receive an increase in staff, but that has yet to be announced. That decision could impact the final Project Agreement. The primary training elements for Child Welfare are:

- Child Welfare Core
- Pathways to Permanency
- Social Service Assistant Training
- Supervisory Training
- Certification and Adoption Worker Training
- Adoption Tools & Techniques
- Foundations Training of Trainers
- Foster/Adoption/Relative Parent Training
- Specialized/ Advanced Staff Training

### **Child Welfare Program Training**

#### **Required Child Welfare CORE Trainings - Social Services Specialist 1 (SSS1) position**

Child Welfare CORE Training is required for all new Child Welfare staff classified as Social Services Specialists 1 and other employees who perform functions generally assigned to these classifications. Employees must complete classroom CORE prior to having responsibility for a Child Welfare caseload. Newly hired employees must be attending or have completed training within three months. Classroom CORE meets the statutory requirements outlined in ORE 418.749 for all Child Protective Services staff that screen, assess and investigate allegations of child abuse and neglect. Currently, we do not have the complete data available for this reporting period. We are working in collaboration with the PSU Child Welfare Partnership to develop an improved tracking and monitoring process for Classroom CORE completions. Classroom CORE is four weeks in length and is

comprised of two two-week "clusters"; *Fundamentals of Child Welfare* and *Life of a Case*. These trainings are included in the Training Matrix.

### **Monitoring Required Training**

- Beginning this year, the Child Welfare Training Specialist attends the first day of Life of a Case to review and remind the students of the critical nature of CORE training. They are reminded it is their responsibility to complete all segments for both of the classroom CORE classes. Attendance is tracked closely and students are held accountable to inform their instructor if they need to miss any of the segments. Training records will not show complete until all segments are complete. Until that time, student's training record will indicate "In Progress". A "Complete" status is a statutory requirement for carrying a caseload. The CWP will make two attempts to contact the student for makeup sessions. If no response, their name is sent to the Child Welfare Training Specialist for further follow-up, which could involve the Child Welfare Training Manager or worker's supervisor as needed.
- DHS-CW prepares a quarterly report to review the training status of the required classroom CORE classes for all Social Services Specialist 1 workers. DHS-CW works in partnership with the CWP to resolve any incomplete required training.
- This year, an active effort was put in place to move historic classroom CORE classes from the former training data base into the current Learning Center data base. The result is more accurate reports for seasoned Social Services Specialist 1 workers.
- A formal process was implemented this year for when caseworkers request exceptions to the required training based previous work or education experience.
  - Training records are submitted to Child Welfare Training Manager for review;
  - Training Manager outlines any exceptions and informs caseworker and supervisor;
  - Supervisor signs a document; and
    - Ensures employee gets all required sessions completed in required timeframe.
    - No cases or caseload will be assigned to employee until they have completed all required training as outlined.
    - Takes responsibility for reviewing policy and reviewing with employee on any excused training items.

- DHS-CW is implementing a quarterly Quality Business Review (QBR). Child Welfare will be measuring attendance of staff in required classes. The supporting data collected will assist the state in quality assurance and to assess the progress towards meeting established training goals. Data elements will include; pre-post training results, cultural competency, retention, diversity, disparities, salary comparison

**Pathways to Permanency: Implementing the Concurrent Plan** constitutes a fifth week of Child Welfare CORE Training for new workers and must be completed within the first year of hire. It is not, however, required prior to having responsibility for a Child Welfare caseload. Pathways to Permanency will focus on concurrent permanency planning for children. Best practice and critical analysis of complex variables when making permanency decisions will be examined. Participants will explore the types and implementation of alternate permanent plans including: adoption, guardianship and APPLA. A focal point of training will be the caseworker's significant role in early and continual discussions with families regarding resources that maintain the child's cultural and familial connections. This training is included on the Training Matrix.

New SSS1 workers are also required to take the on-line *Adoption and Safe Families Act (ASFA)* and three NetLink trainings, *Multi Ethnic Placement Act (MEPA)*, *Confidentiality in Child Welfare*, and *Advocating for Educational Services*. These trainings are included in the training matrix.

### **Training Opportunities Announcement**

“Branded” Child Welfare Training Opportunities (below) notices have been sent out statewide for several years with a positive response from staff. Early in 2013, a more defined process was put in place. The announcements are sent out every Friday to a statewide Child Welfare All Staff distribution with the focus directed to the required trainings. Since the implementation of the new announcement schedule and focus, there has been a noted increase in registration and participation in the required netlink classes.



### **Required Child Welfare CORE Training - Social Service Assistant (SSA) position**

All new Social Service Assistants are required to attend their Child Welfare CORE training within six months of hire. This six-day training focuses on the essential

skills and knowledge SSAs need to support the safety and permanency of children and families serviced by Child Welfare. This interactive training is six days in length spread out over two weeks. This training is included in the training matrix. This year, a SSA Summit was provided for all SSA workers. The one-day summit was offered at five different locations across the state in order to increase participation and reduce the need for travel. The sessions included:

- Monthly Contact and Monitoring Child and Young Adult Safety
- Working with Specialized Populations
- Enhanced Visitation: Creating a Visit Environment that Promotes Healthy Interactions Between Child in Care and their Parents
- Networking and Sharing Resources
- Supervisor's Brown Bag Discussion
- Working with Specialized Populations
- Practical and Accessible Mindsets to Enhance Verbal Influence and Safety 8 – 5

Examples of topics covered in the sessions were: tips on how to structure and supervise visits with domestic violence offenders; sex offenders and persons with mental issues; ways to use verbal and body language; and how to diffuse or deflect hostile clients.

The total attendance after the first four summits was 160. The final summit is scheduled for May 29, 2013; and there are 20 SSAs registered. Feedback from the first four summits was very favorable. The overall rating for the summit was 67% excellent, 25% very good, and 8% good (or unrated).

**Additional Trainings under Project Agreement with Portland State University.** These trainings are included on training matrix.

- **Supervisory Training**
- **Certification and Adoption Worker Training**
- **Adoption Tools and Techniques**
- **Foundations: Training of Trainers**
- **Foster/Relative/Adoptive Parent Training**

In 2012, PSU and CWP presented 160 classroom training sessions, and 30 distance training sessions via Net Link, to foster, adoptive and relative caregivers across the state of Oregon. PSU-CWP continues to offer a wide variety of training topics to select from. The list of available courses contains 51 training topics. Districts may choose from those training topics they feel will be most beneficial to caregivers in



their area. The training topics include such titles as: Enhancing Teen Attachment; Helping Children with Visitation; Managing Difficult Behaviors in Young Children; Strategies for Successful Fostering; Methamphetamine Endangered Children; Behavior Crisis Management and CPR & First Aid. PSU-CWP continues to increase the number of training topics that can be provided in Spanish. Categories and samples of trainings are included on the training matrix

### **Specialized and Ongoing Professional Development**

This project continues to provide the field staff a menu of specialized and ongoing trainings available in both classroom and distance venues. This allows flexibility and the ability to negotiate changes to the deliverables to meet organizational needs and promising practices as they evolve. Deliverables include one NetLink training per month, and the scheduling of up to eighteen classroom trainings throughout the State of Oregon. The Training Matrix outlines examples of the variety of NetLinks and classroom trainings offered.

Over the past year, there has been a significant increase in districts accessing the offering of Specialized and Ongoing Professional Development trainings. To date, 14 of our 16 districts have requested a variety of training topics, including Quality, Customized Visitation Planning, Trauma Informed Practice Strategies, Working with Batterers in Child Welfare, Advanced Vicarious Trauma and Neglect: Assessing and Ensuring Child Safety. The format that appears to be of value in the districts is to offer the requested training twice on the same day (once in the morning, once in the afternoon) to allow more field staff to attend while maintaining coverage as issues might arise.

### **Adoption Committee Train the Trainers (TTT)**

Since the development of this “train the trainers” (TTT) model for the Adoption Committee, 70-80 people have been trained. Unfortunately, due to the current staffing load, the TTT model was not affective. The staff trained did not have the time to devote to the training of others. Training on this topic is being reviewed. This training has been removed from the training matrix.

### **Other trainings included on Training Matrix**

#### **Interstate Compact on Placement of Children (ICPC)**

The demand for ICPC training continues and will continue to be needed as long as the Compact still exists. DHS-CW is seeking an expansion of our border agreement with Washington; and if successful, DHS-CW would develop and provide a Net Link training specifically aimed at the border counties affected by

the agreement. The agreement would be a supplement to the ICPC, and provides for a much quicker approval process for placements with parents and relatives in the OR- WA border region.

### **Youth Transitions Planning**

This training focuses on the preparation for transition to adulthood and out of care. Participants will gain an understanding of the Comprehensive Transition Plans, New Health Care policies/mandates, Credit Reports, vital documents, etc. Participants will learn more about DHS requirements for assisting foster youth (age 16 or older) with creating a transition plan and learn the role DHS must have in the planning process to help youth transition to adulthood.

### **Independent Living Program (ILP) Services**

This training helps participants understand the array of services available through ILP contractors. You will learn how to secure services, understand the eligibility criteria for Housing, Chafee Education, Tuition and Fee Waiver for foster youth, how to pay for driver's education and have a better idea of how to help youth who are not enrolled with an ILP Provider! The main goal of the ILP is to help youth transition into adulthood with knowledge and skills to be self-sufficient and contributing members of their community.

### **Fathers in Dependency Cases**

### **Another Planned Permanent Living Arrangement (APPLA)**

### **OR-Kids (Oregon's Statewide Child Welfare Implementation System – SACWIS) <http://www.dhs.state.or.us/caf/or-kids/index.html>**

DHS-CW has provided resources, information and training in a variety of ways to appeal to all the different learning styles and to provide every individual with valuable resources to access as we prepare. Venues of training included webinars, conference calls, focus team and unit specialized topic training, one-on-one sessions, and formal classroom trainings. Our OR-Kids on-line website is extensive, and offers a wealth of information and training resources for our staff.

### **Training activities from July 1, 2012 to June 1, 2013**

Intensive training and support efforts have continued for OR-Kid's full implementation. The Child Welfare and Technical Training Unit has done this with 5 FTE from July 1, 2012 to October 1, 2012, and then with only 4 FTE from October 2012 to present date. This has been challenging considering the volume

of training needed and the fact that they are each responding to the training and support needs of over 600 staff each.

The Training Unit offered over 141 formal classes, webinars, and training sessions statewide since July 1, 2012. Classes were conducted in the following topical areas:

- OR-Kids Basics
- OR-Kids Screening
- OR-Kids Assessment
- OR-Kids Permanency
- OR-Kids Certification
- OR-Kids Supervisor
- OR-Kids Adoption
- OR-Kids Financials
- OR-Kids Eligibility

#### **January 1, 2013 to July 1, 2013**

Field staff OR-Kids trainers, CW Training, the Office of Continuous Improvement, and CW Policy have been mapping basic business processes. The results were 42 mapped business processes identified to the minimum steps needed per policy, rule and OR-Kids data entry to complete a business function.

All districts in Oregon have been deeply involved in developing branch specific protocols around these business processes to insure consistency, knowledge of what is now required and streamlining of work post OR-Kids.

The 4 OR-Kids trainers were asked to play a significant role in this statewide effort to help each Child Welfare office in Oregon establish clear protocols for their business process for documenting their work in OR-Kids. These trainers were partnered with Continuous Improvement teams to work in every Child Welfare office to help identify and design business processes in 6 topic areas, and then support staff through full implementation.

#### **Expected Outcomes:**

- (1) Streamline system to support a family and caseworker from the assignment of an intake to the transfer of the case.
- (2) Skilled facilitator(s) within the district/branch to continue building the branch protocols and systems after the initial support plan – sustainability of the model.

(3) Increase efficiency of support staff functions post OR-Kids.

Geographic areas were designated to all trainers, and they continue providing weekly training in their area for continued learning of the system. Trainers are now conducting much smaller training sessions in all areas of the state on all topics.

DHS-CW has continued to have successful integration of OR-Kids Basic training into classroom CORE with new worker training in collaboration with our PSU-CWP. We have assigned 2 OR-Kids trainers who are responsible for conducting this training to all new CW hires. 225 newly hired CW staff have been trained in OR-Kids Basics through this method.

A weekly training message is sent statewide to all CW staff by this team in the on-going training and implementation effort. These intentional and purposeful weekly messages are developed through a work group of our highest level program managers and OR-Kids representatives to work in collaboration to identify the highest OR-Kids communication needs. This methodology has been very well received by the field and they continue to make progress in their daily use and understanding of our new system.

Since September of 2012, we have held two webinar trainings per month on specific and special topics that have been identified. These webinars are conducted through Go To/iLinc software platform that enables us to reach a very large audience. We are also able to record every webinar and then make it available on-line for anyone's training needs. This has been a highly effective method of reaching larger audiences in this past nine months. A sample of the webinar topics we have covered:

- Reports
- Placement Services
- Placement Training
- Invoice Driven Process
- Reports Training
- Screening Supervisors
- Safety Plans
- Screening for caseworkers
- Advanced Screening
- AFCARS
- Face to Face Visits
- Case Plan

- Legal Review
- CFSR
- Document Redaction
- Adding the correct Participant
- ICPC

Over 700 staff had been reached in this training method, with an average of 70 students per webinar. 400 Child Welfare staff have been reached and supported weekly for on-going training and support. Total staff formally trained from July 1, 2011 to June 1, 2012 is 2047 Child Welfare staff.

**Behavioral Rehabilitation Services (BRS)** is under revision and has been removed from the training matrix.

### **Additional Training Projects**

#### **Behavior Crisis Management Training (BCMT)**

The Child and Adolescent Needs and Strengths (CANS) screeners are implementing the individualized Holds training portion of the BCMT as determined appropriate to the needs of specific children. The training is now rarely offered, thus holds are rarely used which was the goal of the agency in redesigning the training overall. The CWP continues to fulfill their training commitments, and has received no additional support from the NRC, but has received excellent evaluation of the training provided.

#### **Indian Child Welfare Act (ICWA)**

In 2012, DHS-CW hired two ICWA Consultants. Their primary focus revolves around trainings at ICWA Liaison quarterlies and case consultation in order to increase ICWA compliance. The ICWA Consultants have visited numerous branch offices to establish an on-going relationship and, to provide any needed technical assistance the branches may need in support of ICWA.

DHS-CW contracted with the National Indian Child Welfare Association (NICWA) to make available 130 slots for workers to take an on-line ICWA training. This offer was for March 2012 through March 2013. The training opportunity was offered to all CW and tribal workers. This on-line course covers the provisions of the Indian Child Welfare Act of 1978, and presented in the order in which a CW worker might encounter them in an ICWA case. A report was

prepared in April 2013. 94 CW workers registered for the training. 70 accessed and passed the on-line training.

### **Feedback from workers**

- Training was very helpful and useful. Best method for “learning”.
- Enjoyed the training and will be helpful for an ICWA case.
- Good resource for information.
- Helpful, hard to remember all the detail. Good review.
- Good information all the way around!

### **Foster Parent Training Map Website**

The Foster Parent Website now includes a link to the Foster Parent Training Map Website. A map of Oregon is displayed with each county identified. Each county has a Foster Parent Training Coordinator listed, along with the Foster Parent trainings that are scheduled in the specific county over the next four months. Foster Parents can click on the county they reside, or any neighboring county, to see what trainings may be available for them to attend. This has increased Foster Parents access to training, and has allowed the sharing of training resources across all counties and districts. The website is:

<http://www.oregon.gov/dhs/children/fosterparent/pages/training-map.aspx>

Foster Parent training is tracked at the local level through the foster home certification staff. Certification staff are assigned to work with the Foster Parents on developing a training plan and ensuring the required training is accomplished.

### **Court Appointed Special Advocate (CASA) Agreement**

An Agreement is in place with DHS and the Oregon Housing and Community Services (OHCS) and the Oregon Volunteers Commission for Voluntary Action and Service (OCVAS). The purpose of this Agreement is to implement a provision of the 2008 Fostering Connections to Success Act which allows DHS the ability to offer Title IV-E reimbursement for allowable training to CASA staff, volunteer advocates and other volunteer in Local CASA Programs. Oregon House Bill 4082(2012) transferred the creation, supervision, operation, and funding of the CASA Volunteer Programs under ORS 419A.170 to OCVAS.

An interagency agreement is currently in place; however, CASA is in the process of preparing their first claim. No further reporting is available at this date. This training has been added to the training matrix.

### **Differential Response (DR)**

Differential Response essentially is a different way of responding to assist children and families. With DHS and communities working together, the goal is to have the option to choose two different paths in assisting families. It means that less focus is placed on the investigative processes and focuses more on helping families identify their needs to keep their children safe. One option is the traditional way which could involve foster care for the child. The other option is to determine the needs of the family and to help them so they can keep their children at home. This provides a more family friendly resolution and can help to reduce the number of children in foster care.

## ***† Consultation and Coordination between Tribes and States***

It is DHS's policy to consult on a government-to-government basis with federally recognized tribal governments when DHS's actions and decisions may affect tribal interests. This consultation is a process of meaningful communication and coordination between DHS and tribal officials prior to DHS/CW taking actions or implementing decisions that may affect tribes. As a process, consultation includes several methods of interaction that may occur at different levels. The appropriate level of interaction is determined by past and current practices, adjustments made through policy, the continuing dialogue between DHS and tribal governments.

Participation and consultation of Tribal representatives is an important component of the Title IV-B plan. Active Tribal consultation is an on-going process. Structured involvement is through participation in on-going meetings such as, the SB770 Health Cluster Quarterly meetings, Indian Child Welfare Act (ICWA) Quarterly Advisory Committee meetings, Quarterly ICWA Regional Liaison meetings, Tribal representation on the statewide Child Welfare Advisory Committee, ICWA conference planning committee, Native American Independent Living Program (ILP) conference planning committee, and other special initiatives. These are addressed in more detail throughout the report.

### **Quarterly ICWA Advisory Committee**

The Oregon Tribal/State ICWA Advisory Committee meets quarterly and serves two main functions:

1. To identify barriers in Department policy and rules in providing services to Indian children in both state and Tribal custody, and
2. To work on direct communications between DHS and the Tribes.

The OCWPP/ICWA Advisory Committee continues to work on outstanding issues and develop stronger consultation and collaboration between the State and the Oregon Tribes. Tribal representation on OCWPP program work groups is critical to policy development that may affect Indian children, families and the Oregon Tribes.

Attendance for the tribes at the ICWA Advisory committee quarterly meetings varies based on location, time of year and their workload.



At the August 2012 meeting, six of the nine tribes were represented, including the Confederated Tribes of Grand Ronde, The Klamath Tribes, Cow Creek Band of Umpqua Indians, Confederated Tribes of the Umatilla Indian Reservation, Confederated Tribes of Siletz Indians and the Confederated Tribes of Warm Springs.

At the November 2012 meeting, eight of the nine tribes were represented, including The Klamath Tribes, the Coquille Indian Tribe, the Confederated Tribes of Siletz Indians, Burns Paiute Tribe, Cow Creek Band of Umpqua Indians, Confederated Tribes of the Umatilla Indian Reservation, Confederated Tribes of Warm Springs and the Confederated Tribes of Grand Ronde.

At the February 2013 meeting, seven of the nine tribes were represented, including the Confederated Tribes of Grand Ronde, Confederated Tribes of Warm Springs, Confederated Tribes of Siletz Indians, the Coquille Indian Tribe, Confederated Tribes of the Umatilla Indian Reservation, The Klamath Tribes and the Burns Paiute Tribe.

At the May 2013 meeting, there were six of the nine tribes represented, including the Confederated Tribes of Grand Ronde, Cow Creek Band of Umpqua Indians, The Klamath Tribes, Confederated Tribes of Siletz Indians and the Burns Paiute Tribe.

The Oregon Tribal representatives recommend goals and objectives for Oregon's five-year plan, which are actively worked on throughout the year. This work is done through specific meetings scheduled in addition to discussing the plans at the ICWA Advisory Committee meetings held quarterly and through projects and goals submitted as part of the Title IV-B Plan. An ongoing process has been developed in cooperation with the nine Oregon Tribes in which DHS and the Tribes will meet and discuss shared goals and work to develop a coordinated plan. The last year has also seen a shift in how the Advisory Committee functions, a committee charter was developed and agreed upon by both DHS leadership and Tribal representatives. The charter outlines the roles and responsibilities of both parties

The Tribes consult with and share their 5-year and annual plans with DHS through the quarterly ICWA Advisory Committee meetings. DHS shares the State's 5-year and annual plans with the Tribes electronically at the time the plans are submitted to ACF and at the ICWA Advisory committee meetings. A standing agenda item or update will be included for the Advisory committee, in this way both DHS and

the Tribes will be able to track and monitor on a quarterly basis the progress of the IV-B shared goals.

Each year, one of the nine Oregon Tribes co-hosts with DHS, the Tribal/State ICWA Conference. The Confederated Tribes of the Umatilla Indian Reservation co-hosted last year's ICWA Conference held October 10-12, 2012. A better understanding of case work practice related to the implementation of ICWA was one of the goals of the conference. The Confederated Tribes of the Umatilla Indian Reservation presented a session on traditional foods which was extremely well received by the audience. The general consensus was that the information provided shone a new light on how important food is to provide a cultural back drop for native people.

The conferences provide essential on-going training on the importance of the Indian Child Welfare Act, the best interests of Indian children, the stability and security of those children, their Tribes, families and communities. The conferences also focus on the importance of traditions and the continued collaboration between DHS and the Tribes.

OCWPP executive staff and central office managers also meet periodically with the Coalition of Communities of Color, an organization representing many providers and advocates in the Portland area, including the Native American Youth and Family Center (NAYA). These meetings focus on improving communication and collaboration around issues of concern to communities of color, including recruitment and retention of native foster and adoptive homes.

**ICWA compliance issues are:**

ICWA practice and accountability;

- The continued lack of native foster/adoptive homes;
- The lack of qualified expert witnesses as required by the ICWA;
- Addressing the need to do active efforts up-front to prevent removal of native children from their homes or to safely return native children to their homes or guardians, tribal access and training related to OR-Kids;
- The renewed focus on the disproportionality of native children in the child welfare system;
- Continued efforts to provide Tribes access to criminal records checks.

As a result of these discussions, some of the things that have happened this year include:

- A continued refocusing on ICWA compliance and practice at the upcoming ICWA Conference;
- Implementation of an ICWA CFSR that covered 60 randomly selected ICWA cases;
- Discussions that continue between DHS/OCWPP management staff and Tribes around ICWA practice and accountability;
- Development of a policy option package for statutory changes regarding criminal records checks for Tribes;
- A proposed 5% differential to ICWA Liaisons;
- The ICWA Advisory Committee formalized the roles between the State and the Tribes, by developing a charter which outlines expected duties and responsibilities;
- A list of goals to work on for 2013 was developed in coordination with all nine Tribes.

This comes at a time when the structure around ICWA in the DHS Central Office is evolving with the soon to be hired ICWA Program Manager and the hiring of the two new ICWA Consultants, the focus of these new consultants revolves around training and case consultation in order to increase ICWA compliance. The consultants are seen as added resources to the field structure as well as to the Tribes. One of the main objectives of the consultants as recommended by the Tribes is the focus on outreach. Within the last year, the consultants have spent extensive time visiting with each of the nine Oregon tribes in order to gather knowledge and discuss the goals related to each of the Tribes.

The new structure is as follows: ICWA Program Manager (reports to the DHS Director); one Executive Support Specialist (reports to ICWA Program Manager); two ICWA Field Consultants (reports to ICWA Program Manager).

### **Senate Bill 770 Health Services Cluster Meetings**

The SB 770 meetings allow both administrators from DHS and Tribal Representatives to meet quarterly, and work on issues together to maintain a cooperative relationship with the Tribes. This meeting is an outcome of Executive Order from the Governor and legislative action, with the expectation that Departments within State government form and strengthen relationships with Tribes.

DHS has two consultation processes in place to work with the Oregon tribes. The first is provided by the SB770 meetings, whose main focus is health care and

working with the Tribal Health Directors; Child Welfare plays a minor part of these discussions. The second is the ICWA Advisory Committee meetings. These meetings are held every quarter and usually last approximately six hours. In the months between the quarterly advisory meetings, there are now monthly conference calls that last one hour each. In addition to these meetings, there are also sub-committees set up as needed. These meetings meet the statutory requirements set out in the SB770 for tribal consultation.

### **Title IV-E Training**

The Department provides on-going Title IV-E training either on-site with individual Tribes, or group training for Tribes (the non-Title IV-E Tribes are also encouraged to participate, if they choose). The trainings are primarily focused on providing technical assistance to Tribes with Title IV-E agreements, but they can be expanded to all Oregon Tribes, depending on the topic. The trainings are intended to shorten the response time for questions from the Tribes and allow more frequent discussion between the State and the Tribes, while providing an opportunity to follow-up on training related to federal funds.

In 2012, ten individual trainings and technical assistance visits were conducted with the Tribe (not sure how many specific Tribal trainings occurred). These included trainings for new staff, assistance for reporting and documentation especially around administrative claiming, and coordination of Title IV-E eligibility needs. The Confederated Tribes of Siletz Indians have a development plan to become a direct title IV-E grantee. DHS has continued working with the Confederated Tribes of Siletz Indians IV-E to provide technical support for the success of the Tribal program.

### **District Managers Collaboration with Oregon Tribes**

Monthly or quarterly contact between District Managers, Tribal Managers and respective staff has been strongly encouraged to strengthen relationships. Some districts have developed processes with the Tribes that enable them to have better relationships. The agency has encouraged other districts to take the model and work through the process with their local Tribe.

Working through the process with each other strengthens the relationship between the Agency and the Tribes. DHS also encourages the involvement of the Tribes in local planning and training. Many of the District offices have regularly scheduled meetings with the Tribes throughout the state to network and discuss issues. This has proven very beneficial and continues to be suggested to other Districts as a way to promote better collaboration between the Agency and local Tribes.

A recent example of this coordination was a joint meeting between District 10 Crook, Deschutes & Jefferson counties with the local tribe, Warm Springs. This meeting was to discuss local issues around how to better serve the communities. Participants represented all local branches as well as representation from Tribal social services. Next steps are to take the information discussed at the meeting and look at community resources currently in place and identify gaps in service. If gaps in service have been identified, then the local branch and Tribe will work to fill those gaps. Either through new contracts with service providers or develop the services from the ground up.

### **Consultation and Collaboration with Central Office DHS**

The co-chair of the ICWA Tribal/State Advisory Committee is the representative to the statewide Child Welfare Advisory Committee, which is a statutory committee. Administrators and program managers attend the Quarterly ICWA Tribal/State Advisory meetings. Administrators have been able to recruit Tribal participation on DHS committees that effect policy. There are a total of 56 ICWA liaisons in all of the DHS Child Welfare offices; as the designated staff, they are the first point of contact for Native American cases that may be identified as ICWA.

The ICWA liaisons communicate with the Oregon Tribes in their region and assist staff in working with all federally recognized Tribes to better serve Tribal children in DHS care and custody. The State of Oregon has two ICWA units (Portland and Salem) that are fully staffed with supervisors and staff to address the high native population in their areas and to provide ICWA services to the children and families.

As mentioned above, DHS has instituted conference calls in the months between the ICWA Advisory Committee quarterly meetings. The first conference call was convened March 2012, and these calls have continued in the months when the Advisory Committee does not meet in person. These calls appear to have resulted in better, timelier, communication of Tribal concerns around ICWA Compliance.

Oregon has identified the following goals in our 2009-2014 Child and Family Services Plan:

#### **Tribal Engagement**

Goal: To include tribal involvement in DHS Staffing and Staff Development, and tribal representation on hiring of key staffing decisions.

Measurement: Have Tribal representation on interview panels when child welfare staffing positions are recruited and hired by DHS as it relates to ICWA.

- Participation on ICWA Consultants interview panel.

In July of 2012, two new ICWA consultant positions were recruited, during this process tribal feedback and participation was requested. Participation by tribal representatives occurred in both rounds of the consultant interviews. A new ICWA manager is currently being recruited, DHS administration and leadership has committed to active tribal participation in the hiring process.

### **Workforce Development**

Goal: To have competent ICWA Liaisons in each branch office.

Measurement: Annual survey of each branch office.

- Further develop the role of the ICWA Liaison.

In 2012, training to field staff around the ICWA Liaisons' Roles and Responsibilities occurred at numerous branch offices. The goal is for the two new consultants to, at a minimum, visit each branch in order to provide an introduction, to establish on-going relationships, and provide any needed technical assistance the branches may need in support of ICWA.

Goal: Increase the ICWA cultural competency of staff.

Measurement: Increase number of staff who completed ICWA training.

- Involve Tribal members in developing and implementing ICWA

From July 1, 2011 through May 2012, there was a total of 159 staff who attended CORE training over the previous reporting year. Of the 159, one was Tribal staff and 158 were DHS Child Welfare staff (not sure of the time period we want to define, I am assuming that the partnership would have the numbers for how many case workers we trained in a specific period). The increase in numbers over the last year is due to DHS being approved to hire Child Welfare caseworkers.

Included in DHS Child Welfare CORE training is our ICWA core training. The work towards enhancing representation of all nine Oregon Tribes in the Child Welfare Core training is an on-going, ever evolving process. The classroom training includes an overview of Native American and the ICWA history, as well as suggestions and resources for caseworkers working with Tribal children. The two newly hired ICWA consultants provide this on-going classroom training. The primary goal of this classroom training is to provide new case workers a

foundation as it relates to ICWA. A video produced by five of the nine tribes depicting each tribe's history is also used periodically.

The Child Welfare Training Unit was able to secure funding for staff to complete the NICWA online ICWA training; those who have taken it so far are ICWA Liaisons, ICWA support staff, and DHS Central Office ICWA staff. This training is to increase the depth of understanding of the Indian Child Welfare Act. The provisions of ICWA are explained in non-legal language and presented in the order in which a child welfare worker might encounter them in an ICWA case. Some of the goals of the training are:

- Learn what led to ICWA's enactment and be equipped to explain ICWA to those unfamiliar with its purpose;
- Be confident in knowing principles of good social work, including how to handle a case involving an Indian child in compliance with ICWA;
- Acquire the information needed to handle the out-of-home placement of an Indian child;
- Identify cultural factors to consider when handling cases involving Indian children and families.

Statewide roll out of the training is being considered for those child welfare staff that have an interest regarding ICWA.

There has been on-going and continued work between central DHS and field services around utilization of Tribal experts. The two ICWA consultants are working closely with branch staff as well as local courts on the appropriate usage of the qualified expert witness in regards to Indian child welfare cases.

Goal: Increase ICWA compliance.

Measurement: Decreased number of non-active efforts findings by the court as measured through the CRB data gathered by the Oregon Judicial Department through the JCIP project.

- Data cleanup and improved accuracy of the data gathered from families and entered into the OR-KIDS system.

The ICWA Program Staff continues to participate in the data clean-up of the OR-Kids system, as well as providing recommendations for process improvements. One process that was instituted with OR-Kids was that the case could not move forward until the ICWA diligent search process was complete and the appropriate notices were sent. This has increased the number of Tribes that have been notified or contacted during the first step of a case.

This past year, the previous ICWA Program Manager (now retired) was not able to visit the field district offices to meet with management and ICWA line staff to provide training and updates on procedures; however, with the recent staff changes, this process will resume and will continue into the future.

Once the new ICWA Program Manager is hired, they will consult with caseworkers on a regular basis to help ensure they are complying with the ICWA. The two new ICWA consults will also participate in this role. All ICWA positions will aid in facilitating communication between DHS child Welfare field staff and the local Tribal Child Welfare staff to enable staff to better collaborate on serving Tribal children in DHS care and custody.

### **Permanency Planning**

Goal: Increase Tribal consultation in case planning for Tribal children in DHS custody.

Measurement: Branch survey to determine if there is an increased number of ICWA staffing.

- Continue to develop ICWA staffing in branch offices/Tribal service areas. Now that the two new consultants have been hired, staffing in local branch offices has been occurring on a more routine basis. Consultation and technical assistance will be based on branch or Tribal need.

Goal: Complete a decision point analysis of case decisions.

Measurement: Change in disproportionate number of native children in foster care.

- Oregon continues the partnership with the Courts, OCCF and Casey Family Programs to address the disproportionate number of Native American children in foster care. As of the current reporting period, we have not seen a reduction in the disproportionality numbers.

The initiative encompasses eleven Oregon counties and focuses on reducing the number of African American and Native American children in foster care. The eleven counties include Coos, Deschutes, Multnomah, Jackson, Malheur, Tillamook, Washington, Lane, Josephine, Marion and Umatilla.

Oregon continues to address the issues identified in the prior report and subsequent updates through collaboration and partnership in the referenced counties. For those counties with Tribes, the Tribes play an active part of the planning and activities.



- Determine and assess the decisions at key decision points in the continuum of a child's care that may lead to disproportionality of Native children in foster care.

This will continue to be a focus area over this next year as DHS works with both the Casey Foundation, as well as the Juvenile Court Improvement Project (JCIP) on reducing the disproportionality of Native children in care. Additionally with the work being done with the above partners, several counties have participated in "Permanency Roundtables" related to the Safe and Equitable Reduction of Children in Foster Care (SEFCR) Project. Individual counties put together their own work plans; the local tribes are included where appropriate.

### **Permanency Planning and Safety**

Goal: Complete Annual ICWA CFSR's.

Measurement: Completed reports.

In 2011, DHS did an ICWA CFSR that focused on compliance issues. The results have been provided to the Tribes and the DHS District and Program Managers.

Several conversations occurred between the Tribes and DHS staff to address the issues that came to light regarding compliance and placement issues. One item was the lack of clear wording around active efforts in the court orders; this is being addressed by the Oregon Judicial Department through their efforts to update and upgrade the court system and make the orders more consistent throughout the state.

Additionally, as a result of the ICWA CFSR, several tribes are now working with local DHS staff on areas identified that need improvement. After the next ICWA CFSR, DHS & the tribes will be better able to pinpoint areas that appear to consistently poor performance areas.

At the 2012 ICWA Conference, a workshop occurred that specifically looked at the results of the 2011 ICWA CFSR, and focused on identifying some solutions to issues identified in the report.

In 2013, the DHS Office of Program Integrity (OPI) instituted an ICWA specific review of 60 random ICWA cases located through-out the state. Review teams were comprised of the Central Office ICWA Unit, the two branch office ICWA units (Marion & Metro), as well as the DHS OPI. Several tribal social service departments also participated in the review process.

Goal: QUICWA participation in child welfare courts  
Measurement: Report to the Tribes on a quarterly basis on the 4 county pilot - project.

QUICWA is a court improvement project being undertaken within Oregon. In 2013, DHS will embark on a 4-county (Linn, Klamath, Marion & Multnomah) pilot project working with Tribal and State courts examining ICWA compliance and court practice. Implementation of a volunteer training will occur in May of 2013 with the beginning of court monitoring by 2013. The expectation for the project is that data entry and initial reporting will occur at the next ICWA conference in October 2013. One of the goals of the QUICWA program is to have State courts begin to involve tribes in developing relationships built on mutual respect, learning from one another, and acknowledging the historical trauma experienced by Indian people. Acknowledging the local history and experience of the state-tribal relations is foundational to developing authentic relationships. As Oregon takes steps in fulfilling the mandate of meaningful collaboration, it is imperative for our courts to understand how respect is demonstrated in tribal communities and to ensure the collaboration is truly meaningful to tribes.

### **Resources**

Goal: Increase Foster Parent recruitment that focuses efforts to increase placement resources for children; increase efforts on targeted recruitment, specifically related to increasing the pool Native American Foster Homes; and increase child specific recruitment.

Measurement: Data inquiry showing a change in the number of Native American foster homes.

- Engage Oregon's Native American Tribes in planning foster and adoptive home recruitment and retention strategies. Efforts are on-going to engage and include Oregon's Native American Tribes in planning foster and adoptive home recruitment and retention. Multnomah County has added an ICWA certifier to their certification unit who is Native American. This position was carved out of Multnomah Certification allocation based on the recognized need to reach out to this community. The worker goes out once a week and conducts informational meetings at the Native American Youth Association (NAYA) and participates in the Native American case staffing in Multnomah.

There are additional efforts to increase the number of Native American foster homes through efforts to provide specific recruitment funds for Tribes as well as a general RFP to address minority recruitment. Some recruitment is targeted more

towards specific homes as needed when a native child comes into care and is determined to be an ICWA child; also, branch caseworkers work closely with a child's designated Tribe to provide a foster/adoptive home based on the child's needs and the mandates of the ICWA. This can be difficult when a Tribe is an out-of-state Tribe, but caseworkers work diligently with great success to locate appropriate homes. Currently, we are unable to obtain the actual number of native foster homes due to system issues; these issues are actively being worked on.

## ✦ *Health Care Services*

In the spring of 2012, the department reorganized the Central Program Office and developed the Office of Child Welfare Programs and created the Child Well-Being Program area. The Child Well-Being Program consists of a number of programs and services surrounding children not limited to; foster care, relative care, independent living, residential care, youth transitions, education, and health care services.

Through this programmatic change, an added emphasis on Health Care Services has developed. A significant amount of progress has been made over this last year, yet there remains much more to do for health care needs of children. During this next year, Oregon will be focusing on the comprehensive health care through development for the 5-year plan by utilizing some of the good work that has occurred, and with the increased collaboration with the state's Medicaid agency, and other health care experts for children and young adults.

The State of Oregon Medicaid Agency is undergoing a significant Health Care System Transformation <http://www.oregon.gov/DHS/pages/hst/index.aspx> which is realigning Physical, Mental and Dental Health care in Oregon. The new model calls for comprehensive care for Oregonians through a Coordinated Care Organizations (CCO) across the state. These CCO's started coming online in the fall 2012. The CCO's are the health care entities to serve Medicaid recipients in Oregon including the majority of the foster child population. The Department of Human Services, Child Welfare staff have actively participated on numerous workgroups, planning teams, reviewing rules and procedures, attended training and information sessions in order to ensure the service needs of Child Welfare are being met in this transformation of health care services.

While the state Health System Transformation has been underway, the department has maintained continuity of core services and expectations for children in Child Welfare care and protection;

- A) A schedule for initial and follow-up health screenings that meet reasonable standards of medical practice as articulated in the Procedure Manual, *Services to Children: Chapter IV Section 21: Medical Care Services*.
- Any child entering substitute care must be referred for the following:
    - Medical exam with in the first 30 days of placement
    - Dental exam with in the first 30 days of placement

- Mental health exam within the first 60 days of placement.

The department continues to be challenged with an adequate response rate for timely completion of Mental Health Assessments, and has tried various strategies over the last few years from creating local Memorandum of Understanding between Child Welfare and the local Mental Health organizations (now under the CCO transformation model), to developing local tracking sheets to monitor compliance.

The local Mental Health Assessment tracking reports are compiled at the state level for monitoring and during the last quarter 2012;

- Oct-Jan 2013, the timely referral rate was 68%,
- Oct 2012-Jan 2013, assessed within 60 days was 46%

As compared to the same time period of 2011;

- Oct 2012-Jan 2012, the timely referral rate was 81%,
- Oct 2011-Jan 2012, assessed within 60 days was 56%

The decrease during this quarter also coincides with the new implementation of the CCO model in Oregon.

The department is engaged in a new Management Model and is employing Breakthrough Strategies in which to provide direct focus in needed areas. One breakthrough identified for the 2013 calendar year is ***“Physical & Mental Health needs of children are met at appropriate level of care”***. This work will include a focus on the timeliness of Mental Health Assessments.

B) When health care needs (Physical, Mental/Behavioral and Dental) are identified through screenings, they are monitored and treated according to department procedures, including the emotional trauma associated with a child’s maltreatment and removal from home;

- Document the results of the physical and mental health assessment and any follow up or treatment services in case notes.
- Share information with the child’s substitute caregiver and, when appropriate, with the child’s parents.
- Include the services recommended by the health provider as part of the case plan.
- If recommended services are not available in the community, consult with the health care provider to prioritize services.

- Request a level of need determination and an assessment that includes a Child and Adolescent Services Intensity Instrument (CASII) if a child has particularly complex mental health issues or the child's needs are not addressed in routine mental health care.
- Refer every child entering foster care for a CANS screening, between the 14th and 20th day of the child's entry into substitute care. Include any information from other evaluations or plans with the referral.
- Determine if the child's educational needs are being appropriately addressed based upon the information contained in the CANS screening.

The Department has been moving forward in addressing various issues regarding Trauma Informed Care for children and families. There are a variety of training opportunities, private agencies, and service providers who are reportedly delivering Trauma Informed Care. While this area is rapidly growing, it does require the department and community to pause, and more clearly define what a Trauma Informed System of Care actually means, provides, and delivers. This area will be one area over the next year the department can utilize the 5-year planning to better define the efforts and strategies.

One significant effort is the work the department is doing with Portland State University (PSU) to provide training regarding Trauma Informed Care that is being delivered to a variety of staff in local offices, Central Office and to communities in Oregon. Current course offerings;

Course Description: Trauma Informed Care - to understand the benefits of a trauma informed system; it is necessary to understand how trauma impacts individuals and families. Participants will use this beginning knowledge to identify how service systems, often unknowingly, retraumatize survivors of complex trauma. Participants will also learn the difference in trauma specific services and trauma informed care.

Course Description: Service Approaches for Children Who Have Experienced Trauma - To understand the behavior needs of children who have experienced trauma can be challenging. Training presents an overview of attachment, implicit memory, sensory processing and treatments. It also includes a panel of mental health providers and an adoptive parent who will share how treatment looks in practice.

The department is currently exploring opportunities to integrate the Evidence Informed Practice of Collaborative Problem Solving through our collaborative

work with Oregon Health Sciences University. ThinkKids  
<http://www.ohsu.edu/blogs/doernbecher/tag/thinkkids/>  
This work is supported as a Trauma Informed Care model.

A new resource to the department's children was identified through the departments outreach to the health care community; Novel Interventions in Children's Healthcare Program (NICH). Some of our children with chronic medical conditions have been able to participate in the NICH program. The intent of this program is to provide intensive behavioral health services to youth who struggle to properly manage their chronic medical conditions. The NICH program has a specific focus on youth (adolescents) with complex medical conditions such as diabetes, cancer, cystic fibrosis, kidney disease, and chronic pain.

This NICH program has had a positive impact on several children in the departments care over the last few months, and we are working closely with the NICH Program and in conversations with the state's Medicaid agency to identify ways in which to offer these services statewide.

<http://www.ohsu.edu/blogs/doernbecher/tag/nich/>

C) Medical information for children is updated and appropriately shared, including developing and implementing an electronic health record;

The department developed a bridge between the departments ORKIDS (SACWIS) and the State's MMIS (Medicaid) system to transfer health related information. The OR-KIDS provides an opportunity to print individual reports of the child health which can also be submitted electronically or paper format to clinicians, caregivers, and youth in transition. The OR-KIDS system Health Care screens which is the basis of these reports captures;

- Current Health Care Providers
  - Physician/Clinic name and contact information;
  - Private Insurance and contact information;
  - Dentist name and contact information;
  - MH Professional name and contact information;
- Basic Information
  - Health Problems;
  - Allergies and Reactions;
  - Blood Type;
  - Heritage Native American;
  - Medical Fragile Child;

- Growth Chart Measurements (child's height, child's weight, child's age at time of measurement, date of measurements);
- Immunization Information (immunization type, date administered, substance refusal reason, reactions/contraindications, referral source, date due);
- Treatment History
  - Begin and end dates, diagnosis, medical/provider name, services, provider type, service begin date;
- Billed Medications
  - Begin and end dates, drug class, number of days, quantity, number of refills, strength, measure, start date;
- Psychotropic Medications
  - Medication, diagnosis, dosage, frequency, PRN, start date, end date

In addition, Oregon Health Authority contract with Coordinated Care Organizations includes the following definition: "Electronic Health Record means an electronic record of an individual's health-related information that conforms to nationally recognized interoperability standards, and that can be created, managed and consulted by authorized clinicians and staff across more than one health care Provider". Over the next year, Child Welfare is anticipating the exchange of Health records between the clinicians will increase the continuity of care for the department's children.

D) The department continues to work closely the Oregon Health Authority Steps to ensure continuity of health care services, including establishing a medical home for every child in care;

- Coordinated Care Organizations (CCO) are required to include recognized primary care homes in their networks of care to the extent possible. Expanding the availability of primary care homes will provide better access to care now, and strengthen the primary care networks as CCO's are emerging. Medical homes include physical health providers, behavioral, addictions and mental health care providers, solo practitioners, group practices, community mental health centers, tribal clinic, rural health clinics, federally qualified health centers, and school based health centers.

One example of how this is working in Oregon is one CCO came together to provide better health for the people they serve. Foster families in the Coos Bay area can come to the FEARsome clinic, which is housed within the Waterfall Community Health Center. At FEARsome, children can receive screenings from a dentist, a mental health therapist, and a pediatrician all under one roof. Children



under age three also receive a developmental screening. Foster parents get training on how to access the children's portable medical summary so they can maintain the medical log required of them by the Oregon Department of Human Services. Their next steps are to add a school representative so there is coordination and collaboration for children.

E) The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications has had significant work in this area over the last year in Oregon.

- Oregon is in the second year of a Technical Assistance Grant through Centers for Health Care Strategies for Oversight of Psychotropic Medication for Foster Children. As part of this grant work, a Psychotropic Medication Advisory Committee has been formed that meets quarterly. The advisory committee consists of private healthcare providers and mental health providers, foster parents, former foster youth, Medicaid partners and Child Welfare. The advisory committee identified three primary issues to be reviewed: Informed Consent, Communication and Education, and Improving Prescribing Practices. Work groups have been developed to address these issues and work remains underway.
- Child Welfare jointly contracts with Oregon Health Authority Children's Mental Health for weekly consultation with a child psychiatrist, and procedures are in place that allows field staff to consult with an on-staff registered nurse for medication related issues.
- The Department has expanded its oversight model with annual review of psychotropic medications for children in foster care. Currently, all children on psychotropic medications receive an annual medication review by a registered nurse during the month of their birth date. All children under the age of six receive a review by the consulting psychiatrist. Metabolic monitoring is also addressed during the review process for those children taking antipsychotic medication.
- The department staff attended the ACF: Because Minds Matter Summit in August 2012, with a diverse team of Child Welfare, Mental Health and the State's Medicaid agency to learn more about national practices, recommendations, successes and failures. Oregon had the fortunate opportunity to present information at this summit, regarding the work in Oregon around Wraparound services for mental health children. In addition, CHCS was also a presenter, and presented some of the work Oregon was doing in the area of psychotropic medication.

- The department has continued to be engaged with the Federal Government Accountability Office (GAO) with their ongoing exploration and audit regarding: Appropriate Use of Psychotropic Medication for Foster Children. The first engagement started in early 2011, and has continued since with various requests for additional information: interviews, data, case files, etc... most recently, a second onsite visit in the Spring 2013. It is not clear to the department when this engagement will be concluded, now into year three.

During these next several months, updated policies and procedures will be developed to conform to the new recommendations being gathered by the currently operating Psychotropic Medication Advisory Committee, the work learned through the ACF Because Minds Matter: Summit and Oregon's active participation with the CHCS technical assistance grant. Current policies and procedures under review are; *I-E.3.3.1 Psychotropic Medication Management*.

F) The department has been very active this past year by developing a routine consultation model regarding children that may involves weekly consults with; Child psychiatrist, Register Nurse, Health Care Physicians, Pharmacist and other appropriate medical or non-medical professionals in assessing the health and well-being of children in foster care, and in determining appropriate medical treatment for the children.

- The department remains fairly limited with a Health Care infrastructure (one full-time register nurse) within the department, but has utilized contractual consultation and collaborations with Oregon Health Authority to expand consultation for children. The department has a Pediatrician on staff who retired last fall, and her position has not been re-hired.
- The department, through the restructuring of program offices in the spring 2012, created two positions for Medical Assistance Resource Coordinators in Child Welfare, who are centralized staff that help navigate the medical system for caseworkers and foster parents through the new CCO model to ensure access to health care services.
- Two Child Welfare program staff are actively involved in Oregon's Children Health Policy Team to ensure children needs are not forgotten in the Health System Transformation.

G) The department has updated a number of rules pertaining to Youth Transitions this past year (I-B.2.3.5 413-030-0400 thru 0460), in summary the health care area for Youth transition requires; a plan for youth to have access to their health and

immunization records, access to extend health care coverage through Chafee Medical program; and information pertaining to a health care advance directive.

- As referenced in the Chafee ILP, section of the State report; Chafee Medical was implemented on May 1, 2010. The number of youth accessing the program steadily increased through June 2012. (see appendix: Chafee Medical Program Enrollment by Month)
- Oregon Advance Directive Representative/Proxy: The department has continued to inform and educate DHS supervisors and Caseworkers, ILP Providers, youth age 17 & ½ and older in foster care (as well as younger youth in foster care who participate in the ILP Programs), Foster Parents, and Community Supporters throughout the state about the Federal requirement (effective October 2010) to advise youth of their right to select a Health Care Representative. The role of this Health Care Representative would be to speak on the youth's behalf should he/she become incapacitated and not able to do so--the youth shall be informed of their rights to select a representative during the Benchmark Review, and/or before the youth attains 18 years of age.

Information regarding the Federal mandate is published in the Department's Youth Transitions Policy and the Procedure Manual for DHS Supervisors and Caseworkers. In addition, when the Youth transition (ILP) website was redesigned,

[http://www.oregon.gov/dhs/children/fostercare/pages/ind\\_living/resources.aspx](http://www.oregon.gov/dhs/children/fostercare/pages/ind_living/resources.aspx) material and the specific documents pertaining to this new requirement are posted, and include direct links to the letter for youth and the Information Memorandum Transmittal to DHS that was sent out prior. Brochures have been sent out with the letters and DVD's addressing this subject have been given to every ILP Provider, a group of DHS Teen Supervisors, and a few tribal representatives who recently attended our Transitioning Youth Convening. This information was also relayed through a brief tour through the ILP website, the Resource Manuals given to DHS staff, and as part of a Powerpoint presentation on Teen Health and Mental Health during the conference as well. Plans are currently underway to send out the remaining DVD's to the rest of the DHS Teen Supervisors and seven other tribes who were not at the Convening.

One of Oregon's greatest successes this past year has been the close collaboration between the Child Welfare department and the State's Medicaid agency Oregon Health Authority. The ability to exchange data, share best practices, and identify common policies and common agendas (Improving the use of Psychotropic

Medications) has allowed Oregon to move forward in caring for the health care needs of children.

During this next year, the department will be taking a more holistic review of policies, procedures, programs, and practices regarding comprehensive health care for children, youth and young adults with a plan to integrate new practices, and develop new policies for Comprehensive Health Care.

## ✦ *Disaster Plans*

The Emergency Preparedness & Management Plan (Disaster Plan) remained unchanged from last year's APSR. The contact lists have been updated and are attached or linked below.

<http://www.oregon.gov/OMD/OEM/>

Oregon did not experience disaster since the last APSR reported.

See Attachments: Disaster Plan

## *✦ Foster and Adoptive Parent Recruitment*

**Goal: Targeted recruitment activities for children and family resources**

### Boys and Girls Aid Society Child Specific Recruitment and Adoption Services Contract

The purpose of this contract is to increase the number of available foster and adoptive families for the children of Oregon, and to provide adoption related services to families and DHS Child Welfare workers.

BGAID provided the following services in a one-year period ending March 31, 2013, via a contract with DHS

- Foster and adoption telephone inquiry service to 2,204 individuals seeking information about fostering, adopting, or both.
- Distribution of information materials to all inquirers.
- Personal contact with all inquirers.
- Child specific recruitment focused on the unique placement needs and challenges of a specific referred child or sibling group to 76 children. 14 of these children who have long awaited families were matched with their permanent resource. Children eligible for child specific recruitment are those in need of permanent foster and/or adoptive homes.
- 12 adoption orientation classes for 193 participants.
- Four Foundations trainings (foster and adoptive family) to 149 participants.
- Home study preparation of 74 families. and presentations of 49 out of state families at adoption selection committee.

BGAID participates in recruiting events throughout the state, operates a nationally recognized Heart Gallery, assists in organizing Wednesday's Child events for three separate news stations, works with local newspapers to feature waiting children, and is Oregon's contractor for Wendy's Wonderful Kids and AdoptUSKids inquiry line.

### Boise Wednesday's Child:

The department contracts with Special Needs Adoption and Permanency Services, Inc. out of Boise, Idaho, to expand the geographical boundaries in which the best adoptive families can be found for Oregon children. In a one year period, SNAPS' Wednesday's Child featured 24 waiting children living in Oregon on KIFI Local

News 8, and their profiles were also listed on the SNAPS website. The contract covers a proportionate percentage of SNAPS staff hours, Internet listing services and all expenses for travel to Portland, Oregon for the KIFI news anchor and filming crew. There are two additional Wednesday's Child programs in Portland and Southern Oregon and a third news station that does a similar type of waiting child feature. These programs operate free of charge.

#### Northwest Resource Associates/Oregon Adoption Resources Exchange

The department contracts with NRA to operate and maintain a password protected Oregon specific website known as the Oregon Adoption Resource Exchange (OARE). Users of the website include Department caseworkers, private adoption agencies with which DHS has a contract and Oregon families who have an approved adoption home study. Children for whom recruitment is expected to be quick will be posted on the OARE website only thereby allowing Oregon families first priority for Oregon children. For children who have been on OARE for at least 90 days or for children for whom recruitment is expected to take more time, recruitment will be expanded to include additional public websites and other venues.

In a one-year period ending March 31, 2013, there were 257 children newly posted on the website, and 226 children were placed. The majority of children (excluding the outliers on both ends of rapid placement or overly long waits for placements) are getting placed with their adoptive families with an overall median time of 116 days.

Recently, OARE made a new posting option available to caseworkers. Workers can now utilize OARE for children for whom adoption is not the permanency goal, but for whom a permanent caretaker family is being sought. Photos are posted and recruitment bulletins get written in a similar way as a child is ready for adoption. The hope is that a family interested in adoption may decide to provide foster care for a child, and once a permanent family is matched with the child, guardianship or adoption may become the permanent plan. Children for whom this option may be appropriate are those who are ambivalent about permanency, or children who have experienced placement instability and a higher level of permanency planning may not yet be in the child's best interest.

OARE is also preparing for the addition of a family profiles feature to the website where family photos and bulletins will be viewed by workers, and matching filters can help workers determine whether they want to ask for a family's study to be submitted.

### Northwest Resource Associates/Northwest Adoption Exchange

Oregon continues to contract with the Northwest Adoption Exchange to provide photo listing services for harder to place Oregon children. Children will be placed on the NWAEE website if they have been on OARE 90 days or longer, or if a caseworker knows from the beginning that a child is in need of expanded public recruitment outside of Oregon. In a one year period, NWAEE registered 144 Oregon children, of which 101 were placed. These are duplicate numbers to the ones recorded above as each child listed on NWAEE will also be listed on OARE.

In addition to photo listing services, NWAEE provides training each year to DHS caseworkers on topics mutually identified by NWAEE and the Department. In the most recent contract period, training topics include writing successful child recruitment bulletins, and teen permanency planning.

### Special Needs Adoption Coalition (SNAC)

The department contracts with Oregon private adoption agencies to provide adoption placement and supervision services to special needs children referred by the Department. SNAC agencies recruit, train, and study a pool of adoptive applicants for DHS special needs children. If selected to go to adoption committee for a child, the SNAC agency will present the family at committee, and if selected provide all supervision and finalization services. In the fiscal year ending September of 2012, Oregon placed 50 children or 6.8% of all children adopted in that year with families studied and supervised by private Oregon adoption agencies.

### Heart Galleries

Oregon has three nationally recognized Heart Galleries operated by three private adoption agencies. When a child is approved for expanded recruitment, i.e. outside of the OARE website, each Heart Gallery has the opportunity to feature Oregon children in community venues and on their Heart Gallery websites. Two of the three Heart Galleries also offer Oregon foster children free professionally produced recruitment photos that are used for their on line bulletins and in community Heart Gallery venues. While Oregon's Heart Gallery services are at no cost to the department, they are mentioned here as an additional recruitment tool relied upon for Oregon foster children.



### ↓ *Monthly Caseworker Visits Formula Grants*

Oregon continues to struggle with meeting a high threshold of monthly visits with foster children. In part, this struggle is multiplied in Oregon because we have taken the practice approach that caseworker contact for all children and parents in which we are serving deserve and require regular contact, and not just children in foster care (all children includes children being served in-home). It is an important distinction in Oregon that children are often committed to the state for temporary custody while never entering foster care, thus requiring a higher level of case management and contact than children who are not legally committed to the state.

Other factors continue to adversely influence Oregon's ability to meet these standards, and none more than the ongoing reduced staffing ratio in Oregon due to state budget challenges. Oregon has a caseworker workload model that determines the amount of necessary staffing to complete the identified workload. The department has been operating a current staff ratio somewhere between 64% and 67% of the actual workload model. This ratio means caseworkers and other staff are carrying higher workloads than can actually be completed. As a safety intervention system, the work is often shifted to the next crisis rather than work that may not be the crisis of the day but, as we well know, will become a crisis if not kept engaged in the day to day care for children and families. Caseworker contact is one such area that is dramatically impacted by the workload reduction.

Oregon utilized the additional funding for Caseworker contact to increase the mobile technology opportunities for direct line staff. The goal of this has been to free caseworkers up from their desk, to stay in the field more frequently, thereby increase their opportunities for more caseworker contact with children, parents and caregivers.

In 2012, the Mobile Technology Pilot program allowed for Child Welfare District Offices to submit a request and plan for use of technology with an outcome of increased caseworker contact. Eleven (11) of the sixteen (16) Districts requests were made. The primary request were for Netbooks and Flash drives which allowed Caseworkers much more flexibility in where and when they were entering data, writing case notes, and preparing reports. Other technology requested and utilized includes: laptops, GPS, 2<sup>nd</sup> computer monitors. The 2<sup>nd</sup> computer monitor has been an interesting approach.

The 2<sup>nd</sup> computer monitor has become a highly recommended tool with the OR-KIDS which then allows one to have multiple screens open at one time, looking up information and including things into reports, email, or other communication notices. Although not quantified at this time, staff will say it reduces error rates for data entry. The department is evaluating the need to create dual monitors as standard equipment for Child Welfare staff.

Although the Mobile Technology Pilot program cannot necessary prove a direct relationship between increase mobile technology and caseworker contact, we have seen progress in Oregon overall.

The department continues to improve our data quality as a result of the data conversion to the new SACWIS system, (OR-KIDS) Oregon did report Monthly Caseworker visits with children over the last 4 years, ranging from 30.6 – 46.5% to 2012 rate of 74.6%. Caseworker visits in the foster child residence range from 27.5% - 69.3% to a 2012 rate of 64.6%.

There are ongoing efforts occurring with new and improved caseworker contact reports to be used as a tool to manage workload. These new reports are intended to be released by mid-summer 2013.

Early in 2013, the department completed and implemented the new Oregon Administrative Rules: ***413-080-0040 thru 0067 Monthly Contact and Monitoring Child and Young Adult Safety***. These rules have been revised to align with the child face-to-face contact requirements required under federal law. Oregon eliminated the option of routine exceptions for APPLA and Residential care placement bringing them in line with the standard 30 day contact requirement. The department also extended the ability for Social Service Assistance (Caseworker Aides) to provide contact with the guidance of the caseworker, and the approval of the supervisor to provide the contact no more frequently than once a quarter. Specific training has been provided to the SSA's for this new role.

The department is currently evaluating how best to move forward with the federal financial assistance to improve the quantity and quality of these visits and caseworker contact. This planning may become a significant piece of the upcoming state 5-year plan for Oregon in 2014.

✦ *Adoption Incentive Payments*

Oregon did not receive adoption incentive money for this reporting period.

## *✦ Child Welfare Waiver Demonstration Activities*

Over the last year, Oregon has continued to implement our Title IV-E Demonstration Project. As previously reported, our approved Terms and Conditions cover the implementation of two specific interventions: a peer parent mentor program, and a parent coaching intervention utilizing the Nurturing Parenting Curriculum (Relationship Based Visitation). The current Terms and Conditions are effective from July 1, 2011 through June 30<sup>th</sup> 2016.

The Relationship Based Visitation intervention, implemented in 13 of our 16 districts, is a structured parent coaching intervention provided during a parent-child visitation. There is an initial parenting plan developed at the beginning of the intervention focusing on the individualized needs of the parent. As of January 2013, there have been 664 clients identified, with 356 randomized to the intervention group. Of these 356 identified parents, 223 referrals had been referred to community providers for the intervention.

The Parent Mentor intervention is being implemented in four of the state's districts. This intervention target population is parents with alcohol/drug addiction. The mentors are former child welfare clients, who are in recovery. The mentors help the parents navigate both the child welfare system, and the A&D system. The intervention is based upon a model that is Recovery Oriented, Person-Directed, Outcome-Informed. As of March 2013, there had been 363 parents identified, with 213 to the Parent Mentor intervention. Of the 213 parents, there had been 148 referrals, with 104 parents accepting services.

Portland State University continues to be our evaluator for both of these interventions. The evaluation design is an experimental/control model. Eligibility is determined based upon set factors, and each eligible client is 'randomized' in a blind computer program into either the control or intervention group. Once a client is placed in either group he/she remains in that group for the duration of the study, even if the case closes and re-opens.

To support fidelity to the models, we have conducted on going trainings, as well as PSU evaluation site visits. The site visits inform what support/training is needed to most benefit the interventions.

Oregon is also pursuing a new waiver, in response to the Federal IM released in May 2012. This waiver proposal is more broad and systems oriented than our

current waiver. We are also looking at whether a case comparison or capped allocation financing construct will best fit our child welfare goals and system changes.

Our goal is to have an approved waiver plan in FFY 2013.

## ***Quality Assurance System***

DHS is focusing its CQI efforts on identifying desired outcomes and measuring these outcomes through Quarterly Business Reviews (QBR) for improvements. DHS Breakthrough Mapping and QBRs are the foundation for Oregon's Continuous Quality Improvement system.

A Summary Scorecard Fundamentals measures desired outcomes each quarter, including Child and Family Services Review outcomes. Data on CFSR results includes overall strengths ratings in the outcome areas of Safety, Permanency and Child and Family Well-Being.

A quarterly debrief of findings of the CFSR reviews takes place with program consultants with major strengths and areas for improvements identified. Action plans are developed and discussed with CW leadership and partners.

The changes in Oregon's DHS infrastructure, including transitioning Quality Control and the Child Welfare Quality Assurance team to the new Office of Program Integrity in Central operations continue to provide increased efficiencies and support for the Child Welfare Quality Assurance program. Collaboration and communication with agency leadership and partners are key components of Oregon's Continuous Quality Improvement strategy.

### ***Case record review process and feedback loop***

Oregon's Child Welfare Quality Assurance team increased by 1 FTE this past year and training continues for the newest member. The expansion of the team increases the ability to provide timely feedback to agency leadership and partners for improved outcomes for the families we serve.

The QA team completed the second annual statewide CFSR review of ICWA cases as per the current CFSP. This year, the review focused on 59 ICWA sub-care cases statewide, and included designated ICWA service units. The review was conducted by the QA team (February – May 2013.) Feedback to local offices occurred after each case review was conducted. A statewide summary was developed and results disseminated to Tribes via the ICWA Quarterly meetings, and to Child Welfare District and Program managers.

Oregon is resuming ongoing statewide CFSR reviews used for PIP compliance and Quality Assurance in 2013. Additional Well-Being outcomes have been added to

the review process in the statewide reviews: Educational needs of the child; Physical health of the child; and Mental/behavioral health of the child. A focus on these areas will provide additional information through the CFSR reviews for improved outcomes of children and families. The feedback process to local offices after the reviews are conducted continues for timely reporting of results at the local level.

An on-going, improved feedback loop process is the primary goal of the QA team. The QA team participates in numerous meetings and committees, including Child Welfare Policy Council; ICWA Advisory Committee; Consultants' quarterly meetings; District and Program manager meetings; and monthly confers with Program leadership.

Workers continue to adjust to the new statewide automated Child Welfare information system, implemented in late August 2011. Every effort continues to be made to restore Oregon Child Welfare's ability to rely on accurate administrative data for program monitoring and management as quickly as possible.

Continued refining of the use of the CFSR review process is planned. Missing from our current process is the use of stakeholder interviews, a comparison of the administrative data with the outcomes from the case reviews, and use of field and program staff to partner reviews with the Office of Program Integrity staff. As we develop our next Child and Family Services Plan, there will be planning on how we can integrate the other quantitative and qualitative parts to the review process, to give us a more complete picture of our case review process.

### ***LEAN Daily Management as a CQI Process***

Lean Daily Management System (LDMS) is a management method and a set of tools that helps provide the structure and focus for work groups to consistently manage and improve processes. LDMS Simplify communication; Identify and solve problems; not work around them; Engage employees in problem-solving; Assure timely measurement and corrective actions; Establish improvement objectives; and aligns work group activities with the agency's goals and priorities.

There are five elements of LDMS:

- **Daily huddle:** A mandatory, short, 5- to 10-minute daily meeting of each work group in front of its primary visual display board. The daily huddle brings the team together and provides every person with the same picture of team priorities. It expedites the sharing of information about what happened the day

before, critical issues, what is planned for the day and other brief items. The daily huddle focuses a team on the metrics and key performance indicators that are critical to employees and their managers; it generates a sense of ownership among the team about its area, processes and functions.

- **Primary Visual Display Board:** A two-dimensional information center display that is updated as required. Daily huddle participants gather in front of the display.
- **Action Sheet system:** The Action Sheet system is a method for capturing small, doable improvement suggestions within each work group. It provides a process for collecting ideas and ensuring that suggestions are explored and results are reported back. The Action Sheet is a short, one-page form.
- **Short-interval leadership:** Periodic, regular contact by the supervisor or lead with each employee in the work group. Typically, this looks like visits of 15- to 30-second visits, twice a day to check on status of key parameters, determine if prior problems have been resolved and to provide an opportunity for each employee to get support or report problems.
- **20 Keys<sup>®</sup>:** The 20 Keys are an assessment tool for work groups to measure their improvement in 20 categories of leadership and performance over multi-month periods. Each work group has its own 20 Keys action plan that outlines the steps required to move upward on a predetermined scale toward world-class performance. The 20 Keys keeps work groups on the same page about current performance and provides the means for setting high standards and tracking their goals. It allows work groups to take control of their own destiny.

Child Welfare Governance (CWG) group is focused on setting direction for the future of our CW programs, while working to improve business processes. CWG works on automation projects, service delivery improvements and collaborations across our organization.

**Who we are:** We are support staff, lead workers, supervisors, caseworkers, program staff, field staff, administration, and managers. We report to executive staff.

**What we do:** We help to prioritize sequence, empower, and monitor our practices and initiatives. We help remove barriers and obstacles to help us achieve progress.

**How we do the work:** Child Welfare Governance (CWG) meets monthly or more often as needed.



An important feedback element, and CQI component of the LDMS, is the action sheet system. The actions sheets are commonly referred to as Continuous Improvement or CI sheets. CI sheets can be addressed at any level of the organization, and are designed to be addressed at the lowest level. For instance, a caseworker can suggest, through the use of a CI sheet, to their supervisor an idea for an improvement in their work unit, or their local child welfare office. It is a communication and feedback tool, allowing anyone from any chair of the organization to communicate ideas to improve the work. CI Sheets that have an agency wide impact are referred to the Child Welfare Governance Group. The Child Welfare Governance Group evaluates all agency wide CI sheets and determines if it is an action sheet that can be addressed, and if so, will make assignment to an appropriate entity to address the action item.

### ***Performance Management System***

DHS has implemented a performance management system to identify key areas of focus and set performance targets for our current and future work.

Quarterly Business Reviews (QBR): “A formal review of work *in* and *on* the business.” Quarterly Business Reviews track success to our mission, goals and strategic plans.

A QBR is a review of the detailed performance of the organization in a way that holds people fully accountable yet completely safe to raise the real obstacles to expected performance so that we enable the best possible corrective actions are being taken to ensure the best possible performance of the organization.

The Outcomes of a QBR are transparency, accountability a need for reinforced action, collaboration, constraints are made clear, complete visibility of the organization’s performance, accomplishments are recognized. Reviews happen daily, weekly, monthly and/or quarterly at every level of the organization as process and initiative owners and those accountable for overseeing and measuring progress share their results and seek help solving problems.

DHS has a Child Welfare QBR that addresses child welfare performance measures. Some of the Child Welfare measures are part of measures that roll up into DHS enterprise measures. Those measures specifically focus on areas such a client safety, timeliness of client services, employee and client satisfaction, and client equity measures. Child Welfare also has specific measures that do not roll up to the enterprise QBR, but are specific to our Child Welfare program. Those

measures relate to data gathered by the CFSR case reviews, and other measures that relate to child safety, permanency and well-being.

In addition to our QBR, we also have focused “breakthrough” initiatives. Breakthrough initiatives are special focus initiatives or areas of focus we believe once completed will move our overall focus of Safe and Equitable Reduction of Foster Care intuitive forward. Our two current breakthrough initiatives are the implementation of Differential Response and the implementation of Permanency Round Tables. Additionally, the Differential Response efforts is a DHS enterprise break through initiative due to the anticipated impact successful implementation will have on the populations DHS serves overall. Each of the breakthrough initiatives have a specific project plan and goals for implementation that are managed and reviewed bi-monthly, and reported out quarterly, during the Child Welfare and DHS Enterprise QBR.

**Anticipated TA requests**

None at this time.

## ✚ *Services for Children Under the Age of Five*

The department is actively participating in the redesign of the state's services for children under the age of five in Oregon. During this legislative session 2013, the state is further defining the identity and responsibility for the Early Learning Division, the service array and delivery methodology which includes all services delivered in Oregon to children under the age of five.

<http://oregonearlylearning.com/>

The Early Learning Division is consolidating and coordinating services for children under the age of five through various priorities;

- Children are raised in stable and attached families
- Strengthening families and keeping children safe
- Early learning's connection to health care
- Improving child care
- Access to play and social engagement prior to Kindergarten
- Promoting a healthy start
- Access to coordinated community services

The intent is for communities to pull resources (local, state, federal, private and public) together in a coordinated manner through Community-Based Coordinators being referred to as Hubs. The local Hub for Early learning will provide centralized service coordination for communities for all children under the age of five. Children being served through the Child Welfare agency will maintain access to necessary services for under the age of five within the communities. Child Welfare will be able to use the Hubs as a means of reconnecting Parents and Families to their local communities as well as use this model for reunification strategies to ensure continuity of care for children.

One such initiative under consideration is the consolidation and coordination of early assessments for children. Under consideration is the pulling together the myriad of assessment tools being used in Oregon for the Under Age five to potentially streamline the number of assessments a child must have. Assessment tools such as used in Child Welfare, Child and Adolescent Needs and Strength (CANS) under age 6, Early Intervention, Health Care screening, Mental Health Care screenings, Educational readiness, to name a few.

While the Early Learning Division is most certainly the most significant pieces of work in Oregon for children under the age of five, the Child Welfare department continues to provide services, training and practice models for children under the age of five;

A) The department continues to change and update the approaches to working with this group of infants, toddlers, and children. The most significant changes within Child Welfare are with the creation of the Differential Response practice Model in Oregon. The intent of Differential Response is to change the Child welfare intervention model allowing more children to remain safely at home and increasing support for families. In addition to this significant change, the state is implementing state legislation for Strengthening, Preserving and Reunifying Families, sometimes referred to as SB 964. This model allows for a community centered service array for families to assist in the Strengthening, Preserving and Reunifying Families. Often the level of service intervention is for the families on the cusp of entering Child Welfare services, or becoming known to Child Welfare, and engagement in services will prevent future need for Child Protection. This model, although not solely targeted to under age five, will significant impact this age population.

B) The department continues to change and update targeted services provided to children under age five to find a permanent family. Through the assistance of the Federal IV-E waiver programs; Relationship Based Visitation with a Parent Coaching model and Parent Mentoring, these models although are not solely designed for children under age five, they are a significant piece for this age group in assisting the direction of permanent family. The Relationship Based Parenting model does provide a unique curriculum for the Pre-School age child. (see Waiver section for more details).

C) The department continues to provide an array of training and support for supervision of caseworkers, foster parents, and other providers with respect to this population of children. Currently, there are several training courses made available:

- Child Development: Toddlers through Pre-Tweens, 2-11
- Early Childhood and Brain Development, 0-5yr
- Managing Difficult Behaviors in Young Children
- Nurturing the Infant in Care: Birth through 24 Months
- The Foster to Adoption Shift
- Trauma Informed Parenting

D) Overall in 2012, the department served 12,385 in some form of substitute care and children under the age of five made up 38.1% of the overall substitute care population. In Oregon, we remain challenged with changing the direction of Permanency Plans of APPLA to something more permanent for all children and certainly for children under age 5.

Age Group	Reunification	Live w/ Other Relatives	Adoption	Emancipation	Guardianship	APPLA
Age 0-5	52.33%	0.02%	25.72%	0.00%	2.33%	19.60%
Age 6-12	48.89%	0.08%	23.32%	0.00%	6.00%	21.71%
Age 13-17	38.58%	0.39%	6.12%	0.07%	5.19%	49.64%
Age 18+	13.12%	0.22%	0.86%	1.29%	0.32%	84.19%
Statewide	45.18%	0.14%	18.4%	0.11%	3.99%	31.94%

The department is developing a strategy to re-engage the Permanency Roundtable Model used a few years ago through the assistance and direction of the Casey Family Programs, which will bring focus to the APPLA permanency plan population.

In addition, the department is reviewing the length of time to permanency for children. In 2012, there were 3,615 children who exited the substitute care system and of these children the median length of time spent in care is reflected in the following chart based on age groups.

Age Group	Median Length of Stay in Months	Total Count
Age 0-5	13.6	1363
Age 6-12	18.0	1177
Age 13-17	13.9	645
Age 18+	53.5	430

During this next year, while the State redefines services and programs that are available and delivered to all Oregonians under the age of five, the department will adjust how Child Welfare children will maintain access to community based services and identify gaps for this specialized population. The department will use

the APSR 5-year planning strategy this next year as a means to craft the next iteration of the departments work for children under the age of five.

## ✦ *Child Maltreatment Deaths*

There were seventeen children who died from causes related to familial/caregiver abuse and/or neglect during FFY 2012.

13 fatalities had at least one parent as a perpetrator. The relationship of the perpetrator(s) to the child:

- The mother alone was the perpetrator in one fatality
  - The father alone was the perpetrator in six fatalities
  - The mother and father were the perpetrators in three fatalities
  - The mother and step-parent were the perpetrators in one fatality
  - The mother and live-in-companion were the perpetrators in one fatality
  - A step-parent alone was the perpetrator in one fatality
  - Relatives were the perpetrators in two fatalities
  - Non-relative, non-caregivers were the perpetrators in two fatalities
- 
- Twelve victims (70.6 percent) were age 5 and younger, demonstrating the vulnerability of this age group. Five victims were younger than one year old.
  - No child had an open child welfare case at the time of the injury that resulted in the fatality. No child was in the Department's custody at the time of death.
  - There were two children who were the subject of a child abuse/neglect referral within one year of the date of death.
  - No child's family received family preservation services in the five years preceding the fatality.
  - No child had been reunited with the parent or principal caregiver in the previous five years.
  - Six fatalities were the result of neglect. Eight fatalities were caused by abuse. Three fatalities were caused by both abuse and neglect.

Oregon has utilized the following sources of data in reporting child maltreatment fatalities to NCANDS:

- **Local and State Law enforcements Agencies**

The Department and law enforcement agencies are required by state law to notify each other when a report of child abuse or neglect is reported. This process is known as "cross reporting." The Department's administrative rules provide specific timeframes associated with cross-reporting

information between the two agencies. Oregon State Police and members of the Oregon District Attorney's Association participate in the Statewide Child Fatality Review Team that meets biannually.

- **Oregon Public Health Division - Vital Statistics liaison.**  
The Center for Health Statistics (CHS), i.e., Oregon's Vital Records Office, is located within the Oregon Public Health Division. Each birth, marriage, divorce and death that occurs in Oregon is filed with this office. The Health Statistics program is responsible for compiling and analyzing the data from vital records. Information specifically related to child maltreatment deaths is communicated to the Department via representatives from the Public Health Division who are sitting members of the State Child Fatality Review Team (AKA: Death Review Team) that meets bi-annually. The information is used to establish yearly data (for NCANDS) associated with child maltreatment fatalities.
  
- **State Medical Examiner**  
In Oregon, the State Medical Examiner is considered a Law Enforcement Agent (LEA) and, as such, is housed within the Department of Oregon State Police. This organizational structure has augmented the relationship between State, County and Municipal Law Enforcement Agencies and the Department, especially as it relates to child maltreatment fatality. The Medical Examiner manages all aspects of the state medical examiner program and has responsibility for technical supervision of county offices in each of the 36 counties in Oregon. The main activity of the division is to certify the cause and manner of a death requiring investigation. The State Medical Examiner is a required and active member on Oregon's established death review teams and provides data/statistical information to the Center for Health Statistics. (ORS 146.015).

Oregon Revised Statute (ORS) has shaped Oregon Administrative Rule (OAR) requiring supplementary review and data sharing related to child maltreatment deaths.

Oregon has multiple statutorily-mandated child death review teams at local and state level. The following statutes provide guidance related to those review teams and their membership:

- **ORS 418.748 Statewide team on child abuse and suicide.**



The Department's Statewide interdisciplinary team meets twice a year to review child fatality cases where child abuse or suicide is suspected, to identify trends, to make recommendations and take actions involving statewide issues related to child maltreatment. The statewide interdisciplinary team may recommend specific cases to a child fatality review team for its review under ORS 418.785 (Child Fatality Review Teams). The statewide interdisciplinary team shall provide recommendations to child fatality review teams in protocol development. The recommendations shall address investigation, training, case selection and fatality review of child deaths, including but not limited to, child abuse and youth suicide cases. [1989 c.998 §5; 1991 c.451 §4; 1997 c.714 §2; 2005 c.562 §7]

▪ **ORS 418.785 Child Fatality Review Teams.**

Each county multidisciplinary child abuse team shall establish a child fatality review team to conduct child fatality reviews. The purpose of the review process is to help prevent severe and fatal child abuse and neglect by identifying local and state issues related to preventable child fatalities and promoting implementation of recommendations at the county level. In establishing the review process and carrying out reviews, the child fatality review team shall be assisted by the county medical examiner or county health officer as well as other professionals who are specially trained in areas relevant to the purpose of the team. Categories of fatalities reviewed by the child fatality review team include:

- a. Child fatalities in which child abuse or neglect may have occurred at any time prior to death or may have been a factor in the fatality;
- b. Any category established by the county multidisciplinary child abuse team;
- c. All child fatalities where the child is less than 18 years of age and there is an autopsy performed by the medical examiner; and
- d. Any specific cases recommended for local review by the statewide interdisciplinary team established under ORS 418.748 (Statewide team on child abuse and suicide).

The county-specific child fatality review teams shall be assisted by the county medical examiner or county health officer, as well as other professionals who are specially trained in areas relevant to the purpose of the team, including the Department of Human Services, the Deputy District Attorney's Office (DDA), the Assistant Attorney General's Office (AAG),

additional designated medical professionals (DMP), and Addictions and Mental Health representative.

Upon the conclusion of a criminal case involving a child fatality, or upon the conclusion of a direct appeal, if one is taken, the District Attorney may submit a letter to the Governor and the Director of Human Services outlining recommendations for the systemic improvement of child abuse investigations. [2005 c.562 §20; 2007 c.674 §8]

- **ORS 418.747 Local Multidisciplinary Team.**

Each county multidisciplinary child abuse team shall establish a child fatality review team to conduct child fatality reviews. The purpose of the review process is to help prevent severe and fatal child abuse and neglect by identifying local and state issues related to preventable child fatalities and promoting implementation of recommendations at the county level. Teams are comprised of county representative reminiscent of the Statewide participants, i.e., the County Medical Examiner, local Law Enforcement, DDA's, AAG's, local health representatives, local mental health representatives and community partners.

Oregon has developed a comprehensive infrastructure to progressively review child fatality maltreatment cases on multiple systemic levels. Team participants enhance the validity of Department data gathering, and strategic team membership increases the Department's policies and practice effectiveness related to child maltreatment fatalities.

‡ *Child Abuse Prevention and Treatment Act (CAPTA) State Plan Requirements*

**Substantive Changes to State Law or Regulations**

There were no substantive changes in Oregon's laws or regulations during the past year, relating to the prevention of child abuse and neglect, that could affect the State's eligibility for continued CAPTA funding.

**Significant Changes to the State's Approved CAPTA Plan**

In September, 2012, Oregon's Department of Human Services (DHS) entered into an agreement with the Oregon Judicial Department's Citizen Review Board (CRB) to establish at least three citizen review panels, as required by CAPTA, to evaluate state and local child welfare practices and make recommendations for improvement.

The work of the CRB is a natural complement to the requirements of CAPTA. The CRB already has 67 boards, composed of citizen volunteers in 33 of Oregon's 36 counties. These citizen volunteers have the benefit of already having a detailed understanding of local child welfare practices from their monthly case reviews. Additionally, the CRB has access to statewide statistical data through its computer system that integrates data from Oregon's state courts and child welfare agency.

Under this agreement

1. The CRB established three citizen review panels in Deschutes, Lane, and Lincoln counties.
  - a. The CRB volunteer board members from each board in Deschutes and Lincoln counties come together as the panels in those counties; and
  - b. For Lane County, one or two volunteer board members from each of the nine local boards volunteered to serve as the panel for Lane County.
2. These panels must prepare, on an annual basis, a report containing a summary of the activities of the panel, and recommendations to improve the child protection services system at the state and local levels.

**CAPTA State Grant Fund Use**

<b>2 FTE - Child Protective Service Coordinators</b>
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<b>CAPTA Sections 106(a)(1),(3) (4) and (5), and 106(b)(C)(ii),(iii)</b>	<b>CPS Areas All 16 areas</b>
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Child Protective Service (CPS) Coordinators play a critical role in the intake, assessment, screening and investigation of reports of child abuse or neglect. CPS Coordinators develop policies and procedures; and provide training and consultation to staff to assure consistent and appropriate CPS response.

CPS Coordinators also participate in the design, development and implementation of modifications and enhancements to the State Automated Child Welfare Information System (SACWIS). SACWIS is Child Welfare’s system of record and supports the program by tracking reports of child abuse and neglect from intake through final disposition.

The people in these positions work in partnership with the other CPS Coordinators in the Department of Human Services’ Office of Child Welfare Programs, under supervision and direction of the Child Safety Program Managers. The CPS Coordinators develop and implement strategies for more effective communication between the State’s central program office and child welfare field offices, on policy and practice issues. In addition, the CPS Coordinators participate in quality reviews of CPS practice and performance.

**Responsibilities**

- Provide statewide technical consultation to District managers, Child Welfare Program Managers, supervisors, child welfare caseworkers and community partners on CPS program and practice.
- Evaluate effectiveness of CPS policy, performance, service delivery and outcomes.
- Coordinate training with other state agencies.
- Improve communication between the central program office and local field offices.
- Participate in the State’s child welfare Founded Disposition review process.
- Conduct quality reviews of CPS/Child Welfare practice, procedures and performance.
- Provide technical consultation to community partners and the general public on sensitive, high profile and high-risk family abuse situations.
- Provide support and technical assistance to the Child Safety program managers in research, policy and protocol development and legislative tracking.

## Child Protective Service Coordinator – Position 1

### Summary of Activities from May 2012 – June 2013

- Participated in Technical Assistance from the National Resource Center for developing advanced training for staff using the Oregon Safety Model (OSM).
- Developed curriculum and implementation of a four-day advanced OSM training for all CPS and Permanency supervisors in Oregon.
- Provided training for CPS screeners around screening policy and requirements for assignment and closed at screening reports.
- Completed ongoing reviews of CPS assessments, using a quality assurance tool developed by CPS program staff. These quality reviews help identify where additional training is needed for CPS caseworkers.
- Provided assistance in creating staff tools for working with domestic violence perpetrators and survivors.
- Provided ongoing reviews of statewide Safety Plans and in-person follow-up in field offices to work with staff on completing plans that are safe and appropriate to the specifics of the case.
- Coordination of Critical Incident Review Team (CIRT) recommendations including:
  1. Provided three web based training sessions on “Assessing Isolated Children”. Approximately 150 CPS staff received the training throughout the state.
- Ongoing participation in the design sessions for the State’s SACWIS system (OR-Kids) to insure CPS policies and best practice are being adhered to in the system.
- Completed sensitive case and CIRT reviews for the purpose of identifying systemic issues resulting in bad outcomes.
- Participated in providing statewide orientation sessions to staff and community partners regarding the implementation of Oregon’s Differential Response program.
- Assisted in developing comprehensive CPS assessment examples in collaboration with use as a training tool for CPS staff.
- Completed case naming decision tree that is now available online for CPS Screeners.
- Participated in developing training curriculum for “Working with Relatives” with Portland State University’s Child Welfare Partnership.

- Ongoing participation in the Founded CPS Assessment Disposition Review Committee (appeal process).
- Participated in out-of-country adoption staffing to assist in safety planning for children transitioning to family members out of the United States.
- Participated in developing quarterly meetings for CPS Screeners.
- Developed and presented training for staff on OSM “conditions for return”.
- Developed agenda for CPS quarterly meetings throughout the State.

In addition, this position works closely with other agencies and community partners representing the Child Safety Program on a variety of workgroups and committees including:

1. Child Welfare Governance Committee;
2. Child Welfare Training Advisory Committee;
3. Child Welfare Refugee Committee;
4. Q & A following Mandatory Reporter Training; and
5. OR-Kids Implementation Team.

<b>Child Protective Service Coordinator – Position 2</b>
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### **Summary of Activities from May 2012 – June 2013**

The person in this position has been successful in providing greater statewide consistency in child welfare practice through extensive reorganization and development of new and revised child welfare policy, administrative rules and guidelines including the following:

- Oregon Administrative Rules (OAR) which include the definition of terms for screening, assessment, notice and review of founded dispositions; and safety analysis for DHS and law enforcement cross reporting, child abuse assessment dispositions, daycare facility investigations, and assessing safety service providers.
- Revised protocol for child fatality reviews, critical incident review teams, and sensitive issue reviews.
- Created guidelines addressing case practice when there is a new baby on an open assessment or open case.
- Created and revised forms and pamphlets, including a form for requesting cooperative services.
- Coordinating Founded Dispositions reviews.
- Facilitated rule advisory committees.
- Served as policy expert in trials.
- Assisted with reviews of critical cases.

- Facilitated CPS case reviews for quality assurance.
- Reviewed child abuse and neglect fatalities.
- Analyzed Legislative Bills, as needed.
- Critically evaluated current practice to identify need for potential changes to positively impact worker understanding of desired practice.
- Developed curriculum related to gathering sufficient information to make child safety decisions.
- Drafted communications to staff to facilitate information sharing regarding changes in practice.
- Worked closely with the National Resource Center to facilitate improvements in safety model. Assisted in the development of guidelines addressing the use of marijuana as a child protective services issue.
- Actively engaged in trying to improve the integrity of the child maltreatment fatality data.

In addition, this position works closely with other agencies and community partners representing child welfare on a variety of workgroups and committees including:

1. Rule Advisory Committees;
2. Founded CPS Assessment Disposition Review Committee;
3. CPS and Office of Investigations and Trainings meetings;
4. Forms Committee;
5. Peer Advisory and Review Committee
6. Policy Council; and
7. State Child Fatality Review Team.

### **Summary of Training Activities**

Provided 45 hours of Mandatory Reporting training to child welfare and child protective services case workers, other DHS staff, community partners, and to the legislature.

Developed training plans for implementation of all new and revised rules.

Developed training for staff on policy, rule, procedure, protocol and forms.

Developed training for supervisors on safety (information gathering, safety threshold, safety threats, and safety planning).

<b>.5 FTE - Family Based Services Consultant</b>
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<b>CAPTA Sections 106(a)(1), 106(b)(C)(ii), and (iii)</b>	<b>CPS Areas All 16 areas</b>
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This .5 FTE Family Based Services (FBS) Consultant position ensures the quality and consistency of child safety practice and policy for two Districts encompassing six counties in Oregon. The person in this position works in coordination with four other FBS Consultants within the Office of Child Welfare Programs, under the supervision of the Child Safety program managers.

The person in this position consults with child welfare case workers and supervisors to guide in the application of the Oregon Safety Model to maintain children safely in their home or to reunify them with their parents as quickly as possible.

In addition, the FBS Consultant trains staff and provides ongoing feedback about changes in practice. These efforts increase consistency in practice across the State.

**Objectives**

- Provide statewide technical assistance and direction to District managers, Child Welfare Program Managers, supervisors, case workers and community partners on the implementation, management and evaluation of FBS programs and practice.
- Evaluate effectiveness of FBS policy, performance, service delivery and outcomes.
- Develop and implement goals and objectives for policy and training in collaboration with other state agencies.
- Improve communication between the central program office and local field offices.
- Conduct quality reviews of FBS child welfare practice, procedures and performance.
- Provide technical consultation to child welfare and other DHS staff, community partners and the general public on sensitive, high profile and high-risk family abuse situations.
- Provide technical assistance and feedback to the state Safety program managers about current practice issues involving field staff.

**Summary of Activities from May 2012 – June 2013**

Continued Oregon Safety Model (OSM) training and consultation via practice forums and supervisor/case worker quarterly meetings.



Provided ongoing consultation related to Oregon Family Decision Meeting and Child Safety Meeting procedures.

Provided training on best practice procedures for use by case workers and supervisors. Topics include: development of an initial in-home safety plan; conditions for return of child(ren) safely to their homes; assessing the protective capacity of parents; and the use of the Child Safety Meeting to engage extended family members.

Continued to provide In-Home Safety and Reunification Services (ISRS) training statewide, as needed.

Provided regular and ongoing training and consultation focused in areas of safety planning, in-home safety, and reunification services, six domains and conditions for return.

Participated in the statewide review of randomly selected in-home safety plans to identify areas of concern and develop consistent practice. This involved reviewing multiple cases and in-home safety plans each month. When a safety plan was found to be inadequate, the FBS consultant followed up with the case worker and their supervisor. This was an extremely helpful and time consuming process which assisted field staff by using specific cases as learning tools for understanding safety planning, conditions for return and ISRS services.

<b>Child Welfare Alcohol and Drug Addiction Education and Training</b>	
<b>CAPTA Sections 106(a)(1), 106(a)(6)(A) and (C), and 106(a)(13)(B)</b>	<b>CPS Areas All 16 areas</b>

Nationally recognized trainer, Eric Martin was utilized in the delivery of alcohol and drug education and training modules to DHS child welfare caseworkers and DHS partners, who refer and work with clients involved with Oregon's child welfare system. Oregon's continued increase in the illicit use of opiates, both prescription drug and heroin, was a primary reason opiates were a major emphasis in his trainings. However, methamphetamine remains a primary drug of abuse on Oregon, and trainings on the use of methamphetamine were also conducted in addition to a standard section of training on understanding addiction and working with addicted parents in the child welfare system.

Mr. Martin also delivered parent education and intervention classes to parents in the child welfare system regarding chronic use of marijuana. The rapidly evolving policies and practices around marijuana use, abuse, dependency, medical marijuana; and our neighboring state to the north, Washington having legalized it, have created an even stronger need for clear information on this drug.

From July 01, 2012 through June 30, 2013 Mr. Martin will have completed 18 one-day sessions on the topics listed above.

- 12 training sessions on addiction and drug specific topics; and
- 6 parent education/intervention classes on chronic marijuana abuse.

Mr. Martin’s training sessions often include the participation of parents who have attained recovery from their addiction, and had their child welfare cases successfully closed.

This strategy not only allows the caseworkers to talk directly with clients who have come through the system, but it is empowering for parents to know they play a part in the training of workers who will be dealing with addiction in the future.

**Other CAPTA Funded Programs**

<b>Investigations of Suspected Medical Neglect</b>	
<b>CAPTA Sections 106(a)(1), 106(a)(9)(A), (B) and (C)</b>	<b>CPS Areas All 16 areas</b>

A portion of our CAPTA state grant is set aside annually to contract with medical providers to assist in Investigations of Suspected Medical Neglect, as required by Public Law 98-457, which requires the State to respond to reports of suspected medical neglect, including reports of withholding medically indicated treatment for disabled infants with life threatening conditions.

In these cases, medical professionals provide neonatology and consulting services to clients referred by the Department of Human Services (DHS), and to DHS staff when necessary, to determine whether reasonable medical judgment is being applied by attending physicians and hospital sites where clients are being assessed.

Due to the sensitive nature of these cases and the specialized skills required to complete the investigations, DHS has designated a child welfare staff person in each of the three cities having tertiary care centers (Portland, Eugene, and

Medford) to be a specialist in Medical Neglect investigations. These Medical Neglect investigators, along with the CPS program manager, are available for telephone consultation and will form a special investigation "team" including a designated medical professional and a local CPS case worker on cases of medical neglect.

<b>Differential Response</b>	
<b>CAPTA Sections 106(a)(1), 106(a)(1), (4), (10), (11) (13)(A), and (14)(A)</b>	<b>CPS Areas All 16 areas</b>

**Summary of Activities from May 2012 – June 2013**

Oregon continues its planning and design efforts to implement Differential Response.

During the past year, DHS finalized its differential response approach to assure it aligns with the State’s current CPS response model, the Oregon Safety Model. Regular meetings took place between DHS staff and community partners to refine the specifics of differential response in each community, and to define expectations and responsibilities. In addition, DHS met with key legislative members about our current practices, and new approaches to safely reduce the number of children coming into foster care by implementing differential response.

<b>CAPTA Citizen Review Panel Annual Reports</b>	
<b>Section 106 (c)</b>	<b>CPS Areas All (Panels Option)</b>

In September, 2012, Oregon’s Department of Human Services (DHS) transferred responsibility for ensuring compliance with federal Child Abuse Prevention and Treatment Act (CAPTA) grant requirements to the Citizen Review Board (CRB). The grant requires states to establish at least three citizen review panels to evaluate the extent to which state and local child protection system agencies are effectively discharging their child protection responsibilities. The citizen review panels must prepare, on an annual basis, a report containing a summary of the activities of the panel, and recommendations to improve the child protection services system at the state and local levels.

The CRB established three citizen review panels in Deschutes, Lane, and Lincoln counties. The CRB volunteer board members from each board in Deschutes and Lincoln counties come together as the panels in those counties. For Lane County,

one or two volunteer board members from each of the nine local boards volunteered to serve as the panel for Lane County.

CRB panel members, with input from community partners, brainstormed a list of local areas of concern in child welfare. Panels considered both process and outcome matters when identifying system issues. The issue list was then turned into a systems issue survey. The systems issue survey was completed for each case reviewed in the panel counties for at least six months and statewide for three months. The results were used to identify the most prevalent statewide and local system issues. The CRB Panels in Deschutes, Lane, and Lincoln Counties each had meetings with community stakeholders throughout the year to keep them informed of their work, progress, findings, and recommendations. The CRB Panels appreciate the time that community stakeholders dedicated to these meetings. Their questions, comments, and support for the work of the CRB Panels are greatly appreciated. Community stakeholders included:

- Local Juvenile Court Judges
- Local Trial Court Administrators and/or court staff
- Child Welfare managers and staff
- Local CASA Program representatives
- Attorneys involved in juvenile dependency cases
- Foster Parents
- Service Providers
- Educators
- Business Leaders

Each county has developed their own structure in addition to their natural lines of communication. In all areas, local DHS offices work closely with the directors of the CRB. Generally, specific case inquiries are directed to the assigned case worker for immediate resolution and overarching issues are presented to the program manager then communicated to supervisors and line staff to address the concern(s).

We believe these concerns are invalid as we are linking these concerns back to OR-Kids and how the OR-Kids system is reporting Health and Education related information. Our plan is to research this issue and remedy any data or systemic errors we discover.

## **DESCHUTES COUNTY CITIZEN REVIEW BOARD PANEL**

### **Meeting Dates and Activities**

The Deschutes County CRB reviewed 158 cases of children in foster care in the 2012 calendar year. During the time the citizen review panel was doing its work, the local CRB conducted case reviews on the following dates: October 3 and 4, November 7 and 8, and December 5, 2012; and January 9 and 10, February 6 and 7, March 6 and 7, April 3 and 4, and May 1 and 2, 2013.

*November 8, 2012* - The Deschutes County panel held its initial meeting where it reviewed CAPTA requirements and the steps they would undertake to identify community issues and develop recommendations. Additionally, panel members brainstormed a list of local areas of concern in child welfare.

*November 9, 2012* - The CRB Panel met with community partners and shared its role and plans to identify issues and develop recommendations. The panel asked community partners to add to their list of local areas of concern, and the areas they identified were included in the issue list and ultimately the survey.

*February 7, 2013* - The CRB Panel reviewed and discussed local data and top issues identified in the preliminary survey results, as well as reviewed DHS policies related to the Indian Child Welfare Act (ICWA) and relative searches. The panel drafted recommendations and identified next steps, including scheduling a meeting with the local DHS branch to gather detailed information regarding local DHS practices.

*March 11, 2013* - The CRB Panel shared preliminary survey results with representatives from DHS. Additionally, they asked DHS for detailed information on their current practices, especially as related to the ICWA and relative search efforts, and for input on the panel's recommendations to address the top issues. DHS reported that they were not surprised by the results, shared the panel's concerns, and are currently working to address those issues. Because they recognize ICWA and relative search as important areas of work, DHS has a support staff person assigned to conduct ICWA searches, and a caseworker assigned as an ICWA and relative search liaison. However, because of understaffing partly caused by vacancies, the caseworker was pulled off the liaison duties and assigned cases.

Now DHS has filled the vacancies, and the worker will be able to spend more time on ICWA and relative search efforts. An issue that recently came to light is that caseworkers do not know how to access the ICWA and relative information the

liaison had been entering into OR-Kids system because it is not always automatically appearing in case plans. Another issue that has come up with relative search efforts is that newly assigned caseworkers do not review the case plan to follow up with relative information. Deschutes County DHS is working to educate their workers on these issues. On a positive note, Deschutes County DHS has developed a practice of calling relatives even though it is more time consuming and not required by current law and policy because phone contact has been found to be more fruitful. Finally, the caseworker assigned to conduct relative searches is beginning “family finding” on long-term cases such as those with a permanency plan of Another Planned Permanent Living Arrangement (APPLA). The DHS supervisor noted that cases and casework have gotten significantly more complicated and there is too much expertise required throughout the process. She believes that specialized assignments such as this one provided there is good communication between the specialized staff and assigned caseworker is the best system.

**March 11, 2013** - The CRB Panel shared their preliminary survey results and draft recommendations with the community partners, and asked for any feedback they had. Caseworker turnover, training, and supervision have been identified as a statewide concern, and the community partners agreed that it is a serious issue. One way that is evident locally is that caseworkers do not have enough time to properly mentor parents. The community partners identified increasing the frequency and quality of visits between children and parents as a local priority. They discussed utilizing volunteers, and identified Jackson County's Partners in Parenting (PiP), and a mentor grandparent program in Nevada as promising models.

**April 1, 2013** - The CRB Panel hosted a public forum in which CRB staff and panel members gave a brief presentation on the role of the panel in the community, the top identified statewide and local issues, and proposed recommendations. Then they asked for community feedback and input. The community members agreed that the panel’s identified issues are areas of concern, especially caseworker turnover and face-to-face contact.

One suggestion was to develop and implement a better communication system so that there is less disruption when a case is transitioned from one caseworker to another. Another suggestion was to prioritize visitation. Members of the public also identified potential areas of concern to focus on in the next annual report, including a need for additional foster families, additional supports for parents, efforts to prevent removal, and more timely finalization of adoptions. A

representative from Action to Advocacy, an organization dedicated to connecting foster and adoptive families with the services and resources they need to thrive, reported that they have offered to help DHS with certification efforts, but are being underutilized. The CRB Panel was concerned that DHS is not certifying non-relatives to become foster parents. Central Oregon has a huge need for more foster parents and the community often sees children placed far away. The area is also greatly lacking in trained special needs foster parents. However, Deschutes DHS appears to put no resources into recruiting new qualified foster parents, let alone returning phone calls or completing the training and certification process with potential non-relative foster parents. This is a very dangerous problem, and is impacting the care provided to Deschutes County.

### **DESCHUTES COUNTY AREAS OF CONCERN**

In addition to the statewide issues identified earlier in this report, the Deschutes panel identified four areas of concern. The CRB Panel also noted that based on the local system issue survey results, basis of jurisdiction was also identified as a prevalent issue that the panel plans to address next year.

#### **Timely ICWA Determinations**

At reviews, the CRB is frequently not provided with information (either in the case plan or by the caseworker) indicating that DHS has determined whether ICWA applies. ICWA is a federal law that seeks to keep American Indian children with American Indian families. When ICWA applies, caseworkers must provide active efforts, follow ICWA placement preferences, and work to involve the tribe. Timely ICWA determinations are essential to compliance with the ICWA requirements and protecting the best interests of American Indian children. The CRB Panel believes the lack of information is due to a combination of non-compliance with ICWA policies and insufficient documentation.

Through its meeting with DHS, the panel learned that although Deschutes DHS has a specialized caseworker assigned as a ICWA and relative liaison, the position has been weakened because the staff person has most recently been removed from the position and assigned cases due to understaffing, and that there has been barriers in communication to the assigned caseworker.

#### **Insufficient Efforts to Develop Concurrent Plan**

At reviews, the CRB is frequently not provided with information (either in the case plan or by the caseworker) indicating compliance with concurrent planning requirements, such as diligent relative search efforts. Concurrent planning is an effort to reunite the family while simultaneously establishing an alternative plan

that can be implemented if reunification is no longer possible. This allows children to be moved much more quickly from foster care to a stable permanent placement. In addition to better outcomes, untimely concurrent planning efforts result in delays in permanency for children. The CRB Panel believes the lack of information is due to a combination of non-compliance with concurrent planning policies and insufficient documentation.

### **Insufficient Medical and Dental Services**

At reviews, the CRB is frequently not provided with information (either in the case plan or by the caseworker) indicating that the children are receiving adequate medical, dental, and mental health services to ensure their health and well-being and help them cope with the abuse and neglect they have endured. The CRB Panel believes the lack of information is due to a combination of children not getting sufficient services and a lack of documentation.

### **Lack of Diligent Efforts to Search for and Engage Relatives**

At reviews, the CRB is frequently not provided with information (either in the case plan or by the caseworker) indicating compliance with relative search requirements. Federal and state law, and DHS policy require diligent efforts to search for and engage relatives because research has demonstrated that children in relative placements have better outcomes.

For example, they are as safe or safer in relative care and are more likely to be placed with siblings, maintain stability, and maintain family and community connections. The CRB Panel believes the lack of information is due to a combination of non-compliance with diligent efforts policies and insufficient documentation.

## **DESCHUTES COUNTY RECOMMENDATIONS**

1. DHS preserve the specialized staff position for relative searches and ICWA determinations, and ensure that workload duties are not compromised due to general casework assignments. DHS develop practices to ensure the specialized staff follows up with ongoing relative search, and ICWA efforts, communicate efforts to the assigned caseworker, and accurately and timely document efforts.
2. DHS comply with policies and provide adequate and timely medical and dental services.
3. DHS work with community partners to increase parent/child visitation, and continue to explore foster parents and/or foster grandparents as mentors and visit supervisors. The CRB Panel recognizes caseworker training, supervision and turnover as a major statewide issue, a significant impact of the issue is that



caseworkers do not have enough time to properly mentor parents and ensure quality visitation between parents and children. Frequent, quality visitation between children and parents is a key indicator of successful reunification.

## **LANE COUNTY CITIZEN REVIEW BOARD PANEL**

### **Meeting Dates and Activities**

The Lane County CRB reviewed 1,065 cases of children in foster care in the 2012 calendar year. During the time the local citizen review panel was doing their work, the Lane County CRB conducted periodic reviews on the following dates in 2012: September 5, 6, 7, 12, 13, 19, 20, 26, 27, October 3, 4, 5, 10, 11, 17, 18, 24, 25, November 1, 2, 7, 8, 9, 14, 15, 16, 28, December 5, 6, 7, 12, 13, 14, 18, 19, 20; and the following dates in 2013: January 3, 4, 9, 10, 11, 16, 17, 23, 24, February 1, 6, 7, 13, 14, 20, 21, 27, 28, March 1, 6, 7, 13, 14, 20, 21, 27, 28, April 3, 4, 5, 10, 11, 17, 18, 24, 25, May 1, 2, 8, 9, 10, 15, 16, 22, 23.

**October 18, 2012** - The Lane County panel held its initial meeting where it reviewed CAPTA requirements, and the steps they would undertake to identify community issues and develop recommendations. Additionally, panel members brainstormed a list of local areas of concern in child welfare.

**December 3, 2012** - The panel met with community partners, and shared its role and plans to identify issues and develop recommendations. The panel asked community partners to add to their list of local areas of concern and the areas they identified were included in the issue list and ultimately the survey.

There are nine Citizen Review Boards (CRB) and thirty-five CRB volunteers in Lane County. All of the Lane County CRB volunteers make up the Lane CRB CAPTA Panel; however, at the initial Lane CAPTA meeting, the volunteers indicated a desire to have a smaller committee composed of board members who would strive to consistently attend the CAPTA meetings and work to finalize efforts for the annual report. Therefore, a Lane CRB CAPTA Panel Advisory Committee was established.

The members of the Lane CRB CAPTA Panel Advisory Committee include:

- Marjorie Biehler (2002)
- Ellen Hyman (1997)
- Norton Cabell (2006)
- Beverly Schenler (2003)
- Barbara Newman (2002)

- Lou Ann Martin (2003)
- Stephen John (2007)

**February 22, 2013** - The panel reviewed and discussed local data and top issues identified in the preliminary survey results. The panel drafted recommendations and identified next steps, including scheduling a meeting with the local DHS branch to gather detailed information regarding local DHS practices.

**March 22, 2013** - The panel shared the preliminary survey results with representatives from DHS, and asked DHS for their perspectives on the issues. DHS agreed that OR-Kids system issues are an area of concern. They reported issues with complete and accurate transfer of information from the old FACIS program to the OR-Kids system, and other glitches with the system that they do not have the time or manpower to correct. Furthermore, the OR-Kids system is confusing and time consuming for the caseworkers. Additional internal training and data entry help would be beneficial to address the concerns. DHS also reported that they are currently working with community partners to recruit volunteers to help with transportation for visits, as well as working on quality foster parent recruitment and improving parent/child visits. The CRB Panel also discussed concerns about the number of children served in Independent Living Programs (ILP).

**March 22, 2013** - The panel shared their preliminary survey results and draft recommendations with community partners, and asked for any feedback they may have. The community stakeholders shared concerns regarding case plans. They pointed out that improved case plans are important for parents, who are confused by the current inaccurate plans, and for caseworkers transitioning cases to other workers. Community stakeholders agreed that visitation and ILP services are also a concern within the county, because there are not sufficient services to meet the needs. Stakeholders would like to see DHS be more creative regarding locations for visitation services, especially when older children are involved. Community stakeholders suggested the following areas for future study: services for children and families when the child is on a "Trial Home Visits" and attorneys for children who are in foster care that can handle legal issues in the civil area, for example immigration, probate trust funds, and name changes.

**April 9, 2013** - The panel hosted a public forum in which CRB staff and panel members gave a brief presentation on the role of the panel in the community, the top identified statewide and local issues, and proposed recommendations. Then

they asked for community feedback and input. Community members voiced concern regarding an adequate number of foster homes and respite providers, especially for teens and in Florence. Additionally, there was concern regarding a lack of other services in Florence such as adequate parenting classes and counseling. Furthermore, community members questioned whether the space DHS provides for sibling visits is appropriate, especially for older children. Finally, the community members advocated for DHS to provide more upfront services to prevent removal of children. Finally, the community members advocated for DHS to provide more upfront services to prevent removal of children.

## **LANE COUNTY AREAS OF CONCERN**

### **Insufficient Medical and Dental Services**

At reviews, the board is frequently not provided with information (either in the case plan or by the caseworker) indicating that the children are receiving adequate medical, dental, and mental health services to ensure their health and well-being, and help them cope with the abuse and neglect they have endured. The panel believes the lack of information is due to a combination of children not getting sufficient services and a lack of documentation. DHS policy requires that all children who come into foster care have a mental health assessment within 60 days. Sometimes assessments are not completed in a timely fashion, and thus the initiation of appropriate services does not happen timely.

DHS is responsible to ensure that children are receiving appropriate medical, dental, and mental health services while they are in care. There are problems with the OR-Kids reporting system, and there are CRB concerns that kids are not being seen by doctors and dentists regularly while they are in care. There is a lack of services and service providers in a county as large and spread out as Lane County. Add in transportation issues and provider turnover rates, and the negative impacts on children in foster care are even more concerning.

### **Insufficient Psychotropic Medication Information**

The case plan does not always list a current summary of medication, the specific medication prescribed, or if a psychiatrist is overseeing the medication. Sometimes, the foster parents report medication changes at the reviews that the caseworker is not aware of. With the new OR-Kids form, information about medication is often not reported. When it is, the language is very generic and often not clear who is managing the medications, a psychiatrist or a pediatrician. The CRB Panel is concerned with the number of medications children are prescribed, their side effects, who is authorizing the medications and any changes made in

doses or medications, amount of time children are on a particular medication, and contradictions in information they hear about children's medications.

### **Insufficient Visitation Between Parents and Children**

The CRB Panel is supportive of DHS efforts to increase supervised parent child visits for some families. Lane County DHS has made positive strides with new programs like the baby bonding groups and the visitation house that improve the quality of visitation. Additionally, the CRB Panel acknowledges DHS efforts to increase the quantity of visitation by splitting a visitation supervisor position so there are more opportunities available for visitation between 3:00 PM and 7:00 PM, for school age children and their parents. Visits are a key indicator in the success of a return home plan, yet many parents and children still have only visits for one hour a week. DHS has indicated that this is a resource issue. Other concerns include that visit locations can be stressful, and caseworkers use visits as a time to gather information.

### **Insufficient ILP Services**

The Independent Living Program (ILP) has a long wait list. DHS needs to make sure children are receiving the required services, and work more actively with the teens to get them in the program and ensure the required documentation is completed. DHS should also address transportation issues.

## **LANE COUNTY RECOMMENDATIONS**

1. DHS comply with policies and provide adequate and timely medical, dental and mental health services.
2. DHS increase both the quantity and quality of visitation services.
3. DHS increase efforts to identify and engage community resources that may be able to supplement DHS services (e.g. churches that are willing to develop programs to supervise visits).

## **LINCOLN COUNTY CITIZEN REVIEW BOARD PANEL**

### **Meeting Dates and Activities**

The Lincoln County CRB reviewed 125 cases of children in foster care in the 2012 calendar year. During the time the local CRB Panel was doing their work, the Lincoln County CRB conducted periodic reviews on the following dates:

September 26 and 27, October 24 and 25, November 14 and 15, December 19 and 20, 2012; and January 23 and 24, February 27 and 28, March 27 and 28, April 24, May 22 and 23, 2013.

**September 26, 2012** - The Lincoln County CRB Panel held its initial meeting where it reviewed CAPTA requirements and the steps they would undertake to identify community issues and develop recommendations. Additionally, panel members brainstormed a list of local areas of concern in child welfare.

**October 24, 2012** - The CRB Panel met with community partners and shared its role and plans to identify issues and develop recommendations. The panel asked community partners to add to their list of local areas of concern, and the areas they identified were included in the issue list and ultimately the survey.

**January 24, 2013** - The CRB Panel reviewed and discussed local data and top issues identified in the preliminary survey results. The panel drafted recommendations and identified next steps, including scheduling a meeting with the local DHS branch to gather detailed information regarding local DHS practices.

**February 12, 2013** - The CRB Panel shared the preliminary survey results with local DHS staff, including both caseworkers and supervisors, and asked them for their feedback on the identified issues and for input on recommendations to address those issues. DHS staff agreed that caseworker turnover and training, and insufficient medical and dental services are indeed local issues. They shared that errors with the OR-Kids system has been very time consuming, and agreed that additional mandatory OR-Kids training is essential. DHS staff also shared that they are operating at approximately 65% staffing, and the office has not been able to hire support staff. Therefore, caseworkers are carrying heavy loads and responsible for support staff tasks such as copying, filing, and discovery. Consequently, they have not prioritized some important issues, such as gathering medical and dental service information. They suggested that a productive recommendation would be to establish a specialized support staff person to ensure that DHS is provided with regularly updated provider information, as well as a support staff person assigned for relative searches and ICWA determinations.

**February 27, 2013** - The CRB Panel shared their preliminary survey results and draft recommendations with community partners and asked for any feedback they had.

**April 4, 2013** - The panel hosted a public forum in which CRB staff and panel members gave a brief presentation on the role of the panel in the community, the top identified statewide and local issues, and proposed recommendations. Then they asked for community feedback and input. The community members agreed that the currently identified issues are areas of concern. They also identified

potential areas of concern to focus on in the next annual report. One area of concern is addressing a need for more foster families in Lincoln County including recruitment, training, and continuing support; the second area of concern is focusing on increasing the quality and quantity of visitation between children and parents.

Members of the Lincoln County Citizen Review Panel:

Diane Flansburgg (2008)

Edward Brittain (2007)

Steve Waterman (2006)

Fawn Hewitt (2006)

Sener Otrugman (2012)

Sandra Allen (2012)

## **LINCOLN COUNTY AREA OF CONCERN**

### **Insufficient Medical and Dental Services**

At reviews, the CRB is frequently not provided with information (either in the case plan or by the caseworker) indicating that the children are receiving adequate medical, dental, and mental health services to ensure children's health and well-being and to help them cope with the abuse and neglect they have endured. For example, all too often the case plan provided to the board does not include any record of the child having had a dental exam, wellness check, an initial mental health evaluation, or developmental assessments. Furthermore, information regarding immunizations, prescribed medication, and regular mental health services, if any, is not included in the packet. Unfortunately, this is exacerbated at reviews because the caseworker does not know when or if the children have had these required appointments. Another frequent occurrence is that the case plan states that the child had a recent appointment, but because the entry is not dated and the date of the appointment is not provided, it is impossible to decipher if the appointment occurred three months or three years ago. With the lack of information, it is very difficult for the CRB to determine whether the children are receiving adequate medical, dental, and mental health services. Furthermore, it is virtually impossible to determine if there were provider recommendations made, such as follow-up appointments or specialist referrals, and if so, if they were followed. There is concern that these services are falling through the cracks, and children are doing without basic services as well as services recommended for them, such as eyeglasses, orthodontia work, or regular counseling, that are essential for their health and wellbeing.

The CRB Panel believes this is both because children are not getting sufficient services and because there is a lack of documentation. The CRB Panel noted that lack of sufficient medical and dental services likely relates to the two major statewide issues of adequate case plans and DHS caseworker support. Historically, the board had been provided with more complete and adequate medical and dental information. However, the information drastically decreased with statewide budget cuts and the implementation of OR-Kids. Furthermore, the local DHS office has indicated that the current workload responsibilities have limited their ability to regularly follow-up with providers and gather medical and dental service information.

**LINCOLN COUNTY RECOMMENDATIONS**

1. DHS comply with policies, and provide adequate and timely medical, dental services, and developmental assessments and services.
2. DHS develop a specialized staff position to follow up with providers; children and parents may be involved with to ensure parents and children are receiving regular appointments, DHS timely follows up with recommendations, and DHS obtains school and treatment progress reports. DHS ensure that workload duties are not compromised due to general casework assignments.
3. DHS develop practices to ensure the specialized staff track services and progress for parents and children, communicate efforts to the assigned caseworker, and accurately and timely document efforts.

<b>CAPTA Fatality and Near Fatality Public Disclosure Policy</b>	
<b>CAPTA Section 106(b)(2)(B)(x)</b>	<b>CPS Areas All 16 areas</b>

DHS’ policy on confidentiality (which broadly discusses disclosure and touches upon the major statutes) is I-A.3.2, Confidentiality of Client Information. If the fatality or serious injury is determined to be abuse and neglect or is founded for abuse/neglect, then statute mandates specific information must be disclosed, if information is requested.

The entire policy can be found at:

[http://www.dhs.state.or.us/policy/childwelfare/manual\\_1/i-a32.pdf](http://www.dhs.state.or.us/policy/childwelfare/manual_1/i-a32.pdf)

Oregon Revised Statute (ORS) 419B.035, Confidentiality of Records, section 1(i) reads:

(1) Notwithstanding the provisions of ORS 192.001 (Policy concerning public records) to 192.170 (Disposition of materials without authorization), 192.210 (Definitions for ORS 192.210 and 192.220) to 192.505 (Exempt and nonexempt public record to be separated) and 192.610 (Definitions for ORS 192.610 to 192.690) to 192.990 (Penalties) relating to confidentiality and accessibility for public inspection of public records and public documents, reports and records compiled under the provisions of ORS 419B.010 (Duty of officials to report child abuse) to 419B.050 (Authority of health care provider to disclose information) are confidential and may not be disclosed except as provided in this section. The Department of Human Services shall make the records available to:

... (i) Any person, upon request to the Department of Human Services, if the reports or records requested regard an incident in which a child, as the result of abuse, died or suffered serious physical injury, as defined in ORS 161.015 (General definitions). Reports or records disclosed under this paragraph must be disclosed in accordance with ORS 192.410 (Definitions for ORS 192.410 to 192.505) to 192.505 (Exempt and nonexempt public record to be separated).

### **State CAPTA Coordinator Contact Information**

**Susan Lopez**  
**Office of Child Welfare Programs**  
**500 Summer Street NE, E-67**  
**Salem, Oregon 97301-1067**  
**Telephone: (503) 945-5732**  
**Fax: (503) 945-6969**  
**Email: [susan.a.lopez@state.or.us](mailto:susan.a.lopez@state.or.us)**



## **† Chafee Foster Care Independence and Education and Training Vouchers Programs**

### **A. Program Services Description:**

For details regarding Oregon's Independent Living Program (ILP) services and eligibility criteria, please see the DHS Procedure Manual, Chapter 4, Sections 29 and 33 at the website listed below. Over the past year, the Procedure Manual was updated to reflect federal requirements for Health Care Representative options and credit history report requirements, as well as SACWIS (OR-Kids) references and processes.

[http://www.dhs.state.or.us/caf/safety\\_model/procedure\\_manual/index.html](http://www.dhs.state.or.us/caf/safety_model/procedure_manual/index.html)

The credit history check requirement has been a challenge to implement. While requesting credit history reports remains the responsibility of the individual caseworkers, a centralized process is being tested. The YAT Coordinator began the process centralizing the task in December 2012. The first centralized batch was sent to Experian in February. Initially, no reports had been received within 45 days of the mailing. However, recent submissions have yielded a response within 7 to 10 working days. The ILP Desk staff is attempting to continue the testing of the centralized process until a permanent staff person from Child Welfare Field Services can be appointed to take over the task. A consent form for young adults is also being tested at this time. The goal is to have a dedicated staff to coordinate the following tasks:

- Formalize the process and draft procedures for the field.
- Pull reports and submit requests to the various credit reporting agencies (CRA).
- Scan CRA responses into the OR-Kids file cabinet.
- Notify caseworkers of response via email.
- Mail reports to caseworkers for review with and distribution to the youth.
- Assist caseworkers with filing corrective action request, when necessary.

A summary of accomplishments, progress made, as well as revisions to the Chafee goals are listed below, in the Chafee Summary section of this report. A few major milestones accomplished over the past year are:

- Changes to the Oregon Tuition and Fee Waiver to match the Chafee ETV eligibility requirements sent to Governor for final approval.
- ILP FaceBook Page created, ILP website updated on a regular basis.

- FosterClub: Connect Dedicated Outreach Representative pilot proves successful, new contract in place.
- Oregon met the participation rates for the 2013A National Youth in Transition Database (NYTD), 19 year old Follow-Up Population, and had a successful submission of the 2013A NYTD report.
- First ever ILP Convening held May 1, 2013.
- Renewal of the Oregon Department of Transportation grant for payment of driver's education fees for foster children.
- SB123, Foster Youth Bill of Rights, appears to be moving through the Oregon Legislature.

Oregon will continue to provide ILP services for **current** foster youth between the ages of 14 to 20. **Former** foster youth may be eligible to receive services between the ages of 16 to 20; or up to age 23 for Chafee Education and Training Vouchers. Services are available statewide. Oregon anticipates serving 1,400 youth through contracted ILP services; and an additional/unduplicated 200 youth through the Chafee Education and Training Grant (ETG) program, for a total of 1,600 youth in FFY13.

Based on Oregon's NYTD information, DHS provided or paid for 1999 youth to receive independent living type services during FFY12 (10/11 – 9/12). Of those youth, 1290 youth received contracted ILP services (according to the provider's ILP Annual Report Summary), a 19 percent decline. The decline is in line with the decreases seen in the overall foster care population and the decline of older teens in care. To date for FFY 2013 (10/12 - 3/13), the NYTD data indicates DHS and ILP Providers served 1495 with IL type services.

The chart below indicates the number of youth served by Race in FFY2012 according to the 2012 A/B NYTD Reports:

Race	Total Served	% of Population Served	All Foster Care
African-American	199	10%	6.8%
Asian	19	1%	0.6%
Caucasian	1361	68.7%	66.5%
Hispanic (any race)	236	11.8%	14.8%
Native American	105	5.3%	3.8%
Pacific Islander	7	0.4%	0.5%
Unable to determine	72	3.3%	7.0%
Total	1999	100.0%	100%

*\*Source 2012A and 2012B NYTD Served Population*

As indicated above, the DHS is providing IL type services at higher rates to African-American (+3.2%), Caucasian (+2.2%), and Native American (+1.5%) youth, as compared to the overall number of children/youth in foster care. Hispanics seem to be served by ILP Contractors at a lower rate (-3%), as compared to the overall number in foster care.

**B. Collaboration Summary:**

The ILP Coordinator, ILP Youth Transition Specialist, and Young Adult Transition Coordinator will continue to collaborate with Oregon's Tribes, and community partners. The Young Adult Transition Coordinator and ILP Desk staffs participate in regional summits, committees or workgroups formed to develop potential improvements to services and increase opportunities for transition aged foster youth and young adults. DHS will continue to partner, both formally and informally, with the Oregon Foster Youth Connection and FosterClub to: obtain youth input; access youth presenters; maintain contact with current and former foster youth; and inform youth of changes in service eligibility or availability.

DHS made a decision, in January 2013, to place a hold on any further ILP State Advisory Committee meetings. This decision was due to the high workload of the ILP Desk (NYTD, credit reports, health care proxy, interagency workgroups, website creation, legislative tracking, summer event planning, overall program coordination, etc.). The purpose and structure of the ILP State Advisory Committee will be re-evaluated during the ILP 5 year strategic planning work groups and convening in early 2014.

Stakeholder and partner involvement in the review of progress made during the past year and expected updates for the coming year occurs throughout the year. ILP Contractors are updated on a bi-monthly basis during their ILP Provider Meetings. The DHS ILP Coordinator issues a monthly e-mail *ILP Update*. The *ILP Update* provides information regarding resources or activities for foster youth (both within Oregon and nationally). The ILP Coordinator also shares upcoming events, progress toward goals and resources on the ILP Webpage. The Details regarding collaborations are listed in the Chafee Service Collaborations section of the report.

**C. Program Support Summary:**

Statewide ILP related trainings conducted over the past year included: ILP Convening, ASPIRE Fall Conference teen panel, National Youth in Transition

Database (NYTD), Post-secondary options (youth audience), Youth Transition Planning, and ILP Services. Several local or targeted trainings were also provided by the ILP Coordinator and Youth Transition Specialist. Teen training and conferences continued during FFY 2012 and FFY2013. Details of specific training will be found in pertinent goal areas or in the Chafee Training section of the report.

Oregon does not anticipate requesting assistance from the National Resource Centers at this time.

**D. Specific accomplishments achieved in FFY 2013 and planned activities for FFY 2014 for each of the seven purpose areas:**

**a. Chafee Summary:**

Progress has been achieved during the past year. While the DHS ILP staff remains limited (4.75 FTE), as mentioned above, there has been a new staff added to the Child Well-Being Unit targeting older adolescents and young adults. The Young Adult Transitions (YAT) Program Coordinator will focus on both the Runaway and Homeless Youth contracts/services, and providing leadership to focus on case planning and service delivery to Oregon's 18 to 21 year old foster care population. A new YAT Coordinator is expected to be hired by June 1, 2013.

The past year provided several challenges: SACWIS/OR-Kids report testing; NYTD Follow Up surveys; mandatory State furlough days; staff turnover; and lack of resources to meet the need for ILP services in several counties. The status of each Oregon goal is listed below by purpose area. Complete details of accomplishments, progress, and plans for next year are listed in the Chafee Accomplishments and Planned Activities section below.

**1. Transition Services:**

- a. Goal: Increase understanding and awareness regarding comprehensive transition plans.  
ACHIEVED
- b. Goal: Increase coordination between child welfare workers and ILP Contractors regarding court dates and documentation deadlines.  
PROGRESS, revised completion date set for June 2014.
- c. Goal: Increase housing opportunities for current and former foster youth including increased transitional housing in rural areas, expanding the types of transitional housing available, increasing host homes, and simplifying access to housing programs.  
PROGRESS, projected completion; September 2014.

- d. Goal: Access services available to the youth through other community systems, and services that support the youth's identification with cultural communities. PROGRESS, projected completion; March 2014.
- e. Goal: Increase hands-on, experiential life skills activities. PROGRESS, projected completion; July 2013.

## **2. Employment:**

- a. Goal: Increase career exploration activities and opportunities for foster teens. PROGRESS, projected completion; September 2014.
- b. Goal: Increase access to internships, apprenticeships, and other work experience opportunities for older foster teens and young adults. PROGRESS, projected completion; September 2014.

## **3. Post-Secondary Training & Education Preparation:**

- a. Goal: Make available to staff, Contractors, foster parents, school counselors, and foster youth information on post-secondary financial aid, and other information important to determining which school a youth may be able to attend.  
ACHIEVED

## **4. Mentors and Interactions with Dedicated Adults:**

- a. Goal: Increase permanent support systems for youth. PROGRESS, projected completion; October 2013.
- b. Goal: Increase involvement of peer mentors, coaches and supportive adults in youth decision meetings and plan development.  
NO PROGRESS, Goal has been eliminated.

## **5. Services for Former Foster Youth:**

- a. Goal: Create a method for maintaining contact with former foster youth selected to participate in the follow-up NYTD surveys and former foster youth who may be struggling with the transition to self-sufficiency and adulthood. PROGRESS, projected completion; September 2014.

## **6. Education & Training Voucher Program**

Goals, progress to-date and plans for this purpose area are listed in the Education & Training Voucher section of the Chafee report.

## **7. Services for Kinship guardianship or Adopted youth.**

Reference Chafee purpose area 5, Services to Former Foster Youth, for the services available to youth who have exited foster care to kinship guardianship or adoption.

## **8. Training**

- a. Goal: Increase opportunities for teen related trainings involving youth, DHS, ILP Contractors, Judges, CASA, CRB, and foster parents.  
ACHIEVED, on-going focus area.
- b. Goal: Have a cohort of trainers available to provide Casey Life Skills Assessment training.  
ACHIEVED, year 1
- c. Goal: Provide caseworkers with training on how to survey youth.  
PROGRESS, projected completion; October 2013.

## **9. Youth Involvement**

- a. Goal: Involve youth in workgroups and program planning to achieve the five year program goals.  
PROGRESS, projected completion; September 2014.
- b. Goal: Expand foster youths' awareness and participation in the Oregon Foster Youth Connection (OFYC) youth advocacy council.  
PROGRESS, projected completion; September 2014.

### **b. Chafee Accomplishments and Planned Activities:**

This section of the State's Annual Progress Report will detail the progress achieved on the goals set forth for Oregon's Independent Living Program as outlined in the Five Year Plan. Goals will be listed under the Chafee purpose area most closely related to each goal. Progress to-date and activities planned for the upcoming year will be detailed under each individual goal statement.

Note: The Child Well-Being Unit has implemented a new project management approach. This is reflected in the project management tool now being used to track activities and projects implemented to assist with achieving the Chafee goals. See Chafee Attachment 1 for a detailed Project Overview/Log.

### **1. Transition Services:**

- a. *Goal: Increase understanding and awareness regarding comprehensive transition plans. There is one goal related to this topic which had not yet been achieved:*
  - *Ensure transition plans are reviewed and updated at a minimum of every six months.*

**Activities:** All items related to this goal have been achieved. Activities conducted over the past year included: The Transition Planning NetLink, the ILP Services NetLink, and the ILP Convening (for additional details regarding the Convening see the Training section of the Chafee Report). Additional activities included: presentations at a variety of events/conferences; daily technical assistance to the field, former foster youth, ILP Providers, and community partners as needed. The ILP Support Staff also checks OR-Kids to determine if a transition plan is in place prior to processing any requests for ILP Discretionary Funds.

**Planned:** Reports are becoming more easily accessible from Oregon's SACWIS/OR-Kids system. Therefore, Permanency Supervisors will be able to track a caseworker's compliance with initial transition plans, six month updates and benchmark reviews. On-going training and monitoring is necessary to ensure compliance.

- b. Goal: *Increase coordination between child welfare workers and ILP Contractors regarding court dates and documentation deadlines.*

**Activities:** There has been progress in this area as a result of the newly revised NetLinks being conducted (see Goal 1.a. above for details). This is an on-going goal.

**Planned:** Activities will include further research regarding barriers to and methods for improved communication surrounding a youth's pending court date and transition plan updates. Add as a discussion topic for next ILP Provider Retreat. Discuss during Youth Transition Planning NetLinks to increase awareness. The projected completion date has been revised to June 2014.

- c. Goal: *Increase housing opportunities for current and former foster youth including increased transitional housing in rural areas, expanding the types of transitional housing available, increasing host homes, and simplifying access to housing programs.*

**Activities:** Progress has been achieved in this goal. Workgroups created during the 2012 Transitions Summit (hosted by New Avenues for Youth (NAFY) and the School of Social Work, Portland State University) have continued. As mentioned last year, one work group hopes to increase housing for foster youth in the Multnomah/Tri-County area. The workgroup is making progress on the "Oxford modeled house." They have rental subsidy secured, move in and client assistance

secured, have begun identifying youth participants, and are currently searching for a property to rent. Additional progress will be reported in next's year report.

The Independent Living Housing Subsidy (ILHS) and Chafee Housing Programs have shown offsetting increases and decreases. While youth accessing ILHS are up, Chafee housing is down. During FFY12, Subsidy saw only a 1 youth increase (112 youth served) over last year's total youth served. Chafee Housing had a decrease of 19 percent (60 youth served). The monthly averages in 2013 have increased by 31 percent for ILHS, yet Chafee Housing has decreased by 57 percent. The most significant differences can be attributed to the 19 and 20 year olds. It appears more youth are accessing the ILHS prior to leaving foster care. See the breakdown below for FFY 2013 housing services:

<b>10/12- 3/13</b>	<b>ILHS</b>	<b>Chafee</b>
16 years old:	1 (+100%)	N/A
17 years old:	6 (-25%)	N/A
18 years old:	41 (-10%)	7 (+40%)
19 years old:	32 (+28%)	7 (-61%)
20 years old:	13 (+18%)	6 (-40%)

Approximately 71 percent (79) of youth accessing ILHS during FY2012 were in college, and the remaining 29 percent (33 youth) were either working full, part-time, or still in high school (or a combination of work and high school). To date for FFY2013, there is a four percent increase in the number of youth attending college and accessing the ILHS.

Of the young adults who accessed Chafee Housing in FFY 2012 (60 youth), 100 percent were working part or full-time. Of the youth who left the Chafee Housing Program in FFY 2012, 41 percent return to college and accessed Chafee ETV funds. Another 23 percent continued in or returned to a post-secondary education or training program and accessed Chafee ETV. This was possible as the institution did not include room and board in the calculation for cost of attendance.

To date in FFY 2013, 20 youth have accessed the Chafee Housing Program and 100 percent of the youth were employed at the time (primarily the summer months). Three youth (15%) left Chafee Housing to return to college and access Chafee ETV funds. One youth returned to a post-secondary education or training setting that did not include room & board in cost of attendance (therefore, continues on Chafee Housing) and one is taking on-line classes while accessing



Chafee Housing due to being placed on academic probation and losing her financial aid until her grades improve.

The One-time Housing Payment programs did not show any significant changes in the past year (2 youth accessed Subsidy funds and 6 youth accessed Chafee Housing funds). In FFY 12, eight youth accessed the program:

	<b>Subsidy</b>	<b>Chafee</b>
Average Amount:	\$1,825.00	\$561.66
Highest Amount:	\$1,900.00	\$675.00
Lowest Amount:	\$1,750.00	\$980.00
Districts: Dist. 2:	1	5
Dist. 5:	1	n/a
Dist. 8:	n/a	1

There is a noticeable difference in the amount of funds foster youth are requesting through the Subsidy one-time payment program versus the Chafee one-time payment program. There are two reasons for the significant difference:

- 1) Lack of rental history for youth transitioning from a foster care placement to Subsidy. Landlords are charging up to three times the normal security deposits for youth with no rental history.
- 2) Chafee Housing does not cover furniture or other items not directly related to room and board. Therefore, the “start-up kits” requested by Chafee one-time funds are frequently \$100 to \$200 less than that requested through Subsidy one-time funds. Subsidy is able to cover any monthly living expense, it is not limited to just room and board.

Oregon’s three largest Districts (2, 3, and 5) are the areas that access the Independent Living Housing Subsidy Program most often. Over the past 2.5 years, the number of Districts accessing the Subsidy program for their youth has increased from 11 to 15. This may be an indication of achieving the goal of simplifying access to the ILP Housing Programs. It may also be an indication of more staff and community partners understanding the resources available to youth due to participating in ILP and Transition Planning NetLink trainings provided by the ILP Desk. The following data indicates the number of youth served by each District, by FFY:

District	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
FFY11	7	34	19	5	14	7	0	11	4	3	0	0	0	0	2	5
FFY12	4	33	22	5	21	6	0	3	0	3	1	1	0	1	3	9
FFY13 thru April	1	24	23	4	17	2	2	6	0	2	1	1	1	1	2	6

**Planned:** The quarterly ILP Services NetLink and Youth Transitions NetLink will help to inform staff and community partners of the availability and eligibility requirements for ILP housing programs. Over the past year, 34 people completed the ILP services NetLink and 35 people completed the Transition Planning NetLink. This is an on-going goal that will be updated each year. Anticipated completion date is September 2014.

- d. Goal: *Access services available to the youth through other community systems, and services that support the youth's identification with cultural communities.*

**Activities:** As reported previously in this report, the ILP State Advisory Committee work group struggled to move forward. That, coupled with the extreme workload experienced by the ILP Desk, resulted in the Committee as a whole being suspended. The ILP Youth Transition Specialist has taken the lead on this goal. She continues to conduct research as follows:

- DHS International & Multi-Cultural Unit
- DHS Safe and Equitable Foster Care Reduction Project
- ILP Providers
- PSU Child Welfare Partnership
- Internet searches for existing curriculum and training

Other activities that assist DHS to move closer to achieving this goal are the Native Teen Gathering, the ILP Convening, and ILP Provider cultural celebrations. Most of the ILP Providers take advantage of holiday and cultural celebrations to help youth understand the meaning and history behind the celebrations (Martin Luther King Jr. Day, Cinco de Mayo, Christmas, Hanukah, etc).

**Planned:** The Youth Transitions Specialist is working with the Foster Care Manager to determine next steps. Any plans from the ILP Convening that

influence this Goal will also be tracked and updated next year. The projected completion date has been revised to March 2014.

e. Goal: *Increase hands-on, experiential life skills activities.*

**Activities:** The ILP State Advisory Committee work group conducted research on existing curriculum and best practices for how to increase hands-on, experiential life skills activities. The work group also conducted outreach to the Oregon ILP Providers to request their favorite activity for teaching life skills. This resulted in an electronic compilation of life skills activities. This will be an on-going project as activities will be added and updated as needed. An electronic document is available at: <http://ilporegon.wordpress.com/category/daily-living-skills/>

**Planned:** There is no longer a work group for this area. The ILP Desk and Young Adult Transitions Program Coordinator will have to review options for moving forward. The YAT Program Coordinator will also be reviewing options for the young adult population and how services may differ for foster youth age 18 and older. Oregon may request the National Resource Center for Youth Development provide technical support for this goal area. ILP contract language will be reviewed and updated in early 2014 in preparation for the new Request for Proposals (RFP). Oregon's ability to achieve this goal will be dependent upon the costs associated with additional hands-on activities. The revised projected completion date is July 1, 2014.

## **2. Employment:**

a. Goal: *Increase career exploration activities and opportunities for foster teens.*

**Activities:** DHS has ordered 500 copies of the Careers Oregon 2013 published by the Oregon Employment Department. The document is available at: <http://www.qualityinfo.org/pubs/careers/careers13.pdf>. The document is an excellent resource to help DHS achieve this goal. Copies will be provided to youth at each of the summer teen conferences. ILP, DHS and the Tribes will also receive a copy for each office/branch by early June 2013.

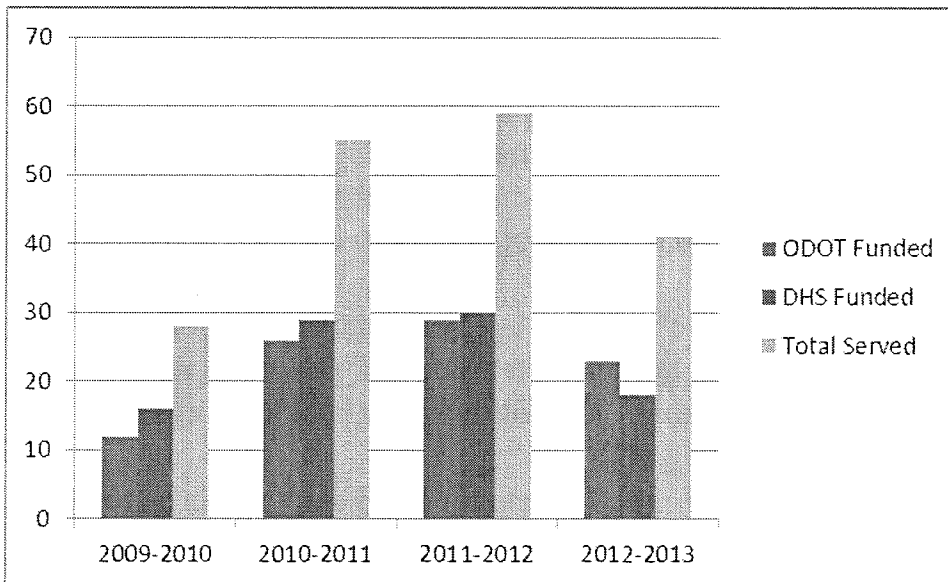
DHS has also implemented employment as an agency wide focus. While other agencies/offices within DHS have developed a 5 year strategic plan to improve employment for DHS clients, Child Welfare is still in the process of plan development.

**Planned:** DHS selected a new Contractor to host the DREAM Conference (formerly ASPIRE Conference) in 2013. This year's focus has broadened to include post-secondary education, training, and employment. Youth will complete a survey at the Teen Conference in June advising of career interests. Their responses will help inform the guest speakers and information provided during workshops at the DREAM Conference in August. There will also be a College and Career Fair this year.

The ILP Coordinator does plan to create a work group related to employment in preparation for establishing the Chafee 5 year strategic plan. Progress will be reported next year. The projected completion is September, 2014.

- b. Goal: *Increase access to internships, apprenticeships, and other work experience opportunities for older foster teens and young adults.*

**Activities:** DHS was successful in extending the Oregon Department of Transportation Grant for increasing the number of youth obtaining driver's education. The chart below details the number of youth who accessed driver's education training. Youth are more employable if they have a driver's license. Youth are also better able to search for work or volunteer opportunities if they have the ability to drive.



*Note: the 2012-2013 data is not a complete year.*

Employment for foster youth served by the ILP providers remained steady at 338 youth. Statewide, the overall teen unemployment rate is currently at 26.6 percent

(down from 29.7 percent in 2011). A partnership between DHS Self Sufficiency Programs and Child Welfare is underway in District 2 (Multnomah County). The project is intended to provide foster youth who are also TANF participants with summer employment. This partnership will also include the local Workforce Investment Act agencies. The ILP Coordinator had worked with the TANF Manager to attempt to create a statewide summer employment program. However, the budget would not allow for a statewide effort.

**Planned:** The ILP Coordinator will be co-presenting to the Oregon Workforce Partners (OWP) in June. The Oregon Workforce Partnership (OWP) is a non-partisan, private/public, statewide association committed to building a more highly skilled workforce to support and expand Oregon's economy. OWP is driven by the leadership of 120 local businesses, investing their resources to better align economic, education and training systems for job creation and greater prosperity. The ILP Coordinator will be joined by the Director of Youth Workforce Services, Worksystems, Inc., to update the OWP regarding local efforts between Workforce Investment Act agencies and DHS to better serve foster youth.

Oregon has made the NYTD survey available for youth to take each year (at age 17, 18, 19, 20, and 21). The NYTD outcomes will be reviewed annually and used as a baseline to track employment. The ILP Coordinator will continue to partner with the colleges and OUS institutions to document volunteer opportunities for students from foster care. The projected completion date is September 2014.

### **3. Post-Secondary Training & Education Preparation:**

- a. Goal: *Increase the number of staff, Contractors, foster parents, and foster youth trained on post-secondary financial aid, and other information important to determining which school a youth may be able to attend.*

**Activities:** While this goal has been achieved, it is also an area of on-going focus for the ILP Providers and DHS. The Oregon Foster Youth Tuition and Fee Waiver has been a stimulus in achieving this goal. The following annual trainings or projects assist with accomplishing this goal:

- ASPIRE Fall Conference – DHS has 75 slots for DHS staff, foster parents and community partners.
- DREAM Conference (formerly ASPIRE for your Future) – up to 100 youth and 30 adult supporters attend a week long event to learn about post-secondary resources, and other details important to consider in selecting a school.

- Portland State University’s My Life Project (coaching youth to prepare for transition to adulthood using a self-determination model), and Better Futures (working with youth with mental health issues to succeed in school).
  - PSU’s Better Futures Summer Institute – approximately 20 youth attend a week-long event to learn post-secondary resources, and other details important to consider in selecting a school.

Following are educational outcomes as reported by the ILP Contractors. Note that the information below is for ILP youth served between July through June each year (annual contact cycle and reporting period) and only for those youth served by an ILP Contractor. These figures may not be reflective of Oregon’s foster care population as a whole.

Goals	07/08	08/09	09/10	10/11	11/12	% Change from prior year
Reg. HS Diploma	189	183	157	239	166	-30%
GED	51	62	64	59	37	-37%
Modified Diploma	25	21	36	23	25	+8%
Post-secondary ed. & training	154	165	267	272	300	+10%
Post-secondary degree/certificate	2	4	13	8	5	-37%
Obtained own housing	254	241	226	275	287	+4
Living without agency maintenance	248	232	173	226	207	-8%

The above statistics indicate a significant decrease in the number of youth that completed high school by obtaining a regular diploma (-30%) and GED (-37%), as well as a slight increase in the number of youth completing high school by obtaining a modified diploma. There was an overall drop in the number of youth completing high school of 28 percent (93 youth). However, the number of youth enrolled in post-secondary education or training is the largest group served by ILP Providers to-date. The apparent decline in the number of youth completing high school may be due to ILP Providers serving less youth who are of graduation age; or fewer graduation age teens in foster care. Additional data would be necessary to understand the specific cause behind the perceived decline.

Oregon was awarded the *Education Stability Matters*, a two year grant received from the Administration for Children and Families (ACF), to increase permanency and education outcomes for children/youth in foster care. Oregon is partnering with the Oregon Department of Education and Oregon Judicial Department to implement four, county based, pilot programs in high schools developed to identify children in foster care, collaborate amongst partners, and create better education outcomes for those children. At a statewide level, the goal is to create a statewide Memorandum of Understanding regarding record sharing amongst and between Child Welfare and School Districts, as well as work towards better Information System to Information System data sharing.

Goals:

- Increase collaboration between Child Welfare and Department of Ed
- Educational stability for children/youth in foster care
- Accurate and timely data transfer
- Increase permanency outcomes for children 12-20 years old
- Increase the number of youth using tuition waivers
- Increase the number of youth exiting foster care with a high school diploma

While the goals of the Education Stability Matters grant are different than the Chafee goal 3.a., it is projected the partnership will have a positive effect on the Chafee goal of increasing awareness of information important to determining which school a youth may be able to attend.

***Planned:*** The Oregon Legislature has passed amendments to the Oregon Tuition and Fee Waiver. The changes will simplify eligibility criteria by mirroring the Chafee ETG. However, the Tuition and Fee Waiver does allow youth to continue their education to age 25, unlike Chafee ETG. New informational flyers will be created in partnership with the Oregon Foster Youth Connection/Children First for Oregon (OFYC/CFFO).

The FosterClub: Dedicated Outreach Representative provides an avenue for informing youth directly of the Tuition and Fee Wavier and other important transition resources. The ILP Coordinator will be meeting with FosterClub on a quarterly basis to review and coordinate announcements to youth. The DHS Child Welfare Education Program Coordinator will monitor progress of the Education Stability Matters grant.

#### **4. Mentors and Interactions with Dedicated Adults:**

- a. Goal: *Increase permanent support systems for youth*

**Activities:** The Transition Planning NetLink continues to inform participants of the importance of connecting youth to permanent supports. The Cultural Identity Sun activity has been well received as a tool to learn what youth are interested in and how they define themselves, as well as whom a youth views as a supportive adult. The recent ILP Convening created discussions and plans related to this goal area.

**Planned:** Transition Planning NetLinks will continue on a quarterly basis. There are several Districts that created plans to increase a youth's support system during the ILP Convening. These plans will be monitored, and updates will be provided next year. See Chafee Attachment 2 for details of the ILP Convening Plans.

Projected completion date is October 2013.

- b. Goal: *Establish peer mentors and coaches to assist teens in care with transition planning and decision making.*

**Activities:** The ILP SAC work group identified the lack of funding as the main barrier. As mentioned previously, the State Advisory Committee has been suspended. Due to these reasons and complexities in attempting to train, support, and fund peer mentors statewide, this goal has been eliminated. However, PSU's My Life project has been incorporating peer mentors into their programming for several years. They have found success with this model. However, the costs are prohibitive.

#### **5. Services for Former Foster Youth:**

- a. Goal: *Create a method for maintaining contact with former foster youth selected to participate in the follow-up NYTD surveys and former foster youth who may be struggling with the transition to self-sufficiency and adulthood.*

**Activities:** While this goal is considered as achieved, on-going efforts will continue to ensure contact and resources are provided to former foster youth. Updates to the DHS-ILP website are implemented as new information or resources are made available. The pilot project with FosterClub, Inc., proved successful in maintaining contact with former foster youth. A new five year contract was implemented in May 2013, to provide outreach to the NYTD populations and former foster youth in general. FosterClub will provide a Dedicated Outreach Representative(s) who will track the contacts made, number of surveys submitted,



and provide youth with information and resources to aid them in their transition to adulthood.

**Planned:** The ILP Coordinator will meet quarterly with FosterClub on the Dedicated Outreach Representative project. The following activities and services will assist with maintaining contact with current and former foster youth:

- NYTD workshop at every ILP sponsored teen conference or event.
- Dedicated Outreach Representative to have a presence at every ILP sponsored teen conference/gathering over the summer.
- FosterClub memberships promoted by all ILP Contractors.
- Creative incentives for youth who submit the NYTD survey within the specified time allowed.
- Chafee ETG application (contact information).
- Foster Youth Tuition and Fee Waiver will provide access to former foster youth & contact information (email address).

There is at least one group from the ILP Convening that plans to assist young adults with better planning and supports after reaching age 21. This plan will be monitored and progress will be reported next year.

## **6. Education & Training Voucher Program**

Goals for this Chafee purpose area are listed in the Chafee Education & Training Voucher section below.

## **7. Services for Kinship guardianship or Adopted youth.**

The ILP's eligibility criteria allows all youth who leave substitute care at age 16 or older (with at least 6 months of substitute care placement services since age 14) to retain eligibility for ILP services to age 21; regardless of type of foster care exit. The ILP services not available to youth who leave substitute care placements prior to age 18 are the two ILP Housing Programs (Subsidy and Chafee Housing). The ILP housing programs require current care and custody, or youth must age out (at age 18+) of child welfare care and custody (DHS or Tribal custody).

With the changes to Oregon's Foster Youth Tuition and Fee Waiver, those youth that exit foster care to guardianship or adoption after age 16 may now be eligible to access the Waiver. A meeting has been set to discuss the changes and craft a plan to update outreach materials. The ILP Coordinator will update the Child Permanency and Post Adoptions Services staff of the updated eligibility criteria.

**D. Service collaboration activities achieved in FFY 2013 and planned for FFY 2014 with other Federal and State programs:**

Oregon has a long history of partnering with both state and federal programs and agencies. The following chart details the types of contacts or relationships the ILP Contractors have with a variety of local resources and youth serving agencies:

<b>DHS &amp; Tribal Contacts (7/1/11 – 6/30/12)</b>	Regular, ongoing contact / relationship	Infrequent contact	No Contact
District/Branch/ILP Liaison	19	1	1
Foster Parents	20	0	0
Tribe / Indian child welfare	7	8	5
Self- Sufficiency Programs (TANF, OHP, Food Stamps, Teen Parent)	10	10	0
Mental health services	14	4	2
Physical health services	3	12	5
Seniors and People with disabilities	3	11	6
Health Department (city/county/state)	5	10	5
Other	2	0	0
<b>Employment Contacts</b>			
Workforce Investment Board (WIA)	9	3	8
Employment office	12	7	1
One stop centers	11	6	3
Vocational rehabilitation services	3	6	11
OVRS's Youth Transition Programs	3	6	11
Job Corp	8	10	2
Goodwill Industries	2	9	9
Apprenticeships	1	10	9
Career/ Professional	8	9	2
Other	2	0	1
<b>Education Contacts</b>			
Public School system (counselors, IEP, etc)	18	2	0
Alternative schools	16	4	0
College / University system	17	3	0
Vocational / Trade Schools	9	9	2
Tutoring programs	4	10	6

Scholarship Programs	11	8	1
Other	0	1	1
<b>Housing Contacts</b>			
Transitional Living Programs	7	6	7
Local or state housing boards	5	6	9
Public housing authority	3	10	8
College housing	7	7	5
HUD / Community Housing planning	7	8	5
Teen Parent Programs	8	6	6
Other	2	1	0
<b>Other Contacts</b>			
4-H, Scouts, Other youth Leadership / activities	5	8	7
Mentors	5	8	6
Other	3	0	1

The ILP Coordinator, Youth Transition Specialist, and YAT Program Coordinator are involved in a variety of workgroups, standing committees, and monthly meetings/conference calls that involve State and Federal partners (i.e. HHS Region X quarterly calls, Homeless & Runaway Programs, DHS Breakthrough Initiatives-Employment workgroup, OFYC/CFFO, Portland State University, nine federally recognized Tribes, Oregon Student Access Commission, etc.). The ILP Coordinator also reaches out to a variety of agencies each year to assemble the VIP Panel for Teen Conference. The VIP Panel listens to what youth have composed as the issues/barriers to success on a variety of topics. The youth also provide their recommendations for improvements. The VIP Panel has consisted of representatives from youth serving agencies and governmental decision makers such as; Judge, Legislators, Tribes, Employment Department, Mental Health, Foster Parent Association, CRB, CASA, OFYC, Child Welfare Administrator, Department of Education, and the Oregon University System. New this year will be representatives from the Oregon Insurance Division (auto insurance), and the Oregon Youth Development Council (newly formed by the Governor last year).

The ILP Coordinator was also a peer mentor at the Peer to Peer Convening in New Orleans in June 2012. The ILP Coordinator routinely attends the Pathways to Adulthood Conference in an effort to maintain up-to-date on practice, and network with the Homeless and Runaway Youth program staff.

The YAT Program Coordinator works closely with 8 counties who are receiving a mix of Title IV-B and State General Fund dollars to expand services to homeless

and runaway youth. This position and program is new to the Child Well-Being Unit. Progress and activities will be reported in greater detail next year.

**E. Specific training that was conducted during FFY 2013 and planned for FFY 2014 in support of the goals and objectives of the States' CFCIP.**

Details of specific training to assist with the Chafee goals will be found in the goal areas listed below, as well as in Chafee Attachment 3. Additional teen related training provided by the PSU Child Welfare Partnership can be found in the Training Section of the APSR.

- a. *Goal: Increase opportunities for teen related trainings involving youth, DHS, ILP Contractors, Judges, CASA, CRB, and foster parents.*

**Activities:** The Youth Transition Specialist continues to compile a list of youth who are interested in assisting with training DHS staff and community partners regarding the needs of youth in care. The Youth Transition Specialist is often contacted by community partners when a teen panel is needed for events. Events over the past year where teen panels or young adult presented were ILP Convening, ASPIRE Fall Conference, Shoulder to Shoulder, various CRB/CASA events, NYTD Meeting/NYTD Technical Work Group, Native Teen Gathering, ICWA Conference, Teen Conference, OFYC Policy Retreat, ASPIRE For Your Future, and the OFYC Supportive Adults Training.

**Planned:** DHS will continue to provide youth with opportunities to share their expertise at conferences and trainings. An annual event that highlights this effort is the ILP Teen Conference Youth Speak activity. Youth split into groups of their choosing in 6 areas (transportation, housing, education, etc. – changes each year). Over the span of four days, the youth brainstorm barriers related to the topic area and draft recommendations for improvement. The youth then present their work to a panel of “VIP” or decision makers from a variety of youth serving agencies and governmental departments, as mentioned in section D. above (Service Collaborations). This goal has been accomplished, however, remains an on-going focus for the Child Well-Being Unit.

- b. *Goal: Have a cohort of trainers available to provide Casey Life Skills Assessment training. ACHIEVED, year 1; staff training continues.*

**Activities:** This goal was achieved in year one. Oregon has 6 DHS staff and 5 community partners trained as trainers. Trainings have been completed statewide and continue on an as needed/requested basis.

**Planned:** Trainings will continue to be offered as needed. This goal had been achieved, and no further activities were anticipated. However, with the recent changes and shift to the new Casey Life Skills Assessment, DHS has been discussing the potential for another train the trainer session through the National Resource Center for Youth Development. Unfortunately, the NRCYD is not prepared to provide such training at this time. Oregon will look to local resources to update a training curriculum for the Casey Life Skills trainers.

c. Goal: *Provide caseworkers with training on how to survey youth.*

**Activities:** Progress was achieved with the implementation of two activities: ILP Convening and the implementation of the FosterClub: Connect Dedicated Outreach Representative. The ILP Convening pulled in a select group of DHS supervisors, teen caseworkers, DHS ILP Liaisons, Tribal staff, ILP Providers and a few community partners (PSU CW Partnership, DHS Business Integrity Unit staff, and Permanency Unit representative) – a total of 90 participants. The goals of the Convening were to provide a better understanding of the NYTD requirements, inform participants how NYTD can help improve services, allow DHS & Tribal staff to meet the ILP staff from across the state, and to provide each local area an opportunity to craft a plan for improving services to teens (see Chafee Attachment 2) for the goals created). FosterClub conducted an interactive, fun activity to emphasize the importance of surveying youth. The activity also helped participants understand some of the hesitance a youth may feel, why it's important to use a standardize survey instrument, and how to use the data to help improve services. Based on the evaluations for the event, all goals were achieved.

**Planned:** The Dedicated Outreach Representative contract requires FosterClub to attend at least six events, such as the ILP Convening, to help inform participants of the importance of NYTD and how to approach the topic with youth. Additional details of the FosterClub partnership will be reported next year. Projected completion date is set for October 2013.

**G. Service design and delivery of a trust fund program for youth receiving independent living services or transition assistance.**

Oregon does not participate in trust funds for ILP youth or young adults receiving ILP services. Oregon does not plan to participate in trust accounts using Chafee funds.

#### **H. Activities undertaken to involve youth (up to age 21) in State agency efforts:**

- a. *Goal: Involve youth in workgroups and program planning to achieve the five year program goals.*

**Activities:** Youth have been involved in workgroups, focus groups, and as experts for presentations regarding the needs of foster youth. As mentioned in section D and E above, the annual ILP Teen Conference provides youth the opportunity to discuss topics of interest, identify barriers, and brainstorm solutions during the Youth Speak activity. The Youth Speak recommendations are captured in a report which is widely distributed. The Oregon Foster Youth Connection (OFYC) is often accessed to obtain input and recommendations. OFYC also held a Policy Retreat in June and an Advocacy Retreat in February. Participants helped craft recommendations for improvement in a variety of areas and presented those recommendations at a policy luncheon with DHS and community partner decision makers in June. In February 2013, the Advocacy Retreat ended with the youth going to the capitol and informing legislators of the need for a Foster Youth Bill of Rights (SB123). The advocacy day appears to have worked as SB123 is on track to pass and be signed into law.

**Planned:** This is an on-going goal, and will be complete when the Five Year Plan has been achieved (September 2014).

- b. Goal: *Expand foster youths' awareness and participation in the Oregon Foster Youth Connection (OFYC) youth advocacy council.*

**Activities:** Even though the ILP State Advisory Committee has been suspended, this goal remains a priority for DHS, and progress has been achieved. The ILP continues to provide both financial and staff support to the OFYC. Both the ILP Coordinator and Youth Transition Specialist are considered Advisors to the group. The ILP also provides \$4,000 to OFYC to assist with ensuring youth are able to attend meetings, provide refreshments and purchase necessary items or supplies to help the group achieve their goals. Following is a current list of members:

- Active youth members: 47
- Interested/inactive youth members: 67

- Active adult advisors: 9
- Interested/inactive Advisors: 4
- Active community supporters: 38

Active = participated in 3 or more OFYC events including conferences, action opportunities, or chapter meetings.

OFYC is starting to track the level of engagement of youth members, as there is a wide variation in commitment levels. OFYC has 7 members who have participated in 6 or more events this year. Five of those members have participated in over 12 events, and 2 members have participated in over 20 events.

OFYC has continued to partner with the National Foster Youth Action Network (NFYAC) and receives technical assistance and training through NFYAC. OFYC is expanding as a new Chapter is being implemented in Eugene (Lane County). The OFYC Policy Retreat was a major contributor to increased interest in the group.

**Planned:** DHS-ILP will continue to provide financial support to OFYC through FFY2014 (September 2014). At that point it is expected that the OFYC will be a self-sufficient entity. DHS will continue providing supportive adults for the group (ILP Coordinator and Youth Transition Specialist). DHS is partnering with OFYC to include them at each of the summer ILP sponsored youth events. DHS will also be partnering with the OFYC to update outreach materials explaining the updated eligibility criteria for the Tuition and Fee Waiver. It also appears that Senate Bill 123 advocating for a Foster Youth Bill of Rights is moving through the legislature. DHS will partner with OFYC to implement the requirements under the Foster Youth Bill of Rights. This is an on-going goal, and will be complete when the Five Year Plan has been achieved (September 2014).

#### **I. Option to expand Medicaid to provide services to youth ages 18 to 20 years old that have aged out of foster care:**

Chafee Medical was implemented on May 1, 2010. The number of youth accessing the program steadily increased through June 2012. After that, there was a significant drop and then a gradual increase through December 2012 (see Chafee Attachment 4). Planning is underway for implementing the extension of Medicaid/Chafee Medical coverage to age 26. The Federal Compliance Unit and the ILP Desk staff have been working with the Division of Medical Assistance Programs, Office of Medical Eligibility Policy (MEP) to determine a process for former foster youth to apply. The MEP office has determined that anyone

applying for medical coverage will submit the same application. Cover Oregon is the entity processing the applications. The process will include a data match with MMIS to determine if an applicant was receiving coverage as a foster youth at the age of 18 or older. If so, those applicants will be reviewed to determine which medical program coverage applies (MAGI process). If an eligible young adult does not meet any other medical coverage criteria, they will be covered under the Former Foster Care Youth Program. The MEP Office, Federal Compliance Unit, and ILP Desk will determine training needs and outreach efforts necessary to ensure DHS caseworkers and youth are aware of the benefits available to foster youth aging out of care.

**J. Indian Tribe consultation (Section 477(b)(3)(G) of the Act) specifically as it relates to determining eligibility for benefits and services and ensuring fair and equitable treatment for Indian youth in care:**

**1. Describe how each Indian Tribe in the State has been consulted:**

- a. Goal: *Improve and increase consultations with Indian Tribes specifically relating to determining eligibility for benefits and services for Indian youth in care under the Chafee Foster Care Independence Act.*

**Activities:** Due to the barriers mentioned in the Chafee Summary section above, the ILP Coordinator was not able to travel to each Tribal office to meet and discuss ILP services. The ILP Coordinator and Child Well-Being Manager attended the DHS ICWA Quarterly meetings on a regular basis until a recent restructuring of those meetings. Relationships continue to be strengthened and informal consultation occurs during the ICWA Conference or as needed. The Native Teen Gathering continues to be an excellent tool for building and strengthening relationships with the Tribes. The ILP Coordinator continues to provide technical assistance to the Warm Springs ILP staff and Child Welfare Director.

**Planned:** The ILP Coordinator will make regular calls to each ICWA Representative to discuss needs, and determine if a meeting or training is necessary. The ILP Coordinator will attempt to visit each Tribal office at least once a year. This is an on-going goal with no anticipated end date.

**2. Efforts to coordinate the programs with the Tribes.**

The ILP Coordinator ensures the Tribes are included in/invited to any local ILP activities (i.e. Program Reviews, ACLSA training, ILP training). The ILP



Coordinator also includes the Tribes on an e-mail listserve for teen/young adult related information or resources. Tribes are considered a community partner and key stakeholder.

The primary event the Tribes and the ILP Coordinator collaborate on is the Native Teen Gathering. Plans are underway for the Coquille Indian Tribe to host the 2013 Native Teen Gathering. While financial issues have proved to be barriers in the past, DHS is making a concerted effort to ensure DHS ICWA Liaison's are able to attend the Gathering with their youth.

**3. Discuss how the State ensures that benefits and services under the programs are made available to Indian children in the State on the same basis as to other children in the State.**

The DHS ICWA Liaisons and Tribal staff are aware of the services and understand the process for referring youth for services. Following are statistics for Native American/Indian youth served by the Independent Living Program Contractors and other IL type services tracked through NYTD (for a full breakdown of youth served, by race, see Chafee Section A, Program Services above).

<b>Race</b>	<b>Total Served</b>	<b>% of ILP Population Served</b>	<b>All Foster Care</b>
Native American	97	6.6%	3.8%
Total Youth Served	1480		

As the above statistics indicate, Native American youth equaled 6.6 percent of the youth who received IL type services (per NYTD 2012 A & B reports). Native Americans equal 3.8 percent of the overall foster care population. This statistic is an indication that Oregon is ensuring Native American/Indian children are receiving ILP benefits and services on the same basis as other children in the state.

**4. Report the CFCIP benefits and services currently available and provided for Indian children and youth in fulfillment of this section and the purposes of the law.**

There have been no changes in this area. Services continue to be available as follows:

Life Skills Training – The ILP currently contracts with the Native American Youth and Family Services (serving urban Native American youth in the Multnomah county area/Portland). All other Native American youth are able to be referred to the ILP Contractor serving the county in which they reside.

ILP Discretionary Funds – As mentioned above, each Tribe, with the exception of the Confederated Tribes of Warm Springs, has access to \$1,400 in ILP Discretionary Funds. The funds are to be used to assist a youth with achieving their goals as listed on their transition plan.

Chafee ETV – Native American youth access services as any other youth via the electronic application process. Each school will determine a youth's financial need.

Chafee Housing – Youth must return to the Tribe or DHS to request voluntary ILP services, including Chafee Housing (providing eligible youth with up to \$600 per month based on need).

Independent Living Housing Subsidy – per Oregon Policy (based on Oregon Revised Statute 418.475), a Native American youth must be in the care and custody of DHS in order to be eligible for Independent Living Housing Subsidy services. This service is primarily funded with State General funds – no Chafee funds are expended on Subsidy housing stipends.

Summer ILP Events – All Tribes are notified of the various summer events sponsored by the ILP (Native Teen Gathering, Teen Conference, ASPIRE training). Tribes are notified via email and each event is discussed at the Quarterly ICWA meeting prior to the event date.

Driver's Education funds are available to any youth eligible for ILP services.

While not provided by DHS, the Tuition and Fee Waiver is also available to Tribal foster youth on the same basis as foster youth in the state foster care system.

**5. Describe whether and how the state has negotiated in good faith with any Tribe that has requested a portion of the State's allocation to administer ILP services directly.**

No Tribes have requested a portion of the State's allocation. The Confederated Tribe of Warm Springs was the first Tribe to request and receive direct funding

from the Federal Government in 2010. As previously mentioned, the ILP Coordinator remains a resource for the Warm Springs Tribe's ILP staff for technical assistance. The Warm Springs ILP Staff is also invited to attend all training provided to DHS contracted ILP Providers, including the annual ILP Provider Retreats. All Tribes are also included in the monthly ILP Update emails. A Tribe or Native American youth serving organization is also invited to participate as part of the VIP Panel at Teen Conference each year.

➤ **Chafee Education & Training Voucher Program**

**A. Program Services Description:**

For details regarding Oregon's Chafee Education and Training Grant (ETG) program and eligibility criteria, please see the DHS Procedure Manual, Chapter 4, Sections 29 at the website listed below. No significant changes in program services or eligibility are anticipated.

[http://www.dhs.state.or.us/caf/safety\\_model/procedure\\_manual/index.html](http://www.dhs.state.or.us/caf/safety_model/procedure_manual/index.html)

Oregon will continue to provide Chafee ETG services for eligible foster youth (DHS or Tribal). Former foster youth may be able to receive services between the ages of 16 to 20; or up to age 23, if enrolled and accessing Chafee ETG services on their 21<sup>st</sup> birthday. Services are available statewide. Oregon anticipates serving 300 youth through the Chafee Education and Training Grant (ETG) program during the 2012 – 2013 academic years. Oregon anticipates a small increase as more youth become aware of the new Tuition and Fee Waiver eligibility and extra financial support for continuing their education and training.

A summary of accomplishments, progress made, as well as goals placed on hold are listed below.

**B. Collaboration Summary:**

DHS' partnership with the Oregon Student Access Commission (OSAC) continues to be a key component of providing post-secondary financial support and training to foster youth. The collaboration initiated as a result of the Tuition and Fee Waiver implementation continues with the Oregon University System and Community College administrators. Additional Chafee ETG collaborations are listed within the detailed goals listed below.

**C. Program Support Summary:**

Statewide ETG related trainings conducted over the past year included the following events or activities: Youth Transition Planning NetLink, ILP Services

NetLink, Native Teen Gathering, CRB Conference, Oregon Association of Student Financial Aid Administrators (OASFAA) Conference, Oregon College Access Network (ORCAN) Conference, and ASPIRE Conferences (one for youth and one for adults). Details of specific training will be found in pertinent goal areas below.

The ILP Coordinator does not anticipate requesting technical assistance related to the Chafee ETG from the National Resource Centers.

**D. Specific accomplishments achieved in FFY 2013 and planned activities for FFY 2014:**

**a. Chafee ETG Summary:**

Reference the challenges listed in the CFCIP Summary section. The status of Oregon's Chafee ETG goals is summarized below. Complete details of accomplishments, progress, and plans for next year are listed in the Chafee ETG Accomplishments and Planned Activities section of the report.

- a. Goal: Access national data base information regarding foster youth post-secondary education and training, retention and completion rates.  
ACHIEVED.
- b. Goal: Determine awareness and knowledge of post-secondary staffs regarding the barriers and needs facing foster youth.  
PROGRESS, completion date set for September 2012.
- c. Goal: Conduct outreach to increase public awareness regarding the need for additional financial support for foster youth's post-secondary education and training costs.  
ACHIEVED, completion date September 2012.
- d. Goal: Catalog individual campus processes and procedures for financial aid and other supportive services to minimize access delays for foster youth.  
PLACED ON HOLD, completion date revised to September 2014.
- e. Goal: Create a structure for older foster care alumni to become mentors for new alumni on campus.  
PROGRESS, projected completion date; September 2013.
- f. Goal: Find resources to fund an ETV Resource staff and/or primary contact for information and referral.  
PLACED ON HOLD, indefinitely.

**b. Chafee ETG Accomplishments and Planned Activities:**

This section of the State's Annual Progress Report will detail the progress achieved on the goals set forth for Oregon's Chafee ETG as outlined in the Five

Year Plan. Details are listed below and in Chafee **ETG Attachment 1** (ASPR Attachment E).

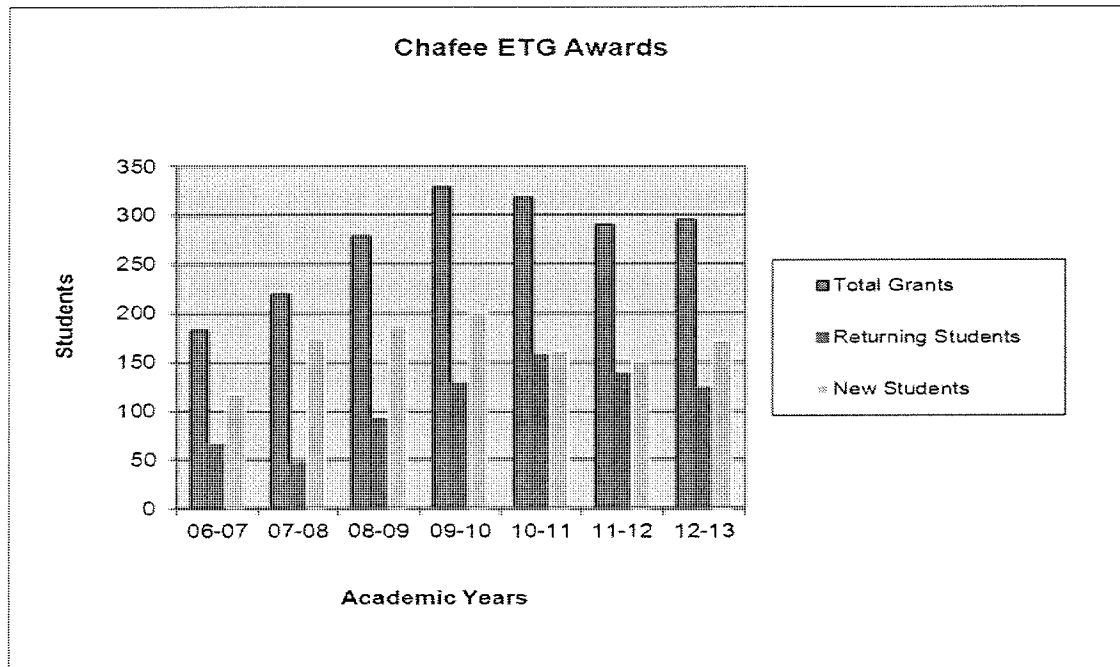
- a. Goal: *Access national data base information regarding foster youth post-secondary education and training retention and completion rates.*

**Activities:** This goal has been achieved. The Oregon Student Access Commission has been able to obtain information from the national data base to determine the completion rates for Oregon’s students accessing the Chafee ETG. The following data shows an interesting trend. The data continues to indicate youth who attend a four year university are faring much better/completing their education at a higher rate than students attending a two year institution. However, with such small numbers, it is still too early to make such a determination.

<b>Community College</b>		<b>Proprietary</b>	<b>Public Four-Year</b>	<b>Private Four-Year</b>	<b>Total All Sectors</b>
Year	Rate (%)	Rate (%)	Rate (%)	Rate (%)	Rate (%)
2005-06	4.73	0.0	21.43	37.5	8.65
2006-07	12.31	0.0	62.5	100	10.81
2007-08	9.09	0.0	n/a	n/a	n/a
2008-09	7.25	4.17	n/a	n/a	n/a
2009-10	4.20	2.94	n/a	n/a	n/a

\*Data reported by OSAC on 11-30-11, see Chafee **ETG Attachment 2** for the full report.

As indicated by the chart below, Oregon has experienced a slight decline of students accessing the Chafee ETG. However, retention rates hit an all-time high at 49 to 50 percent during the current and past academic year.



Academic Years:	06-07	07-08	08-09	09-10	10-11	11-12	12-13*
Retention Rates	36%	21%	33%	39%	49%	48%	42%

\* Academic year 2012-13 is still in progress and numbers are subject to change.

The retention rates for the Chafee ETV students have steadily increased over the first five academic years, with the exception of 2007-2008. It would appear that retention rates began a downward trend. However, one reason for the decline may be due to youth completing their education. Based on the graduation rates provided by OSAC, 10.8 percent of youth who began college in 2006-2007 have obtained their degree or certificate.

**Planned:** DHS will continue to partner with the OSAC to obtain data on Chafee ETG students from the national clearing house and report annually.

b. Goal: *Determine awareness and knowledge of post-secondary staffs regarding the barriers and needs facing foster youth.*

**Activities:** Due to the suspension and workload issues, no progress was achieved in this area. Due to changes in staff and funding, the Cascade Fostering Success Advocate program at PCC has been eliminated. A survey was distributed last year to the community colleges, universities and vocational training institutes to assess

the level of awareness and knowledge regarding barriers and needs facing foster youth. The ILP Desk began the process of analyzing the survey responses.

**Planned:** Once a baseline is determined, plans and activities will be implemented to increase the awareness and knowledge of post-secondary staffs. Continue tracking the progress of OSU, UO, WOU, and share success with other post-secondary institutions. Projected completion date set for September 2013.

c. Goal: *Conduct outreach to increase public awareness regarding the need for additional financial support for foster youth's post-secondary education and training costs.*

**Activities:** This goal had been achieved, however, this is an on-going focus area for DHS. HB2095 has renewed interest and awareness of the need for financial support for foster youth. The Foster Youth Tuition and Fee Waiver eligibility criteria are under review, and youth once again had the opportunity to advocate for change at the legislature. The Oregon Foster Youth Connection (OFYC) and Children First for Oregon (CFFO) once again provided a face and voice to the issues. The DHS-ILP website was updated to include a tab on higher education and financial aid. The ILP Coordinator participated on a panel at the ORCAN Conference. The presentation titled "Telling the Story of Foster and Homeless Youth." The panel also included Timothy Bell, foster care alumni; Peggy Cooksey, OSAC Scholarship Coordinator; and Nexus Nichols, Outside In (RHY).

**Planned:** The ILP Desk will partner with OFYC to update outreach materials and increase awareness of the availability of the Tuition and Fee Waiver. The ILP website will be updated with new materials:

[http://www.oregon.gov/DHS/children/fostercare/ind\\_living/ilp.shtml](http://www.oregon.gov/DHS/children/fostercare/ind_living/ilp.shtml). The ILP Coordinator and Youth Transition Specialist will continue to support post-secondary institutions efforts to support students who are or were in foster care.

d. Goal: *Catalog individual campus processes and procedures for financial aid and other supportive services to minimize access delays for foster youth.*

**Activities:** There has been no progress on this goal due to workload and time constraints of the ILP-ETG Fiscal Assistant, ILP Coordinator and Youth Transition Specialist.

**Planned:** This goal has been placed on hold. The projected completion date has been postponed to September 2014.

e. *Goal: Create a structure for older foster care alumni to become mentors for new alumni on campus.*

**Activities:** The Foster Youth Tuition and Fee Waiver was the driving force behind progress on this goal over the past year. Unfortunately, it is too early to know what opportunities the schools provided youth to achieve their volunteer hours (30 hours per academic year). Upper class foster care alumni at Western Oregon University created a study group for nine freshman alumni who had been placed on academic probation for poor grades. Unfortunately, two youth dropped out of school due to medical issues, one youth did not want to continue, one youth remains on academic probation, and the remaining five were able to bring their grades up, received financial aid, and continue their education. Three of the upper class alumni presented at the ILP Convening to discuss how to better prepare foster youth for college life.

**Planned:** Continue to meet with post-secondary institutions and ILP Providers regarding partnering to better serve students who are or were in foster care. The projected completion date is September 2013.

f. Goal: *Establish an ETV Resource staff and/or primary contact for information and referral.*

**Activities:** No progress has been made on this goal. However, as mentioned above, with the implementation of the Foster Youth Tuition and Fee Waiver, many schools are educating staff on the special needs of current and former foster youth. The FosterClub Dedicated Outreach Representative is also providing information and referral, if necessary, for foster youth she is in contact with.

**Planned:** Due to budget impact, this goal had been placed on hold.

**Technical Assistance the State anticipates needing to meet the goals set forth in the five year plan.**

- 1) Train the trainer session is necessary for the new Casey Life Skills Assessment and tools. DHS has several trained staff and maintains contracts with several providers who were certified to train the ACLSA. These trainers need to be trained on the new CLSA. The ILP Coordinator will continue discussions with the NRCYD to determine if a new training is available.



## ↓ *Statistical and Supporting Information*

### **1. Education and Training Vouchers:**

	<b>Total ETVs Awarded</b>	<b>Number of New ETVs</b>
<b>Final Number: 2011/2012 School year</b> (July 1, 2011 – June 30, 2012)	290	152
<b>2012 – 2013 School Year</b> (July 1, 2012 – June 30, 2013)	295	172

*For additional information, see CFCIP Attachment 3 – Annual reporting of State Education and Training Vouchers Awarded.*

### **2. Inter-Country Adoptions: 0**

### **3. Juvenile Justice Transfers: 27**

In Oregon, the Dependency system is operated by the Department of Human Services, whereas the Delinquency system is operated by County Juvenile Departments or if the youth is committed to the state correctional system that is operated by the Oregon Youth Authority.

At times, there may be youth who are in the dependency system and commit a crime and are convicted of the crime and are sentenced. These youth are then sentenced to the Oregon Youth Authority most often by the same local judge who may have made them a ward of the court for Dependency reasons. The judge may vacate the dependency status and/or suspend dependency status while they are completing their sentence with OYA. Once the youth have served their sentence, there may be a new judicial finding to re-engage the dependency status. Therefore, the Department of Human Services and Oregon Youth Authority work closely in the transfer of youth cases across system going to and coming from OYA.

**4. Monthly Caseworker Visit Data:**

**Title IV-B Monthly Caseworker Face-to-Face Contacts**

<b>Item</b>	<b>Description</b>	<b>FFY 2012</b>
1	The aggregate number of children in the data reporting population (described above);	11,612
2	The total number of monthly caseworker visits made to children in the reporting population. If multiple visits were made to a child during the calendar month, the State must count them as one monthly visit;	69,490
3	The total number of complete calendar months children in the reporting population spent in care;	93,169
4	The total number of monthly visits made to children in the reporting population that occurred in the child's residence. If multiple visits were made to a child during the month and at least one of those visits occurred in the child's residence, the State should count and report that one monthly visit occurred in the residence of the child.	44,884
	Percentage of visits made on a monthly basis by caseworkers to children in foster care	74.6%
	Percentage of visits that occurred in the residence of the child	64.6%

Source: ROM as of 4/10/2013

✚ *Financial Information*

**Payment Limitation: Title IV-B, Subpart 1:**

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

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

**Payment Limitation: Title IV-B, Subpart 1:**

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

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

**Payment Limitation: Title IV-B, Subpart 2:**

Provide State and local expenditure amounts for Title IV-B, Subpart 2 for FY 2011 for comparison with the State's 1992 base year amount, as required to meet non-supplantation requirements.

State Budget FFY 1992

\$ 59,196,600 GF  
\$ 112,531,846 TF  
\$ 3,283,022 Title IV-B

At that time, Title IV-B funds made up 2.9% of the Child Welfare Total Fund Budget.

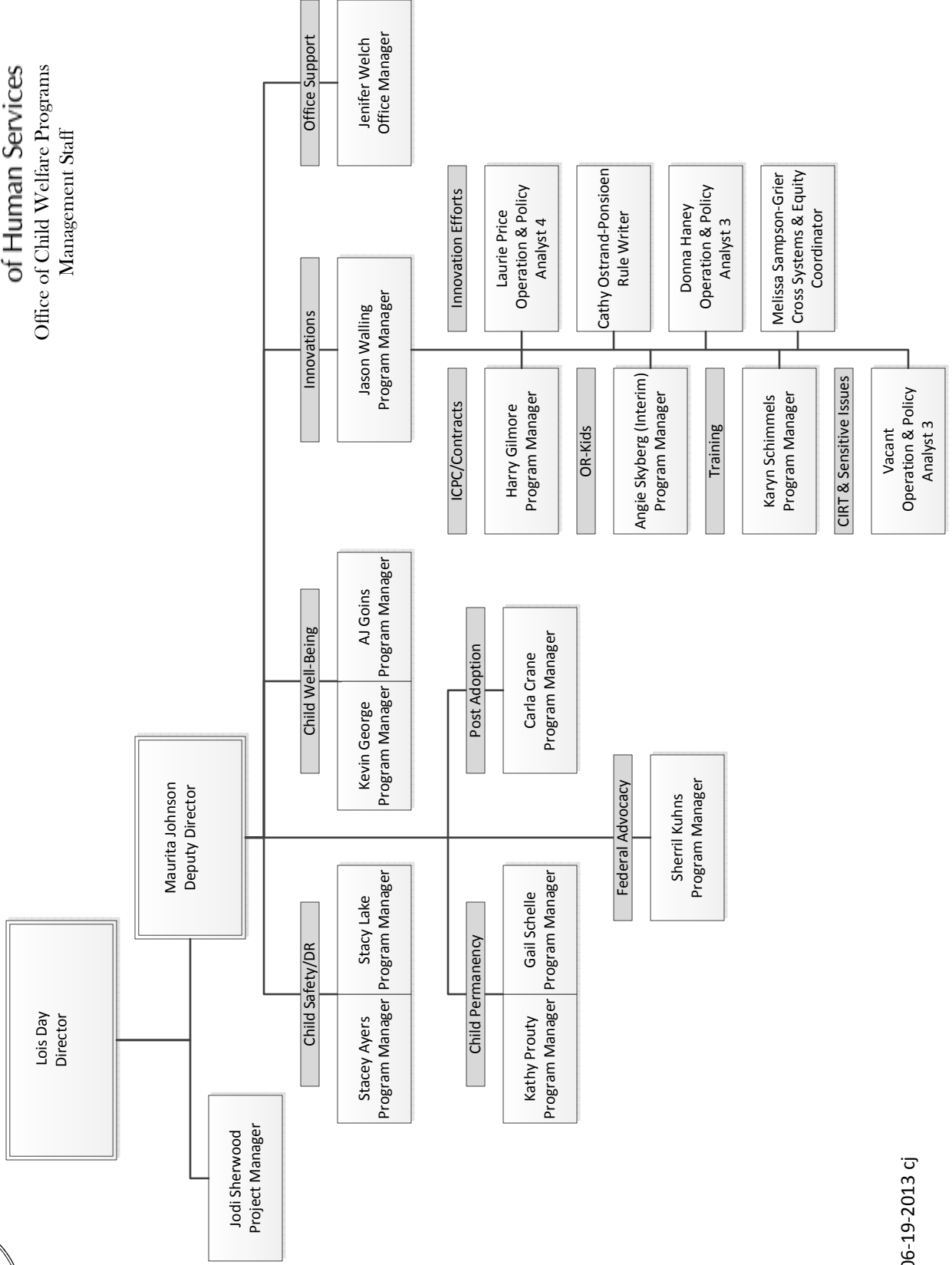
State Budget FFY 2011

\$ 165,568,655 GF  
\$ 358,672,528 TF  
\$ 4,705,659 Title IV-B, Subpart 2 allotment for 2011

The Title IV-B amount for 2011 is 1.3% of the Child Welfare Program budget versus 2.9% of the budget in 1992. This demonstrates that Title IV-B funds have not supplanted other program costs in the 2011 federal period.



**DHS**  
 Oregon Department  
 of Human Services  
 Office of Child Welfare Programs  
 Management Staff



# Oregon Department of Human Services

**DHS DIRECTOR**  
Erinn Kelley-Siel

- COMMUNITY ENGAGEMENT – Margaret Carter  
- EQUITY/MULTI-CULTURAL SERVICES – Gloria Anderson  
- TRIBAL AFFAIRS – Rick Acevedo  
- MEDICAL DIRECTOR – Vacant

OPERATIONS

PROGRAM DESIGN

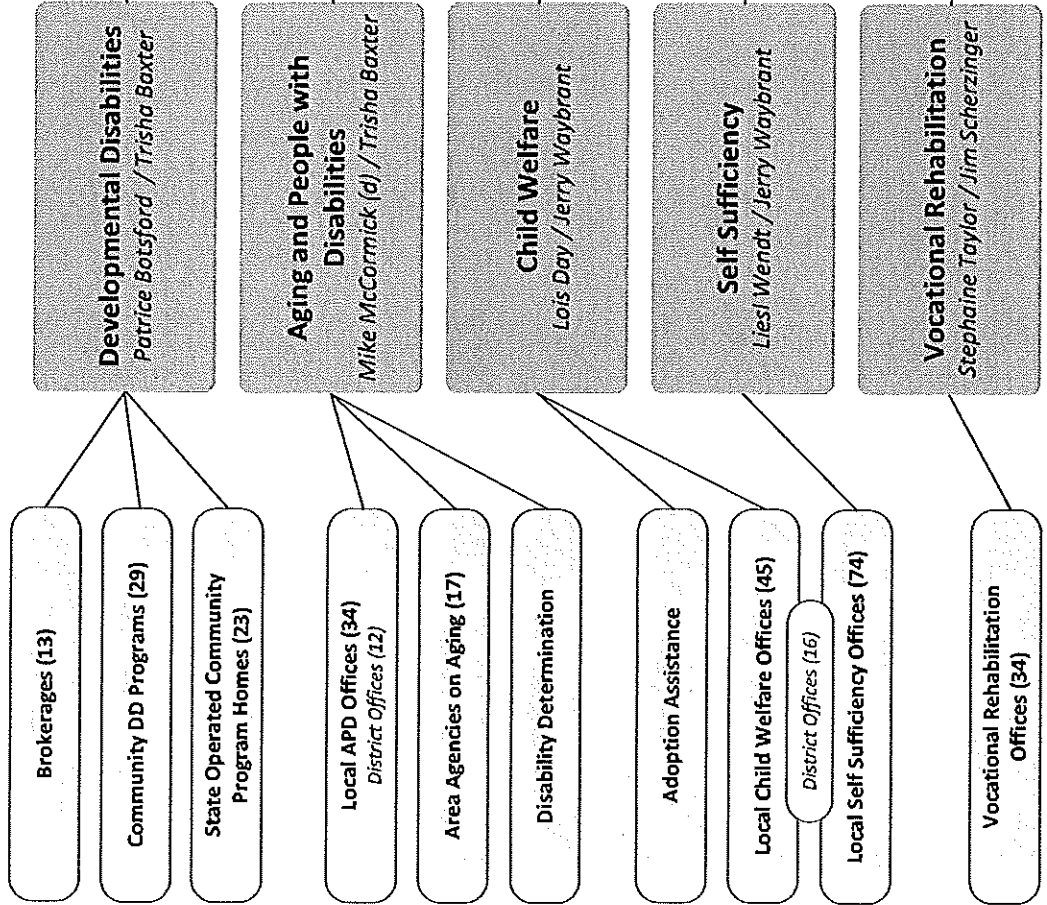
CLIENT OUTCOMES

DELIVERY

**DELIVERY**

**PROGRAM DESIGN**

**OPERATIONS**



**Chief Financial Officer**  
Eric Moore

- DHS Budget
- Budget Center\*
- Forecasting\*
- Financial Services\*

**Human Resources**  
Carolyn Ross

- Human Resources Center\*

**Communications**  
Gene Evans

- Publications\*
- Forms/Distribution\*

**Legislative and Client Relations**  
Mickey Serice

- Legislative Relations
- Legal Relations
- Rules and Contested Hearings
- Governor's Advocacy Office

**Chief Operating Officer**  
Jim Scherzinger

**Shared Services Liaison\***  
Jeremy Emerson

- Procurement\*
- Imaging and Records Mgmt.\*
- Facilities\*

**Internal Audits\***

**Business Intelligence**  
Angela Long

**IT Business Supports**  
Trina Lee

**Licensing and Regulatory Oversight**  
Donna Keady

**Adult Abuse Prevention & Investigations\***  
Marie Cervantes

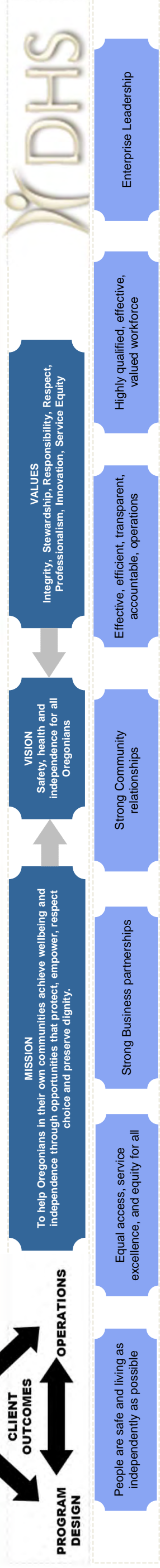
**DHS Continuous Improvement**  
Christy Williams

**Performance Excellence\***  
Wes Charley

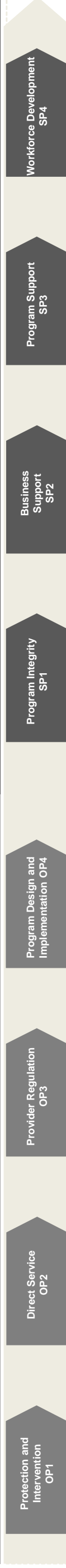
**Program Integrity**  
Chuck Hlbnar

**Payment Accuracy & Recovery\***

\* Denotes a shared services provided to DHS and OHA



**SUPPORTING PROCESSES**



FOUNDATIONS	KEY GOALS	CORE PROCESSES	SUB PROCESSES	PROCESS MEASURES	PROCESS OWNER	OUTCOME MEASURES	MEASURE OWNER																		
<ol style="list-style-type: none"> <li>Assessing and responding to protection needs of at-risk Oregonians</li> <li>Engaging partners and stakeholders</li> <li>Providing data analysis and research</li> <li>Developing and implementing prevention strategies</li> <li>Developing and implementing policies, rules, legislative concepts and programs</li> </ol>	<ol style="list-style-type: none"> <li>Developing, writing and reviewing rules based on program expectations</li> <li>Issuing and renewing certifications, licensure, registrations, and endorsements</li> <li>Monitoring provider compliance</li> <li>Overseeing implementation of corrective action</li> <li>Communicating with stakeholders</li> <li>Improving quality of providers</li> <li>Training</li> </ol>	<ol style="list-style-type: none"> <li>Managing customer relations</li> <li>Developing and engaging partners (Tribal, Equity, Community, Contract / Service)</li> <li>Ensuring equitable access and inclusivity</li> <li>Assessing safety and intervening as appropriate</li> <li>Service delivery                             <ul style="list-style-type: none"> <li>Determining eligibility for programs</li> <li>Providing case management services to clients</li> <li>Coordinating with service delivery partners to maximize outcomes for clients and meet client needs</li> <li>Partnering with program design and business/program supports to maximize resources and improve client outcomes</li> <li>Continuously improving processes to maximize staff, IT, and program resources</li> </ul> </li> <li>Ensuring business integrity</li> <li>Meeting program requirements</li> </ol>	<ol style="list-style-type: none"> <li>Assuring quality                             <ul style="list-style-type: none"> <li>Monitoring compliance, performance, and service quality</li> <li>Performing audits and reviews</li> <li>Training on errors and instances of non-compliance</li> <li>Documenting and reporting program outcomes, compliance, performance and service quality</li> </ul> </li> <li>Identifying and addressing systemic issues                             <ul style="list-style-type: none"> <li>Managing enterprise risk</li> <li>Following up on audit findings</li> <li>Supporting Continuous Improvement</li> <li>Documenting and reporting program outcomes</li> <li>Ensuring data integrity</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>Developing program scope and implementation strategies</li> <li>Defining metrics and measuring success</li> <li>Prioritizing work and resources</li> <li>Engaging legislatively at the state and federal levels</li> <li>Meaningfully partnering with clients, business and program support services, and stakeholders</li> <li>Service delivery staff and support business and program support</li> <li>Managing partner/contractor performance, including accountability for culturally specific practices and services</li> <li>Accountable for implementation of best-practices and use of data (both quantitative and qualitative) to drive decisions</li> <li>Communicating internally and externally, both proactively and in reaction to specific circumstances</li> <li>Continuously improving processes to maximize staff, IT, and program resources</li> <li>Focusing across programs on client needs and enterprise outcomes</li> </ol>	<ol style="list-style-type: none"> <li>Assessing and responding to program integrity                             <ul style="list-style-type: none"> <li>(1) Audits/reviews related to program integrity implemented</li> <li>(2) Corrective actions</li> <li>(3) Audits with no findings</li> <li>(4) Percent of repeat compliance audit findings</li> </ul> </li> <li>Internal business reviews (business &amp; contractor services)                             <ul style="list-style-type: none"> <li>Service accuracy - eligibility determination</li> </ul> </li> <li>Employee fraud and intentional program violations (IPV)                             <ul style="list-style-type: none"> <li>Client overpayments</li> <li>Medicaid provider fraud</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>Developing and implementing business policy                             <ul style="list-style-type: none"> <li>Budgeting</li> <li>Managing finance</li> <li>Managing procurement</li> <li>Managing enterprise resources</li> <li>Managing data and business processes</li> <li>Managing records and documents</li> <li>Ensuring compliance</li> </ul> </li> <li>Improving program data and analysis</li> <li>Facilitating business solutions</li> <li>Identifying and addressing systemic issues                             <ul style="list-style-type: none"> <li>Supporting continuous improvement</li> <li>Documenting and reporting program outcomes</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>Involving stakeholders in workforce planning                             <ul style="list-style-type: none"> <li>Recruiting, retaining and succession planning</li> <li>Building workforce capability</li> <li>Managing performance feedback</li> <li>Ensuring a safe and healthy work environment</li> <li>Developing professional partnerships</li> </ul> </li> </ol>																		
<ol style="list-style-type: none"> <li>Inconclusive disposition of investigations</li> <li>Timeliness of investigation completion</li> </ol>	<ol style="list-style-type: none"> <li>Field workforce strategy</li> <li>Field workforce to forecast workload</li> <li>Eligibility timeliness</li> <li>Equity awareness</li> </ol>	<ol style="list-style-type: none"> <li>Provider quality improvement</li> <li>Monitoring</li> </ol>	<ol style="list-style-type: none"> <li>Sub-process utilization scoring</li> <li>Scoring Outcome measures</li> </ol>	<ol style="list-style-type: none"> <li>Business operations customer satisfaction</li> <li>Business operational performance measures</li> <li>Leadership accountability to performance measures</li> </ol>	<ol style="list-style-type: none"> <li>Efficient &amp; effective services</li> <li>Service excellence – internal</li> <li>Projects follow project management methodology</li> </ol>	<ol style="list-style-type: none"> <li>External Customer Satisfaction</li> <li>External stakeholder satisfaction</li> <li>Partner outcomes</li> </ol>	Stacey Ayers Marie Cervantes	Sandy Dugan Corissa Neufeldt	Donna Keddy Trina Lee	Chuck Hibner Jeremy Emerson Angela Long Leatha Krehoff Vacant	Safety O1	People Living as Independently as Possible O2	Customer Satisfaction O4	Service Equity O5	Employee Engagement O6	Workforce Diversity O7	Community / Business Partnerships O8	Lois Day	Trisha Baxter Jerry Waybrant	Eric Moore	Gene Evans	Carol Lamon	Carolyn Ross	VACANT	Mike McCormick

## 2013 Training Matrix

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
<p><b>Masters in Social Work (MSW)</b></p> <p>There are two major options</p> <ul style="list-style-type: none"> <li>* Portland Option</li> <li>* Distance Option</li> </ul>	<p><b>Portland Option</b>, classes provided on PSU campus, is a 78 credit program. Students in our tuition assistance program who have selected public child welfare as their advanced practice concentration. The curriculum combines concurrent on-campus coursework and field placements and practicum education in our department. <b>Distance Option</b>, is a three-year program with a combination of courses offered on intensive weekends, onsite instruction and web-enhanced course delivery instruction with field practice placements within DHS Child Welfare in the students' local communities.</p>	2 to 3 years	PSU	DHS CW employees and recruits	\$1,675,940	Title IV-E Foster Care Eligibility
<p><b>Bachelors Social Work (BSW)</b></p>	<p>The BSW Program prepares graduates to become professional generalist entry-level social workers/caseworkers to work for DHS Child Welfare.</p>	1 year	PSU	DHS CW Employees and recruits	Combined with MSW	Title IV-E Foster Care Eligibility
<p><b>Core - Fundamentals of Child Welfare</b></p> <p>Child Welfare CORE Training is mandatory for all new child welfare staff classified as Social Services Specialists 1 and other employees who perform functions generally assigned to these classifications. Employees must complete CORE prior to having responsibility for a child</p>	<p>This two week cluster introduces the participant to an array of social issues common in child welfare and provides strategies for implementing best practice standards when working with children and families. Topics include but are not limited to domestic violence, mental illness, substance abuse, child sexual abuse, drug endangered children, developmental issues of abused children, and child neglect. Sessions providing a foundation for child welfare practice include educational resources, working with relative and non-relative caregivers, cultural considerations, the</p>	2 weeks	PSU	Social Service Specialist 1 (SSS1) Case carrying workers	\$1,625,466 (per biennium)	RMS

## 2013 Training Matrix

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
welfare caseload. Newly hired employees must be attending or have completed training within three months. CORE meets the statutory requirements outlined in ORE 418.749 for all Child Protective Services staff that screen, assess and investigate allegations of child abuse and neglect.	Indian Child Welfare Act, engagement skills, self-sufficiency, and a caseworker's role in the courtroom.					
<b>Core – Life of a Case</b>	This two week cluster introduces the participant to all aspects of the Oregon Performance Model, from initial contact to reunification and case closure, and sessions covering screening, mandatory reporting, interviewing children, visitation planning and vicarious traumatization. Sessions supporting legally sound casework practice and concurrent permanency planning are provided and include identifying fathers, diligent relative search, placement priorities, reasonable efforts, types of juvenile court hearings, and Citizen Review Boards.	2 weeks	PSU	Social Service Specialist 1 (SSS1) Case carrying workers	See cost above (this total cost includes this class)	RMS
<b>Core – Pathways To Permanency: Implementing the Concurrent Plan</b>	This one week training will introduce values and policies that provide a framework for case management responsibilities related to developing a concurrent permanency plan when children are unable to return home.	1 week	PSU	Social Service Specialist (SSS1) Case carrying workers	\$593,524 (per biennium)	Title IV-E Foster Care Eligibility
<b>Adoption and Safe Families Act (ASFA)</b>	The Adoption and Safe Families Act (ASFA) training is mandatory for new child welfare workers in Oregon. The purpose of this training is to orient participants to ASFA and its related	Computer Based Training (self-	PSU	Caseworkers, complete within 3 months of	Included in CORE costs from PSU	RMS



## 2013 Training Matrix

Training Activity		Courses			Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
<b>Confidentiality in Child Welfare</b>	timelines. This Netlink will cover the laws and policies around confidentiality in the field of child welfare. The laws surrounding child welfare records are confusing and often legal advice will be necessary to determine which statute will prevail in a given circumstance.	paced) 3 hours (NetLink)	PSU	hire Caseworkers, complete within 3 months of hire	Included in CORE costs from PSU	RMS			
<b>Multi-Ethnic Placement Act (MEPA)</b>	What is MEPA (Multi-Ethnic Placement Act)? What is at the heart of this federal law? Why does this law exist and how does it benefit children? This required course is designed to apply to all child welfare staff and supervisors placing children in substitute care, including foster care and adoptions.	3 hours (NetLink)	PSU	Caseworkers, complete within 3 months of hire	Included in CORE costs from PSU	RMS			
<b>Advocating for Educational Services</b>	This training will equip workers with information needed to advocate for the educational rights of children in care. Workers will learn how to promote the educational achievement of children and young adults through participation on teams that perform academic assessment, planning and goal setting. Strategies for working collaboratively with caregivers, school districts, and educational surrogates will be given.	3 hours (NetLink)	PSU	Caseworkers, complete within 3 months of hire	Included in CORE costs from PSU	RMS			

## 2013 Training Matrix

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
<b>Disclosure Analysis Guidelines (DAG)</b>	Almost all Child Welfare documents contain confidential information that may need to be redacted prior to disclosure. Analyzing what information DHS may disclose requires critical thinking skills. A resource guide was developed that includes a summary diagram and appendices meant to provide information necessary to guide critical thinking for the majority of questions related to disclosure and confidentiality.	Computer Based Training (self-paced)	DHS-CW	Caseworkers, complete within 1 year of hire	No Ongoing Costs	
<b>Social Service Assistant (SSA)</b>	<p>Social Service Assistant Training is an interactive, professional development activity that focuses on the essential skills and knowledge SSAs need to support the safety and permanency of children and families served by Child Welfare.</p> <p>Social Service Assistants will learn about the valuable role they play in supporting child welfare caseworkers to engage families and keep children safe. This training provides entry level instruction on key practice and policy top areas related to the primary functions of the Social Services Assistant position. Topics include, but are not limited to: Using the Oregon Performance Model to ensure safe and meaningful visits; Family Culture and Parenting Styles, Parent Coaching, Child Development, Engagement and Communication which includes information on the Stages of Change and Motivational Interviewing, Documentation</p>	6 days	PSU	Social Service Assistants (SSA) complete within 6 months of hire	\$215,750	RMS

## 2013 Training Matrix

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
	and Court Presentations					
<b>Supervisory Training</b>	<p><b>Module 1:</b> Making the transition from Social Worker to Supervisor</p> <p><b>Module 2:</b> Achieving excellence in staff performance</p> <p><b>Module 3:</b> Building a cohesive work group</p> <p><b>Module 4:</b> Promoting the growth and development of staff</p> <p><b>Module 5:</b> Case consultation and supervision</p> <p><b>Module 6:</b> Managing effectively within the organization</p>	<p>12 days (96 hours)</p> <p>Offered 2 x a year</p>	PSU	CW Line Supervisors	\$329,794	RMS
<p><b>Certification and Adoption Worker Training</b></p> <p>Provides baseline instruction in key policy and best practice standards for new certifiers and adoption workers.</p>	<p>This two week training covers the most up to date information on policy and best practice in working with foster, adoptive and relative caregivers. Topics include: assessment using the SAFE home study model as the foundation, interviewing skills, expedited placements, relative placements, safety standards, criminal background checks, committee presentations, supporting caregivers, allegations in out of home care, caring for sexually reactive children, developmental challenges of adoption, disruption, supervision, finalization, financial assistance through permanency, transitions, mediation and openness.</p>	10 days	PSU	Adoption Workers, foster home certifiers, & staff who complete relative, foster care, & adoption home studies.	\$323,243 (per-biennium)	Title IV-E Foster Care Eligibility

## 2013 Training Matrix

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
<p><b>Adoption Tools and Techniques Training</b></p>	<p>This three-day training is offered twice a year and builds upon the learning objectives from Pathways to Permanency Training. The in-depth content includes the legal, procedural, and therapeutic components needed to achieve a permanent home for children when that home will be an adoptive home. This training will focus on the importance of maintaining children’s connections to important communities and individuals that are appropriate to continue to support their lifelong well being.</p>	<p>3 days</p>	<p>PSU</p>	<p>Social Service Specialist 1 (SSS1) Case carrying workers</p>	<p>Included in Certifier &amp; Adoption Worker Training costs from PSU</p>	<p>Title IV-E Foster Care Eligibility</p>
<p><b>Foundations: Training of Trainers</b></p> <p>Training on the delivery of Foundations training for foster parents and adoptive parents. All staff who trains on this curriculum is expected to attend and are provided a participant handbook and receive instruction to both the curriculum and training delivery strategies.</p>	<p>Review of Oregon’s Foundational Curriculum for training foster, relative and adoptive families. The training covers the entire 8 weeks of material staff will use to train families who wish to care for Oregon’s children in foster/relative and adoptive care.</p>	<p>3 days</p>	<p>PSU</p>	<p>Staff who train Foundations for foster and adoptive parents</p>	<p>Included in Certifier &amp; Adoption Worker costs from PSU</p>	<p>Title IV-E Foster Care Eligibility</p>
<p><b>Foster / Relative / Adoptive Parent Training</b></p>	<p><b><u>CATEGORIES &amp; SAMPLE OF TRAININGS:</u></b></p> <p><b><u>Adolescence</u></b></p> <ul style="list-style-type: none"> <li>• Caring for Sexual Minority Youth</li> <li>• Child Development: Tweeners through the Teen Years</li> <li>• Common Mental Health Issues in Teens</li> </ul>	<p>Varies</p>	<p>PSU</p>	<p>Foster Parents</p>	<p>\$1,379,271</p>	<p>Title IV-E Foster Care Eligibility</p>

## 2013 Training Matrix

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
	<ul style="list-style-type: none"> <li>• Ten Tips for Parenting Teens</li> <li>• <u>Adoption</u></li> <li>• Adoption Issues throughout Life</li> <li>• Loss and Grief (also available in Spanish)</li> <li>• The Foster to Adoption Shift</li> <li>• <u>Behavior Management</u></li> <li>• Fun and Creative Parenting</li> <li>• Managing Difficult Behaviors in Young Children</li> <li>• Parenting Children with ADD/ADHD Fundamentals (also available in Spanish)</li> <li>• Positive Behavior Management</li> <li>• <u>Child Development</u></li> <li>• Early Childhood and Brain Development</li> <li>• Fetal Alcohol Spectrum Disorder Fundamentals</li> <li>• Memory: Development &amp; Stimulation</li> <li>• <u>Communication</u></li> <li>• Effective Communication (also available in Spanish)</li> <li>• Making the Most of Caseworker 30-day Visits</li> <li>• Taking Note of Your Work with DHS (also available in Spanish)</li> <li>• <u>Families</u></li> <li>• Caring for Children of Incarcerated Parents</li> <li>• Loss and Grief (also available in</li> </ul>					

## 2013 Training Matrix

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
	<p>Spanish)</p> <ul style="list-style-type: none"> <li>• Supporting Children Exposed to Domestic Violence</li> </ul> <p><b><u>Health &amp; Safety</u></b></p> <ul style="list-style-type: none"> <li>• Caring for Sexual Minority Youth</li> <li>• Caring for the Sexually Abused child</li> <li>• Fetal Alcohol Spectrum Disorder Fundamentals</li> </ul> <p><b><u>Neglect &amp; Abuse</u></b></p> <ul style="list-style-type: none"> <li>• Trauma Informed Parenting</li> <li>• Understanding &amp; Responding to the Sexual Behaviors of Children</li> </ul> <p><b><u>Self-Development</u></b></p> <ul style="list-style-type: none"> <li>• Caregivers and Caseworkers Teaming: The Heart of Child Welfare</li> <li>• Proper Hair and Skin Care of Ethnic and Biracial Children</li> <li>• Strategies for successful Fostering</li> </ul> <p><b><u>Special Needs</u></b></p> <ul style="list-style-type: none"> <li>• Methamphetamine Endangered Children</li> <li>• Parenting a Child with Special Needs</li> </ul>					

## 2013 Training Matrix

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
<p><b>Specialized and Ongoing Professional Development</b></p> <p>Specialized and ongoing training is available in both classroom and distance venues with the flexibility to negotiate changes to the deliverable to meet organizational needs and priorities as they evolve.</p>	<p><u>Sample of Advanced NetLinks</u></p> <ul style="list-style-type: none"> <li>• <b>Permanency Options</b></li> <li>• <b>Assessing and Ensuring Child Safety in Neglect Cases</b></li> <li>• <b>Talking with Children about Difficult Issues</b></li> <li>• <b>Developing &amp; Engaging Relative Resources</b></li> <li>• <b>Trauma Informed Practices</b></li> <li>• <b>Enhancing Teen Attachment</b></li> <li>• <b>Culturally Competent Interviewing</b></li> <li>• <b>Interviewing Children with Disabilities</b></li> </ul> <p><u>Sample of Specialized Classroom Trainings</u></p> <ul style="list-style-type: none"> <li>• <b>Working with Batterers</b></li> <li>• <b>Engaging Fathers</b></li> <li>• <b>Advanced Vicarious Trauma</b></li> <li>• <b>Documenting Parent Child Visits</b></li> <li>• <b>Engaging and Supporting Relatives</b></li> </ul>	<p>Average 2-3 hours each</p> <p>Varies</p>	<p>PSU</p> <p>PSU</p>	<p>All CW Caseworkers</p> <p>All CW Staff</p>	<p>\$286,521</p> <p>Included in above</p>	<p>RMS</p> <p>RMS</p>
<p><b>Interstate Compact on Placement of Children (ICPC)</b></p>	<p>This training will introduce you to the ICPC regulations and procedures. It will teach you which form(s) to use and how to complete them. It will give you insight about when and why the ICPC process is needed. Lastly, it will provide you with resources that will enable you to be successful with your ICPC cases.</p>	<p>2 hours (NetLink)</p>	<p>DHS-CW</p>	<p>All CW Caseworkers</p>	<p>\$2,060.40 (Salary cost estimate)</p>	<p>RMS</p>

## 2013 Training Matrix

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
<b>Youth Transition Planning</b>	The training will focus on the preparation for transition to adulthood and out of care. Participants will gain an understanding of the Comprehensive Transition Plans, New Health Care policies/mandates, Credit Reports, vital documents, etc. Participants will learn more about DHS requirements for assisting foster youth (age 16 or older) with creating a transition plan and learn the role DHS must have in the planning process to help youth transition to adulthood.	3 hours (NetLink)	DHS-CW	All CW Caseworkers	\$2,060.40 (Salary cost estimate)	RMS
<b>Independent Living Program (ILP) Services</b>	The training will help to understand the array of services available through ILP contractors. You will learn how to secure services, understand the eligibility criteria for Housing, Chafee Education, Tuition and Fee Waiver for foster youth, how to pay for driver's education and have a better idea of how to help youth who are not enrolled with an ILP Provider! The main goal of the ILP is to help youth transition into adulthood with knowledge and skills to be self-sufficient and contributing members of their community.	3 hours (NetLink)	DHS-CW	All CW Caseworkers	Included with above	RMS
<b>Fathers in Dependency Cases</b>	After completing this course you will have reviewed: Categories of fathers; Ways to identify, locate & notify fathers with rights; How to resolve possible paternity issues; How to facilitate parentage testing; and Resources for additional paternity information.	Computer Based training (self-paced)	DHS-CW	All CW Caseworkers	No Ongoing Costs	
<b>Another Planned Permanent Living Arrangement</b>	The goal of this course is to provide child welfare professionals an overview of the	Computer Based	DHS-CW	All CW Caseworkers	No Ongoing Costs	



## 2013 Training Matrix

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
(APPLA)	<p>appropriate use of APPLA and the requirements to thoroughly assess other permanency plans prior to recommending APPLA. There are six learning objectives for this course. They are: Define APPLA and recall the two types of APPLA plans. List the four permanency plans &amp; order of preference. Recall APPLA requirements, procedures and timelines. Recall processes required to consider APPLA as a child's permanency plan. Determine actions and timelines when a proposed APPLA plan is not recommended. Recall the on-going department responsibilities when the court has approved APPLA as a child's permanency plan.</p>	Training (self-paced)				

## 2013 Training Matrix

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
<p><b>OR-Kids</b> We have provided information and training in a variety of ways to appeal to all the different learning styles and to provide every individual with valuable resources to access as we prepare. Venues of training included webinars, conference calls and classroom trainings. Our OR-Kids On Line website is extensive and offers a wealth of information.</p>	<p>Go Live August 30, 2011. A variety of training venues provided pre and post Go Live. Multiple training opportunities continue.</p>	<p>various</p>	<p>DHS CAF Training and OR Kids project team</p>	<p>All CW staff, Tribes, Affected providers and community partners</p>	<p>\$1,653,467.16</p>	<p>Title IV-E Foster Care Eligibility</p>
<p><b>CASA Memorandum of Understanding</b></p>	<p>An interagency agreement is currently in place; however, CASA is in the process of preparing their first claim. No further reporting is available at this date.</p>	<p>Various</p>	<p>CASA, DHS CW</p>	<p>CASA</p>	<p>\$ 38,000</p>	<p>Title IV-E Foster Care Eligibility</p>
<p><b>Multnomah County Juvenile Division Title IV-E Agreement</b></p>	<p>An interagency agreement is currently being finalized with the Multnomah County Juvenile Division. Participation by casework staff in formal and organized training activities necessary to perform their duties under the Title IV-E Reimbursement program and this Intergovernmental Agreement.</p>	<p>Various</p>	<p>DHS CW, OR-Kids project team, PSU</p>	<p>Multnomah County Juvenile Division staff</p>	<p>To be Determined</p>	<p>Title IV-E Multnomah County Juvenile Foster Care Eligibility</p>



State of Oregon  
Department of Human Services  
Children, Adults and Families Division

**Emergency  
Preparedness & Management Plan**

**DEPARTMENT OF HUMAN SERVICES  
OFFICE OF CHILD WELFARE PROGRAMS**

**Emergency Preparedness and Management Plan  
June 30, 2013**

Oregon Department of Human Services  
Office of Child Welfare Programs  
500 Summer Street NE  
Salem, Oregon 97301  
Phone: 503-945-5944  
Fax: 503-378-2897

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## **I. INTRODUCTION**

The State of Oregon's Department of Human Services (DHS), Office of Child Welfare Programs (OCWP) is committed to ensuring the safety, permanency and well being of the children and families under its care and supervision. In order to ensure that these crucial services can be maintained immediately following a disaster, OCWP has developed this Emergency Preparedness and Management Plan in accordance with state and federal requirements and guidelines. This plan will work in conjunction with other DHS operational plans and state and local emergency operations plans, to ensure interagency coordination and effective service delivery immediately following a disaster or emergency event. The plan and attachments will guide district and local offices in developing their emergency preparedness plans.

### **A. Overview**

Medical events, manmade and natural disasters around the world strain the ability of governments at all levels to protect children, ensure continued critical services to children, and respond appropriately and effectively to children's needs during and after a disaster. The role of human service agencies in disasters therefore becomes even more important to the health, wellness, and safety of children under state care or supervision. This plan outlines Oregon's work to prepare for disasters and emergency events that would disrupt critical services to vulnerable children and their families.

Although the entire state may not be affected by a major disaster or pandemic, it will have an agency-wide impact. Therefore, district and local offices need to have emergency plans that clearly identify their roles and responsibilities within the broad emergency plan for the department and for the state. Support from other areas of the state may also be required, as local resources will likely be stretched and severely compromised.

DHS's emergency response planning will take place in local communities and counties throughout the state. The plans created at the local level will be communicated statewide so that resources and services can be mobilized immediately following a disaster.

Additionally, there will likely be a need to place children through emergency licensing, or emergency authorizations, and to place children with relatives, friends, or neighbors, both within and out of state.

## **B. Plan Background**

DHS is coordinating efforts in support of, and in combination with Oregon Health Authority (OHA) and the Oregon Office of Emergency Management, the state's comprehensive emergency management team, which provides the framework and guidance for statewide mitigation, preparedness, response and recovery activities. The plan is intended to provide a foundational framework for the statewide standardization of district and local office plans and facilitate coordination between local, state and federal governments.

The Emergency Preparedness and Management Plan ensures DHS' ability to provide support for the planning, response and recovery activities of the administrative, district and local offices. The essential services include the activities mandated by the Child and Family Services Improvement Act of 2006 that requires states to maintain specific services to children and families in the event of a disaster, including:

1. Identifying, locating and continuing availability of services for children under state care or supervision who are displaced or adversely affected by a disaster.
2. Responding as appropriate, to new child welfare cases in areas adversely affected by a disaster and provide services in those cases.
3. Remaining in communication with case workers and other essential child welfare personnel who are displaced because of a disaster.
4. Preserving essential case information, both electronic and written documents.
5. Coordinating services and sharing information with other states and interstate agencies.

The Emergency Preparedness and Management Plan was developed in conjunction with the work being done through the DHS Vulnerable Populations Project, with input from County Emergency Managers, and through consultation with other states and federal partners. This plan and the Vulnerable Populations Project utilized the October 2007 Federal TOP OFF IV exercise and the winter storms of 2007 in Oregon, to identify impediments to service delivery and potential problems with communication and organizational issues.

Additional information was gathered by reviewing existing business continuity, information technology, and continuity of operations plans and reviewing existing state emergency procedures, guidelines and policies. These plans provided guidance for re-establishing program and services in the event of a disruption. It is



understood that the effectiveness of the Emergency Preparedness and Management Plan is dependent on the compatibility and effective interface with these vital state plans.

### **1. Assessing potential disasters**

A careful review of past disasters in the State of Oregon was completed as part of the disaster planning. This included studying disaster frequency and impact as well as assessing potential disasters based on the presence of high risk factors, such as chemical depots, chemical movement through the state, industrial operations, the location of man-made structures (such as dams and power lines) and natural hazards (such as volcanoes, rivers, coastal areas). Information was also gathered from state and local emergency management agencies to ensure a comprehensive understanding of local hazards and concerns. It was also understood that a disaster in other states could impact services as Oregon takes in children and families displaced from a disaster in other areas of the United States. Potential disasters in Oregon can range from limited impact events – such as landslides, fires, and structural failures – to broad impact events – such as acts of terrorism, floods, earthquakes, and pandemics.

The Emergency Preparedness and Management Plan was designed to provide a flexible response based on the scope of the disaster. It is expected that minor events can be handled on a local level by district and local office managers with existing resources or with minimal assistance as they request it. Major events may require state and possibly federal assistance and catastrophic events may require massive state and federal assistance over a long period of time. Incident command and control will be maintained at the local level as much as possible. All events require effective training, leadership and communication to minimize the impact of emergency events on programs and services and to protect valuable resources (including staff, equipment and structures).

Each section of the plan needs to be implemented for staff to be prepared for disasters that might interfere with the normal operations of DHS and OCWP. Implementation includes:

- Gathering and making emergency preparedness information available to all child welfare staff.
- Training child welfare staff about emergency procedures.
- Providing periodic reports of key client information to managers at all levels in child welfare.

- Establishing periodic reports of critical personnel or titles identified in this plan.
- Periodically reviewing and updating the plan.

## **2. Assumptions**

Emergencies and disasters may occur with little or no warning, and may be overwhelming to the general population and specifically to OCWP and the services provided. In order to formulate an effective emergency management plan, some initial assumptions were made, and it is important to acknowledge those assumptions.

OCWP's plan was based on the following assumptions:

- The plan depends on timely communications and effective leadership.
- The plan applies to all hazards and not a specific event.
- Some emergencies or disasters will occur with sufficient warning that appropriate notification will be issued to ensure some level of preparation. Other situations will occur with no advanced warning.
- The continuity plans identify priority services for DHS and OCWP.
- DHS administration may be unable to satisfy all emergency resource requests during a major emergency or disaster.
- The plan describes only the general emergency procedures staff will need to follow. Managers at all levels of DHS will need to improvise to meet the specific conditions of an actual disaster.
- The plan assumes DHS will continue to provide food stamps, TANF grants and other services.
- The plan assumes that Medicaid services will continue to be provided through OHA.
- The plan assumes that community emergency services will be in place to provide basic necessities of shelter, rescue, evacuation, fire control, transportation, etc.
- The plan focuses on DHS and OCWP's unique responsibilities for child protective services and for children in foster care or group or residential care settings, both in-state and out-of-state.
- The plan assumes child welfare staff will be informed and trained on how to implement emergency procedures when a disaster strikes.
- Contracted residential and group care providers will develop and coordinate with DHS and OCWP their own agency or facility disaster response and recovery plans. This includes identification of, and resources for providing

services to medically fragile or special needs children and youth who receive their services.

- Recognized Indian Tribes will develop and coordinate with DHS and OCWP their own agency or facility disaster response and recovery plans. This includes identification of, and resources for providing services to medically fragile or special needs children and youth who receive their services.
- The plan assumes all personnel will need some level of assistance before, during and after the disaster has passed.
- For catastrophic incidents with community social and economic consequences, federal assistance may be available for disaster response and recovery operations under the provision of the National Response Plan. DHS offices will coordinate with local county emergency operations centers, local emergency managers, and other state and federal agencies to develop the application for federal assistance.
- The plan assumes it will only be effective if it is reviewed and updated.

## **II. CONCEPT OF OPERATIONS**

Emergency operations span three separate but contiguous phases: preparedness activities, response activities and recovery activities. The Emergency Preparedness and Management Plan is intended to support administrative, district and local offices in maintaining their critical services. The DHS Director is ultimately responsible for all operations and services. However planning, control and event analysis will occur at all levels of DHS administration. It is also anticipated that service delivery and resource management will occur at the lowest level sufficient to meet the demands of the specific event and that command and control functions will be coordinated along existing lines of authority.

### **A. Preparedness activities**

The OCWP Emergency Preparedness and Management Plan supports district and local office operations by coordinating state and local resources. During an emergency operation, local services can be impaired or unavailable. It is the responsibility of DHS and CAF administration to coordinate information and services with district and local offices to allow for the continuation of vital services and activities and to assist district and local offices in re-establishing normal operations.

## **1. Designate managers**

At the central office level the OCWP Emergency Management Team consists of the OCWP Director, the OCWP Deputy Director, the Communications Director, the Chief Operating Officer and other staff as directed by the OCWP Director.

The District Emergency Management Team consists of District and Program Managers and other key management staff designated by the District Manager. The DHS Director or designee, the OCWP Emergency Management Team, the District Emergency Management Team and key DHS management staff will coordinate state resources to ensure the continued provision of critical services. The OCWP Director (or designee) is responsible for ensuring that all members of the OCWP Emergency Management Team know their responsibilities in an emergency, as well as the extent of their authority, should designated leaders be unavailable in an emergency operation. The OCWP Emergency Management Team is responsible for ensuring that all managers who take on critical roles in an emergency know their responsibilities, as well as the extent of their authority, should designated leaders be unavailable in an emergency operation.

The DHS Director or the OCWP Director has the authority to activate the OCWP Emergency Preparedness and Management Plan. The OCWP Emergency Management Team will:

- Provide direction and information to management staff at all levels of DHS about actions to take to maintain critical functions in response to an impending or actual disaster.
- Designate managers over critical functions and establish a communication plan with them.
- Inform state, district and local office managers to activate emergency plans in response to an impending or actual disaster, if they have not already done so.
- Use media and any other forms of available communication to communicate direction to staff, clients and providers.
- Activate an emergency toll-free number specifically dedicated to emergency communication with foster families, group, residential care staff, youth receiving transition ILP services, and families with children under state care and supervision.
- Coordinate the OCWP Emergency Preparedness and Management Plan with the DHS Emergency Management Plan.

Management staff at all levels will need to make decisions specific to each circumstance during an emergency operation or in preparation for one.

Decisions regarding staffing essential functions, work place safety, work force and resource management will be made at the local level as much as possible. District and local office plans will define roles and responsibilities of front line staff in essential function areas.

## **2. Assign other critical roles**

The OCWP Emergency Management Team will ensure that all management staff of critical operations have the knowledge, skills and ability necessary for their role. All critical operation managers and their designees will receive notification of their assigned roles and essential information for carrying out their assignments during emergency operations. The DHS central office is responsible for:

- Maintaining the OCWP Emergency Preparedness and Management Plan and ensuring that the plan facilitates communication and coordination with district and local office emergency plans.
- Establishing:
  - A disaster-activated and dedicated toll-free number;
  - Communicating with and managing the press.
- Coordinating services and sharing information with other states.
- Communicating with federal partners.
- Facilitating the placement of children from other states.
- Preserving essential program records, both electronic and written documents.

The DHS district and local offices are responsible for:

- Locating and identifying children under state care and supervision who may be displaced.
- Coordinating services with Local Emergency Operation Centers.
- Identifying alternate service centers.
- Identifying staff that may have been displaced.
- Continuing services to children under state care who may be displaced.
- Identifying new child welfare cases and providing appropriate services.
- Preserving essential program records, both electronic and written documents.
- Screening, training and supervising DHS volunteers.
- Appointing a liaison with local emergency response and court offices. Foster families, group and residential care programs and families with children under state care and supervision are responsible for:
  - Locating and identifying all children placed in their care.
  - Calling the toll-free number and providing information as to their status and well being.
  - Communicating with state caseworkers, if possible.

- Continuing to meet the needs of the children placed in their care.
- Identifying alternate service centers, (group and residential care only)
- Preserving essential program records, both electronic and written documents, (group and residential care only).

### **3. Workload planning**

Other functions identified in the OCWP Emergency Preparedness and Management Plan will be provided as staffing and resources are available.

In considering how DHS staff will be deployed during a disaster, the following considerations should be taken in account:

- Child welfare staff may be victims of the disaster themselves, with damaged or destroyed homes or missing or affected family members. This will limit their emotional and physical availability for child welfare tasks.
- Child welfare staff may be called to help with immediate response efforts, such as overseeing evacuations, and/or taking on tasks in the response and recovery process, such as operating or working at shelters or providing child care at assistance centers.
- Additional or expanded services will be needed during a disaster for children and families receiving child welfare services or new families identified as needing child protective services or foster care.
- Staff may need to be deployed to answer toll-free phone numbers.
- After a disaster, as court processes are re-established, workers and attorneys should be available for court cases so that legal requirements (e.g., permanency timeframes) can be met. This will minimize the impact on children in care and the potential loss of IV-E funding, which would have a further negative impact on services.

It is also essential to evaluate the availability of resources, including:

- Identifying child welfare staff and other DHS staff with multiple skills that could assist with different jobs within DHS.
- Determining roles that units within the local child welfare office could assume.
- Exploring existing or potential processes for temporarily employing retired state employees.
- Considering deployment of staff from other counties.
- Considering the use of volunteers, foster and adoptive parents to help with disaster recovery work.

- Local Court Appointed Special Advocates (CASA's) and Citizen Review Board (CRB) members may be willing to provide assistance during a disaster.

#### **4. Locations of operations**

District and local offices, with the support of the central office, are responsible for determining their operational status during an emergency. Office sites may be compromised by structural damage, power outages or lack of available staff. Identifying alternate sites and staff deployment is a function of the OCWP Emergency Management Team in coordination with district and local offices. In looking for alternate site locations it is important to consider the size of the facility, its location (will it be accessible in an emergency), and its capacity for service delivery (phone lines, room availability, kitchen and bathroom capacities). Also consider where staff might be deployed if communication systems and transportation systems are shut down (such as hospitals, shelters, schools) and how communication with deployed staff will be maintained.

#### **5. Disaster supply kits**

Managers and key personnel will have access to essential items necessary to continue operations in a “deployed mode.” These items should include:

- Laptop computer with extra batteries
- 1 gigabyte USB thumb drive (with important documents loaded before a disaster)
- Staff contact information including district and central office management staff
- Cell phones, satellite phones, radios/walkie-talkies, wireless handheld devices
- Battery operated radios with extra batteries
- Disaster plans
- Maps, driving directions to alternate facilities
- Flashlight, lanterns, with extra batteries
- First aid kit
- Pocket knife or multi-tool
- Car chargers for laptop and cell phone
- Access to agency vehicles with full gas tanks

The location of these disaster supply kits should be well known to staff likely to fill leadership roles in the event of an emergency. Staff should also be encouraged to have their own “personal disaster kits” around the office that could include:

- Flashlight/lantern and/or glow sticks

- Maps/directions for evacuation routes
- Extra car keys
- First aid kit
- Extra water and blanket in their vehicle

## **6. Flow of funds**

DHS offices use direct deposits, vouchers, checks and electronic fund transfer technology to facilitate the majority of financial operations. All financial applications require strict adherence to established accounting policies and practices. During an emergency operation, strict adherence to accounting rules and guidelines will be maintained to account for all distributions of funds, track donations, and account for all transactions.

## **7. Training and updating plans**

The information gathered from state and local exercises and actual critical incidents will be used to develop and update the OCWP Emergency Preparedness and Management Plan. Additionally plans will be updated based on the recommendations and requirements of new state and federal mandates.

Contracted providers and essential partners will develop their own training models and activities to meet the needs of their independent organizations. Foster parents, group and residential care providers will be given information regarding emergency preparedness and agency contact requirements as part of their initial certification and two year recertification process.

DHS district and local offices will develop and maintain communication with their local emergency managers. These activities will facilitate effective communication and service delivery between parties and provide valuable information for the improvement and updating of plans.

## **8. Coordinate with essential partners**

The effective coordination with essential community partners is dependent on developing strong ties with team members during normal operations and then being able to effectively maintain those ties during an emergency or disaster. OCWP's essential community partners include foster parents, school staff, law enforcement agencies, counselors, child abuse assessment centers, courts, CASA, the CRB, emergency managers, and representatives of various state and federal agencies with whom clients may be involved.



**a. Work with emergency management agencies**

District and local office managers will be required to have current contact information for their County Emergency Managers as part of their district and local office plans. The District Manager or designee will establish an ongoing relationship with local emergency managers in their district for the purpose of:

- Ensuring that local emergency managers have current contact information for the District Manager or their designee.
- Keeping up to date on how child welfare staff may support local operations during an emergency event (i.e., assisting in shelters, etc.).
- Providing information on the local office and district plans.
- Determining where emergency services are located during a disaster and whether child welfare can provide services in these locations.
- Advocating for the needs of child welfare clients, staff and volunteers in the disaster response plan (e.g., medically fragile children who need equipment or evacuation).
- Advocating for child welfare participation in emergency response drills.

**b. Coordinate services with tribes**

The OCWP Emergency Management Team will coordinate services with the Tribal Affairs Director at the state level. District Managers will coordinate directly with local Indian tribes in their jurisdiction to ensure effective resource application and service delivery.

**c. Coordinate with the court**

Each district or local office will exchange information regarding disaster planning with county courts to coordinate services and exchange essential information to the court for locating and confirming the safety of all children under state care and supervision.

**d. Establish a liaison with federal partners**

The DHS Director will appoint a manager to contact Region X and other appropriate federal agencies for information and support during and after the emergency operation. This will allow communication about federal requirements and possible waivers, and information sharing on what is happening on the state and federal level related to the disaster.

**e. Identify potential volunteers and their tasks**

DHS administration and the DHS Volunteer Program will help district and local offices identify community resources that may be able to assist them during and after a disaster. Once an organization has been identified the district or local office will be responsible for:

- Identifying what tasks the group can assist with and how they will be deployed during an emergency.
- Ensuring that criminal/background checks are completed, per policy and administrative rule requirements.
- Ensuring that the volunteers are adequately trained.
- Developing an appropriate supervision and communication plan for the volunteers.

## **9. Develop communication systems**

During emergency operations some communication systems may be compromised or even unavailable. Effective and ongoing communication is essential and must be given high priority in planning.

DHS administration provide the following tools and guidelines for district and local offices:

- *Toll-free number.* The emergency 24 hour toll-free number is 1-866-610-2581. This number will be activated by the OCWP Director. All foster parents will be given this number at the time of their initial certification or during their recertification. Foster parents, group, residential care providers and families with children under state supervision and custody will be directed to call this number in the event of a large scale disaster to report their location and the status of the children in their care. Individuals with disabilities will contact the toll-free number utilizing the Oregon Telecommunication Relay Service (OTRS).
- *Internal communication.* Each district and local office will be instructed to utilize an emergency communication network in the event of an emergency or disaster. This communication system will incorporate the use of staff contact lists and the use of cell phones, satellite phones, local radio stations, and public address systems.
- *Website.* The DHS website will be updated with critical information and links to community resources. Web information can also be expanded to include additional languages as needed. Web information will include local offices that are closed, the alternative site for a local office, road closures, contact information and community information regarding resources and services.
- *Prepare for media communication.* The Communications Director will contact pre-identified media outlets to distribute critical information. Distributed information will include toll-free numbers for clients, foster parents, group, residential care providers and staff and identifying a website where additional information and alternate service locations can be found.

- *Communication technology.* Critical DHS management staff will have access to phone and communication equipment that will enhance their ability to communicate with key personnel and emergency operation managers. They will receive training and information on the use of these tools as they receive them. These tools may include satellite phones, cell phones, laptops, wireless handheld devices, radio/walkie-talkies and GPS devices.

Each DHS administrative, district and local office must have its own communication plan to include:

- Identifying what lines are available for outgoing calls (while power outages may effect certain phone systems, land lines will often still work with a standard hard wired phone).
- Identifying the equipment or methods they will use to maintain effective communications. This may include the use of satellite phones, cell phones, laptops, instant messaging, e-mails, pagers, cordless hand held devices, media, public address systems, intercom systems, runners and posting messages.
- Identifying communication resources with local emergency managers. (radio frequency use, HAM radio operators).
- Drafting call scripts to facilitate the collection and distribution of specific information. Tailor such scripts for specific functions (such as contacting foster parents, staff, community partners and clients designated emergency contacts).
- Considering how to make information culturally appropriate.
- Considering how to make information accessible for clients with disabilities.

## **10. Strengthen information systems**

DHS maintains multiple statewide automated information systems that contain essential information on children, providers, families and staff. These information systems are accessible from multiple outlets throughout the state, are updated and backed up daily, and copies of the back-up are maintained at different locations, including a location outside the state. DHS is in the process of developing a SACWIS compliant information system that will make critical information more accessible during an emergency response while protecting confidential information. In order to strengthen these vital information systems, DHS/CAF administrative services will:

- *Build on existing plans.* Business continuity plans mandate a regular schedule for maintaining, testing and backing-up state automated systems. These plans are based on best practice recommendations of information systems

maintenance standards. Systems are updated with critical information on a daily basis.

- *Store critical information in statewide automated systems.* Critical information includes names, addresses, and phone numbers of providers and families caring for the children in state care and custody. The databases contain medical, educational and legal information specific to each child as well as employee, payroll and human resource information for all staff. Disaster recovery information, including command structure, essential service guidelines, and communication plans will be maintained in a database.
- *Provide access to automated systems.* Multiple database systems are accessible statewide. Crucial forms and guidelines for their use are available through a database. Plans are in place for reverting to paper systems for specific services as needed.
- *Protect vital records (e.g., off-site back-up, protect computers).* Vital records are backed up daily and stored at separate locations. Computer systems are protected by regular maintenance of both hardware security components and software design and technology. Computer security and antivirus software are updated regularly and staff are given daily updates (as needed) from the Office of Information Services for computer system security and protection.
- *Protect equipment.* Database services and other computer equipment are maintained to industry standards.
- *Access paper records.* Critical paper records, files and documents that cannot be converted to electronic files, must be accessible and protected from environmental hazards, and inappropriate disclosure of confidential information.
- *Coordinate with other essential partners.* DHS administration will require residential and group care facilities to provide central office with essential emergency plan information and updates.

## **11. Prepare staff and contractors**

DHS must be able to continue the essential services of child protective services and foster care immediately following a disaster. In order to effectively do this it is critical to prepare staff and essential partners and group and residential care providers for emergency operations. This preparation will be done in multiple formats.

*Training.* DHS child welfare staff will be trained on their responsibilities during an emergency operation.

- *Personal disaster preparation.* All staff will be given personal and family preparedness information and encouraged to develop an emergency plan for themselves and their families.
- *Office preparedness.* Office safety committees will conduct regular drills, post exit routes, and determine what support might be needed to support the safety and security of staff and clients who may be in the office during an emergency event.
- *Establish support services for staff.* DHS contracts with an Employee Assistance Program to provide a variety of counseling and assistance programs to staff and their families. Additionally staff have access to counseling and health service providers through their private insurance if they wish to access it.
- *Expectations and support for contracted group and residential care providers.* Contracts will specify that contractors develop, implement and update disaster plans and provide these plans to DHS central office staff.

## **12. Prepare families, providers and youth**

DHS will provide foster families, group and residential care providers, and youth receiving ILP transition services with information on how to prepare for an emergency and will maintain essential emergency contact information on foster families, group and residential care providers. This information will be gathered during the initial certification and two year re-certification of foster parents and during contract reviews with group and residential care providers. Items include:

- Where the family, provider or youth would go in an evacuation (identifying 2 possible locations—one nearby and one out of the area).
- Essential phone numbers and other contact information for them.
- The contact information for two people who will know where they are (e.g., out of area relative, friend).
- The essential equipment, supplies and documents they need to have with them if they evacuate, including medication and medical equipment.
- The OCWP toll-free emergency contact number that they are to call within 24 hours of the emergency.

Foster parents, group and residential care providers and youth will be instructed to contact DHS within 48 hours of an emergency event (if possible).

## **B. Response Activities**

DHS administration will implement emergency protocols to ensure the continuity of services and provide for the physical support and relief of clients, staff, foster families and providers affected by an emergency event.

### **1. Manage**

The DHS Director initiates the OCWP Emergency Preparedness and Response Plan by activating the OCWP Emergency Management Team. The DHS Director will make specific assignments to various team members to ensure essential operations are maintained and that critical activities are completed, including:

- Assigning a liaison with the State Emergency Coordination Center, who can deploy to the center (if possible) and maintain links with broader emergency management efforts.
- Ensuring media notifications for staff, clients, providers and family members are being provided.
- Coordinating support operations with existing resources
- Establishing communication channels with managers from district and affected local offices.

The OCWP Emergency Management Team, DHS administration and district management will meet regularly during the emergency to review service needs to determine the status and needs of districts and local offices.

#### **a. Workload management**

If necessary, operations will be established in near proximity to the emergency area (allowing for safety of staff and providers) to facilitate the needs of effected populations. Some support operations (such as making phone contacts) may be assigned to non-effected areas to facilitate effective use of available staff in critical areas. Workload management considerations will include:

- Assessing the availability of child welfare staff, including those affected by the disaster and their locations. A database will be maintained to account for all staff and their status.
- Identifying locations for essential operations.
- Identifying non-essential activities that can be suspended to deploy available staff to critical functions.
- Identifying special waivers that might go into effect during a crisis and communicate those to all parties needing the information.

- Ensuring staff have appropriate training and supervision to carry out critical functions (including those answering calls coming in to the toll-free phone number).
- Rotating local and non-local staff and volunteers as appropriate, to maintain an effective work force.

**b. Assess and respond to clients' needs**

Client needs will be prioritized in conjunction with available staffing and resources. Priority will be given to maintaining the critical functions of child protective services and foster care including:

- Coordinating with other systems that have child and family location information, if needed.
- Locating and verifying the wellbeing of children in the custody of DHS who are placed in out of home care and those children placed with their parents or guardians.
- Maintaining a record to track foster parents, youth and clients who have called in and those who are in unknown circumstances.
- Implementing procedures to authorize, initiate and accomplish evacuation procedures if appropriate.
- Providing additional programs/services to children, youth and families affected by the disaster including trauma services for children, youth and families, assistance for medically fragile children and their caregivers, and more time for service visits.
- Identifying children in the community separated from their families, and providing services to them.
- Relocating services to alternate locations as required by the scale of the disaster.
- Locating Disaster Assistance Centers close to where families and children are and other service providers
- Assuring that services are culturally competent and available in the primary language of the client.

**c. Support Staff**

Staff support will emphasize safety and effective management of resources. All employees must obey all legal authorities regarding traveling and traffic movement during an emergency incident. District Managers should confirm with local emergency operation centers that conditions are safe for staff to return to work or for staff volunteers and foster parents to engage in any critical operations. After

assuring their family's safety, staff will notify management of their work availability. Other staff support will include:

- Allowing staff scheduling flexibility
- Facilitating emergency assistance to staff stranded in the work place during an emergency event.
- Establishing a break area for staff at disaster service centers.

#### **d. Managing volunteers**

Available volunteers will be managed and assigned locally and the registration and management of the volunteers will comply with existing Volunteer Program requirements.

## **2. Communicate**

DHS administration recognize the importance of establishing and maintaining effective communication lines during all phases of an emergency operation. DHS administrative offices will assist District and local offices by:

- Ensuring that the state-wide toll-free number is activated as soon as possible.
- Posting critical information on the DHS website and keeping it updated.
- Implementing the media plan.
- Reviewing communication technology. Establish alternate communication networks to cover for those communication systems that are inoperative or unavailable.

## **3. Assess information systems**

DHS administration will ensure the availability of statewide database information to district and local offices, emergency operations centers and key service partners to facilitate locating, identifying and serving the children and families affected by an emergency event. A record will be kept verifying the status of children, families and foster families as they are located.

During an emergency operation access to databases will be carefully monitored to ensure availability for critical services as well as the protection of confidential information. Off-site locations with backups of critical information systems will be contacted to ensure timely accessibility to back up systems if needed.

## **C. Recovery Activities**

DHS administration will continue emergency support services while the event continues to impact the affected area and until normal support services are back in



place and while coordination with local, state and federal jurisdictions are still necessary.

## **1. Manage**

The OCWP Emergency Management Team will monitor office's service delivery during and after the disaster event. The information gathered will assist in identifying gaps, barriers, as well as best practices. Items to consider include:

- Assessing the need for new or modified services as a result of the disaster.
- Developing and providing additional programs and services to respond to the needs of staff, providers, children and families affected by the event.
- Providing services to children, youth and families arriving from other states. Making placement homes available to children coming from another site affected by a disaster.
- Continuing to provide services to unaccompanied children and work to reunite them with families.
- Ensuring service delivery is culturally specific and competent (e.g., audio messages, telephone hotlines and fliers should use local languages; use bilingual staff when necessary).
- Developing a list of frequently asked questions to help staff answering toll-free numbers to respond to common questions.
- Working with federal partners to explore which federal requirements are still in place and if there are any waivers that might reduce the demands on state staff focused on disaster recovery.
- Establishing a system for communicating with staff the extent and impact of the disaster and the status of agency offices and services. Establishing a consistent source for internal communication will cut down on conflicting messages.
- Continuing support services to help staff deal with the trauma and stress of child welfare work and disaster work.

## **2. After action review and analysis**

DHS and CAF administration team will:

- Hold debriefing sessions with managers, staff, stakeholders and partner agencies.
- Explore/identify strengths and challenges.
- Update plans based on debriefing sessions.
- Communicate revisions to the plan to staff, community partners, providers and foster families.
- Updating training.

- Recognizing staff efforts through awards, citations, and/or press coverage. During the debriefing sessions the following critical areas will be reviewed.
- Collaboration with partners
- Effectiveness of contracted services providers
- Service delivery
- Communication networks/plans
- Communication systems/equipment
- Information systems
- Management of staff

### **III. ATTACHMENTS**

#### **A. CAF Central Office and District Manager Contact Information**

#### **B. Directory of Local Emergency Managers**

# LOCAL EMERGENCY MANAGERS

REVISED: May 8, 2013

## **BAKER**

### Baker County Emergency Management

Baker County Courthouse  
1995 3<sup>rd</sup> Street, Room 160  
Baker City, OR 97814

#### **Mark Bennett, Director**

Office Phone: (541) 523-8200  
Office Fax: (541) 523-8201  
Cell: (541) 519-8421  
24/Emerg. (541) 523-6415  
E-mail: [mbennett@bakercounty.org](mailto:mbennett@bakercounty.org)

#### Holly Kerns, EM Coordinator

Office Phone: (541) 523-8219  
E-mail: [hkerns@bakercounty.org](mailto:hkerns@bakercounty.org)

## **BENTON**

### Benton County Emergency Management

180 NW 5th St  
Corvallis, OR 97330

#### **Mary King, Emergency Program Manager**

Office Phone: (541) 766-6111  
Office Fax: (541) 766-6367  
E-mail: [mary.king@co.benton.or.us](mailto:mary.king@co.benton.or.us)

#### Lacey Duncan, Emergency Services Program Asst.

Office Phone (541) 766-6112  
Office Fax (541) 766-6367  
E-mail: [lacey.duncan@co.benton.or.us](mailto:lacey.duncan@co.benton.or.us)

#### Erik Rau, Emergency Services Planner

Office Phone: (541) 766-6114  
Office Fax: (541) 766-6367  
E-mail: [erik.rau@co.benton.or.us](mailto:erik.rau@co.benton.or.us)

#### Diana Simpson (Sheriff), Director

Office Phone: (541) 766-6858  
Office Fax: (541) 766-6367  
E-mail: [diana.simpson@co.benton.or.us](mailto:diana.simpson@co.benton.or.us)

## **CLACKAMAS**

### Clackamas County Dept. of Emergency Management

2200 Kaen Rd.  
Oregon City, OR 97045

#### **Nancy Bush, Director**

Office Phone: (503) 655-8665  
Office Fax: (503) 655-8531  
E-mail: [nbush@co.clackamas.or.us](mailto:nbush@co.clackamas.or.us)

#### Sarah Stegmuller Eckman, Admin. Services Mgr.

Office Phone: (503) 650-3381  
Office Fax: (503) 655-8531  
E-mail: [sarahste@co.clackamas.or.us](mailto:sarahste@co.clackamas.or.us)

#### Nora Yotsov, Strategic Program Coordinator

Office Phone: (503) 650-3386  
Office Fax: (503) 655-8531  
E-mail: [norayot@co.clackamas.or.us](mailto:norayot@co.clackamas.or.us)

#### Terri Poet, Exercise and Planning Manager

Office Phone: (503) 655-8838  
Office Fax: (503) 655-8531  
E-mail: [terripoe@co.clackamas.or.us](mailto:terripoe@co.clackamas.or.us)

#### Jay Wilson, Hazard Mitigation Coordinator

Office Phone: (503) 723-4848  
Office Fax: (503) 655-8531  
E-mail: [jaywilson@co.clackamas.or.us](mailto:jaywilson@co.clackamas.or.us)

## **CLATSOP**

### Clatsop County Emergency Management

800 Exchange St., Suite 410  
Astoria, OR 97103

#### **Dean Perez, Emergency Management Director**

Office Phone: (503) 338-3624  
Office Fax: (503) 325-8325  
E-mail: [dperez@co.clatsop.or.us](mailto:dperez@co.clatsop.or.us)

#### Tom Manning, Emergency Services Coordinator

Office Phone: (503) 325-8645  
Office Fax: (503) 338-3605  
E-mail: [tmanning@co.clatsop.or.us](mailto:tmanning@co.clatsop.or.us)

#### Tiffany Brown, Emergency Services Coordinator

Office Phone: (503) 338-3774  
Office Fax: (503) 338-3605  
E-mail: [tbrown@co.clatsop.or.us](mailto:tbrown@co.clatsop.or.us)

## **COLUMBIA**

### Columbia County Emergency Management

230 Strand St.  
St. Helens, OR 97051

#### **Renate (Rudolph) Garrison, Emergency Mgmt.**

Supervisor  
Office Phone: (503) 366-3934  
Office Fax: (503) 366-4904  
E-mail: [renate.garrison@co.columbia.or.us](mailto:renate.garrison@co.columbia.or.us)

#### Lorraine Churchill, UASI Coordinator

Office Phone: (503) 366-3928  
Office Fax: (503) 366-4904  
E-mail: [lorraine.churchill.em@gmail.com](mailto:lorraine.churchill.em@gmail.com)

Vincent Aarts, Emerg. Mgmt. Coord.  
 Office Phone: (503) 366-3933  
 Office Fax: (503) 366-4904  
 E-mail: [vincent.aarts@co.columbia.or.us](mailto:vincent.aarts@co.columbia.or.us)

## **COOS**

Coos County Emergency Management  
 Courthouse – 250 N. Baxter  
 Coquille, OR 97423-1897

**Glenda Hales**, Program Manager  
 Office Phone: (541) 396-7790  
 Cell: (541) 404-5385  
 Office Fax: (541) 396-5932  
 E-mail: [ghales@co.coos.or.us](mailto:ghales@co.coos.or.us)

Desiree Garcia, Program Assistant  
 Office Phone: (541) 396-2106  
 E-mail: [dgarcia@co.coos.or.us](mailto:dgarcia@co.coos.or.us)

Craig Zanni, Sheriff, Director  
 Office Phone: (541) 396-7800  
 Office Fax: (541) 396-5932  
 E-mail: [coosso@co.coos.or.us](mailto:coosso@co.coos.or.us)

## **CROOK**

Crook County Emergency Management  
 308 NE 2nd Street  
 Prineville, OR 97754

**Dave Dethman**, Emergency Manager  
 Office Phone: (541) 416-3969  
 Cell Phone: (541) 480-1139  
 Office Fax: (541) 416-0353  
 E-mail: [dave.dethman@co.crook.or.us](mailto:dave.dethman@co.crook.or.us)

Michael Ryan, Office Deputy/Asst. Coordinator  
 Office Phone: (541) 416-3918  
 Cell Phone: (541) 921-7448  
 Office Fax: (541) 416-0353  
 E-mail: [michael.ryan@co.crook.or.us](mailto:michael.ryan@co.crook.or.us)

Jim Hensley (Sheriff), Director  
 Office Phone: (541) 447-6398  
 Office Fax: (541) 416-0353  
 E-mail: [jim.hensley@co.crook.or.us](mailto:jim.hensley@co.crook.or.us)

## **CURRY**

Curry County Emergency Services  
 94235 Moore Street, Suite 311 (mailing)  
 29808 Colvin Street (physical)  
 Gold Beach, OR 97444

**Don Kendall**, Emergency Svcs. Coordinator  
 Office Phone: (541) 247-3208  
 Office Fax: (541) 247-6893  
 Office Cell: (541) 254-0731  
 E-mail: [kendalld@co.curry.or.us](mailto:kendalld@co.curry.or.us)

Sheriff John Bishop, Director  
 Office Phone: 541-247-3242  
 Office Fax: 541-247-6893  
 E-mail: [bishopj@co.curry.or.us](mailto:bishopj@co.curry.or.us)

## **DESCHUTES**

Deschutes County Emergency Services  
 63333 W Hwy 20  
 Bend, OR 97701

**Don Webber**, Emergency Manager  
 Office Phone: (541) 617-3303  
 Office Fax: (541) 617-3304  
 E-mail: [don\\_webber@deschutes.org](mailto:don_webber@deschutes.org)

Sheriff Larry Blanton, Director  
 Office Phone: (541) 388-6655  
 Office Fax: (541) 389-4454  
 E-mail: [trischc@deschutes.org](mailto:trischc@deschutes.org)

## **DOUGLAS**

Douglas County Emergency Management  
 1036 SE Douglas Ave.  
 Roseburg, OR 97470

**Wayne A. Stinson**, Emergency Manager  
 Office Phone: (541) 440-4448  
 Office Fax: (541) 440-4470  
 E-mail: [wastinso@co.douglas.or.us](mailto:wastinso@co.douglas.or.us)

John Hanlin (Sheriff), Director  
 Office Phone: (541) 440-4455  
 Office Fax: (541) 440-4470  
 E-mail: [jwhanlin@co.douglas.or.us](mailto:jwhanlin@co.douglas.or.us)

Program Assistant  
 Vacant-TBA

## **GILLIAM**

Gilliam County Emergency Services  
 221 S. Oregon Street/Mail to: PO Box 685  
 Condon, OR 97823

**Christina Fitzsimmons**, Coordinator  
 Office Phone: (541) 384-2851  
 Office Fax: (541) 384-2878  
 E-mail: [chris.fitz@co.gilliam.or.us](mailto:chris.fitz@co.gilliam.or.us)

Sheriff Gary Bettencourt, Director  
 Office Phone: (541) 384-2851  
 Office Fax: (541) 384-2878  
 E-mail: [sheriff@co.gilliam.or.us](mailto:sheriff@co.gilliam.or.us)

## **GRANT**

Grant County  
 201 S. Humbolt  
 Canyon City, OR 97820

**Vacant**, Coordinator  
 Judge Scott Myers, Contact  
 Office Phone: (541) 575-0059  
 Office Fax: (541) 575-0065  
 E-mail: [myerssw@grantcounty-or.gov](mailto:myerssw@grantcounty-or.gov)

### **HARNEY**

Harney County Emergency Services  
 450 N. Court Street  
 Burns, OR 97720

**Tom Sharp**, EM Coordinator  
 Cell (24x7): (541) 589-2423  
 E-mail: [tom.sharp@co.harney.or.us](mailto:tom.sharp@co.harney.or.us)

Judge Steve Grasty  
 Office Phone: (541) 573-6356  
 E-mail: [steve.grasty@co.harney.or.us](mailto:steve.grasty@co.harney.or.us)

David Glerup (Sheriff), Director  
 Office Phone: (541) 573-6156  
 Cell: (541) 589-0288  
 Office Fax: (541) 573-8383  
 E-mail: [dave.glerup@co.harney.or.us](mailto:dave.glerup@co.harney.or.us)

### **HOOD RIVER**

Hood River County Emergency Management  
 601 State Street  
 Hood River, OR 97031

**Karl Tesch**, Director  
 Office Phone: (541) 386-1213  
 Office Fax: (541) 386-3141  
 Cell Phone: (541) 399-2005  
 E-mail: [karl.tesch@co.hood-river.or.us](mailto:karl.tesch@co.hood-river.or.us)

### **JACKSON**

Jackson County Emergency Management  
 10 S. Oakdale, Room 214  
 Medford, OR 97501

**Michael Curry**, Emergency Manager  
 Office Phone: (541) 774-6821  
 Office Fax: (541) 774-6455  
 E-mail: [currymc@jacksoncounty.org](mailto:currymc@jacksoncounty.org)

### **JEFFERSON**

Jefferson County Emergency Services  
 Jefferson County Law Enforcement Center  
 675 NW Cherry Ln.  
 Madras, OR 97741

**Jim Epley**, Emerg. Mgmt. Coordinator  
 Office Phone: (541) 475-6520 x4345  
 Office Fax: (541) 475-3847  
 E-mail: [jim.epley@co.jefferson.or.us](mailto:jim.epley@co.jefferson.or.us)

April Stream (Sgt.)  
 Office Phone: (541) 475-2201  
 Office Fax: (541) 475-9687  
 E-mail: [april.stream@co.jefferson.or.us](mailto:april.stream@co.jefferson.or.us)

Sheriff Jim Adkins, Emergency Management Director  
 Office Phone: (541) 475-6520  
 Office Fax: (541) 475-3847  
 E-mail: [jim.adkins@co.jefferson.or.us](mailto:jim.adkins@co.jefferson.or.us)

### **JOSEPHINE**

Josephine County Emergency Services  
 500 NW 6<sup>th</sup>, Dept. 6  
 Grants Pass, OR 97526

**Jessica Schwarz**, Emergency Manager  
 Cell Phone: (541) 295-7831  
 Office: (541) 474-5221  
 Office Fax: (541) 474-5105  
 E-mail: [jschwarz@co.josephine.or.us](mailto:jschwarz@co.josephine.or.us)

### **KLAMATH**

Klamath County Emergency Management Agency  
 305 Main St. (Mailing)  
 5170 Summers Lane (Physical)  
 Klamath Falls, OR 97601

**George Buckingham**, Emergency Manager  
 Office Phone: (541) 851-3741  
 Office Cell: (541) 891-2960  
 E-mail: [gbuckingham@co.klamath.or.us](mailto:gbuckingham@co.klamath.or.us)

### **LAKE**

Lake County Emergency Services  
 513 Center Street  
 Lakeview, OR 97630

**Daniel J. Tague**, Coordinator  
 E-mail: [djtague@co.lake.or.us](mailto:djtague@co.lake.or.us)

Phil McDonald (Sheriff), Director  
 Office Phone: (541) 947-6027  
 Office Fax: (541) 947-6029  
 E-mail: [pamcdonald@co.lake.or.us](mailto:pamcdonald@co.lake.or.us)

### **LANE**

Lane County Emergency Management  
 125 E. 8th Ave  
 Eugene, OR 97401

**Linda L. Cook**, Emergency Manager  
 Office Phone: (541) 682-6744  
 Office Cell: (541) 914-0267  
 Office Fax: (541) 682-3309  
 E-mail: [linda.cook@co.lane.or.us](mailto:linda.cook@co.lane.or.us)

Thomas Turner (Sheriff), Director  
 Office Phone: (541) 682-4434  
 Office Fax: (541) 682-4522  
 E-mail: [sheriffs.office@co.lane.or.us](mailto:sheriffs.office@co.lane.or.us)

**LANE - EUGENE**

City of Eugene Risk Services  
940 Willamette Street, Suite 200  
Eugene, OR 97401

**Myrnie Daut**, Risk Services Director  
Office Phone: (541) 682-5790  
Office Fax: (541) 682-5211  
E-mail: [myrnie.l.daut@ci.eugene.or.us](mailto:myrnie.l.daut@ci.eugene.or.us)

**LINCOLN**

Lincoln County Emergency Services  
225 West Olive St.  
Newport, OR 97365

**Lt. Curtis Landers**, Director  
Office Phone: (541) 265-0651  
Office Fax: (541) 265-4926  
E-mail: [clanders@co.lincoln.or.us](mailto:clanders@co.lincoln.or.us)

Jenny Demaris, Emergency Manager  
Office Phone: (541) 265-4199  
Office Cell: (541) 270-0702  
Office Fax: (541) 265-4197  
E-mail: [vdemaris@co.lincoln.or.us](mailto:vdemaris@co.lincoln.or.us)

**LINN**

Linn County Emergency Management  
1115 Jackson St SE  
Albany, OR 97322

**Joe Larsen**, Coordinator  
Office Phone: (541) 812-2272  
Cell Phone: (541) 619-8992  
Office Fax: (541) 967-8169  
E-mail: [jlarsen@linnsheiff.org](mailto:jlarsen@linnsheiff.org)

Tim Mueller (Sheriff), Program Manager  
Office Phone: (541) 967-3950  
Office Fax: (541) 967-8169  
E-mail: [tmueller@linnsheiff.org](mailto:tmueller@linnsheiff.org)

**MALHEUR**

Malheur County Emergency Services  
151 B Street West  
Vale, OR 97918  
Web Page: [malheurco.org](http://malheurco.org)

**Lt. Rob Hunsucker**, Emer. Svcs. Commander  
Office Phone: (541) 473-5120  
Office Fax: (541) 473-5504  
Dispatch: (541) 473-5125  
E-mail: [rhunsucker@malheurco.org](mailto:rhunsucker@malheurco.org)

Brian E. Wolfe, (Sheriff) Director  
Office Phone: (541) 473-5126  
Office Fax: (541) 473-5504  
Dispatch: (541) 473-5125  
E-mail: [bwolfe@malheurco.org](mailto:bwolfe@malheurco.org)

**MARION**

Marion County Emergency Management  
5155 Silverton Road NE  
Salem, OR 97305

**John Vanderzanden**, Emergency/Safety Manager  
Office Phone: (503) 365-3133  
Office Fax: (503) 589-0943  
Cell Phone: (503) 991-6926  
E-mail: [jvanderzanden@co.marion.or.us](mailto:jvanderzanden@co.marion.or.us)

Krista Rowland, Program Coordinator  
Office Phone: (503) 588-5108  
Office Fax: (503) 589-0943  
Cell Phone: 503-932-3947  
E-mail: [krowland@co.marion.or.us](mailto:krowland@co.marion.or.us)

Bill Worcester, Director  
Office Phone: (503) 588-5036  
Office Fax: (503) 589-0943  
E-mail: [bworcester@co.marion.or.us](mailto:bworcester@co.marion.or.us)

**MARION – SALEM**

Salem Emergency Services  
595 Cottage St. NE  
Salem, OR 97301

**Roger Stevenson**, Emergency Manager  
Office Phone: (503) 763-3331  
Office Fax: (503) 585-8914  
E-mail: [rstevenson@cityofsalem.net](mailto:rstevenson@cityofsalem.net)

**MORROW**

Morrow County Emergency Management  
P O Box 159 (Mail)  
325 Willow View Drive (Shipping)  
Heppner, OR 97836

Steve Myren, Undersheriff/EM  
Office Phone: (541) 676-2502  
Cell Phone: (541) 314-5202  
Office Fax: (541) 676-5577  
Dispatch Center (541) 676-5317  
E-mail: [mcundrshrf@co.morrow.or.us](mailto:mcundrshrf@co.morrow.or.us)

**MULTNOMAH**

Multnomah County Emergency Management  
501 SE Hawthorne Blvd., Suite 400  
Portland, OR 97214  
Office Phone: (503) 988-6700  
Office Fax (503) 988-6095  
24/7 Duty Officer: (503) 988-6700 Press "1"  
Duty Officer (if # above fails) (503) 202-0316  
Website: [www.multco.us/em](http://www.multco.us/em)

**Joe Rizzi**, Director  
Office Phone: (503) 988-4649  
Cell Phone: (541) 228-8120  
E-mail: [joerizzi@multco.us](mailto:joerizzi@multco.us)

**CITY OF GRESHAM**

Gresham Emergency Management  
1333 NW Eastman Parkway  
Gresham, OR 97030

Cathy Harrington, Community Svcs. Manager  
Office Phone: (503) 618-2482  
Office Fax: (503) 618-2198  
E-mail: [cathy.harrington@greshamoregon.gov](mailto:cathy.harrington@greshamoregon.gov)

**Todd Felix**, Emergency Management Coordinator  
Office Phone: (503) 618-2432  
Office Fax: (503) 618-2198  
E-mail: [todd.felix@greshamoregon.gov](mailto:todd.felix@greshamoregon.gov)

**CITY OF PORTLAND**

Portland Bureau of Emergency Management  
1001 SW 5<sup>th</sup> Ave., Suite 650  
Portland, OR 97204  
Office Fax: (503) 823-3903

**Carmen Merlo**, Director  
Office Phone: (503) 823-2691  
E-mail: [carmen.merlo@portlandoregon.gov](mailto:carmen.merlo@portlandoregon.gov)

David Blitzer, Operations Manager  
Office Phone: (503) 823-3739  
E-mail: [david.blitzer@portlandoregon.gov](mailto:david.blitzer@portlandoregon.gov)

Jonna Papaefthimiou, Planning/Preparedness Mgr.  
Office Phone: (503) 823-3809  
E-mail: [jonna.papaefthimiou@portlandoregon.gov](mailto:jonna.papaefthimiou@portlandoregon.gov)

Laureen Paulsen, Planning Program Specialist  
Office Phone: (503) 823-3754  
E-mail: [laureen.paulsen@portlandoregon.gov](mailto:laureen.paulsen@portlandoregon.gov)

**POLK**

Polk County Emergency Management  
850 Main Street  
Dallas, OR 97338-3185

**Dean Bender**, Manager  
Office Phone: (503) 831-3495  
Office Fax: (503) 831-5968  
Office Cell: (503) 932-6071  
E-mail: [bender.dean@co.polk.or.us](mailto:bender.dean@co.polk.or.us)

Amanda Golden, EM Coordinator  
Office Phone: (503) 623-9251  
Direct Line: (503) 831-1728  
Office Fax: (503) 623-2060  
E-mail: [golden.amanda@co.polk.or.us](mailto:golden.amanda@co.polk.or.us)

Robert Wolfe (Sheriff), Director  
Office Phone: (503) 623-9251  
Office Fax: (503) 831-5968  
E-mail: [wolfe.robert@co.polk.or.us](mailto:wolfe.robert@co.polk.or.us)

**SHERMAN**

Sherman County Emergency Services  
PO Box 139  
Moro, OR 97039

**Shawn Payne**, Director  
Office Phone: (541) 565-3100  
Office Fax: (541) 565-3024  
E-mail: [emergencyserv@embarqmail.com](mailto:emergencyserv@embarqmail.com)

**TILLAMOOK**

Tillamook County Emergency Management  
5995 Long Prairie Road  
Tillamook, OR 97141

**Gordon McCraw**, Director  
Office Phone: (503) 842-3412  
Office Fax: (503) 815-3195  
E-mail: [gmccraw@co.tillamook.or.us](mailto:gmccraw@co.tillamook.or.us)

**UMATILLA**

Umatilla County Emergency Management  
4700 NW Pioneer Place  
Pendleton, OR 97801  
Office Phone: (541) 966-3600  
Office Fax: (541) 278-5496  
Duty Phone: (541) 310-0583  
Co. Dispatch: (541) 966-3651

**Jack Remillard**, Emergency Manager  
Office Phone: (541) 966-3706  
E-mail: [jack.remillard@ucem.us](mailto:jack.remillard@ucem.us)

**UNION**

Union County Emergency Management  
1106 K Ave.  
La Grande, OR 97850

**JB Brock**, Emergency Services Officer  
Office Phone: (541) 963-1009  
Office Fax: (541) 963-1079  
E-mail: [jbrock@union-county.org](mailto:jbrock@union-county.org)

**WALLOWA**

Wallowa County Dept. Of Emergency Services  
101 S. River # 202  
Enterprise, OR 97828

**Paul Karvoski**, Emergency Program Manager  
Office Phone: (541) 426-4543 x165  
Office Fax: (541) 426-0582  
E-mail: [wcdes@co.wallowa.or.us](mailto:wcdes@co.wallowa.or.us)

Mike Hayward (Commissioner), Director  
Office Phone: (541) 426-4543 x20  
Office Fax: (541) 426-0582  
E-mail: [mhayward@co.wallowa.or.us](mailto:mhayward@co.wallowa.or.us)

**WASCO****Wasco County Emergency Management**

511 Washington Street, Suite 102  
The Dalles, OR 97058

Rick Eiesland (Sheriff), Director  
Office Phone: (541) 506-2580  
Office Fax: (541) 506-2581  
E-mail: [ricke@co.wasco.or.us](mailto:ricke@co.wasco.or.us)

**Kristy Beachamp**, Program Manager  
Office Phone: (541) 506-2790  
Office Fax: (541) 506-2791  
24 Hour #: (541) 296-5454  
E-mail: [kristyt@co.wasco.or.us](mailto:kristyt@co.wasco.or.us)

**WASHINGTON****Office of Consolidated Emergency Management**

20665 SW Blanton Street  
Aloha, OR 97007

**Scott Porter**, Director  
Office Phone: (503) 259-1171  
Office Fax: (503) 848-8635  
E-mail: [scott.porter@tvfr.com](mailto:scott.porter@tvfr.com)

Steve Muir, Supervisor  
Office Phone: (503) 259-1194  
Office Fax: (503) 848-8635  
E-mail: [steven.muir@tvfr.com](mailto:steven.muir@tvfr.com)

Sue Patterson, Coordinator  
Office Phone: (503) 259-1178  
Office Fax: (503) 848-8635  
E-mail: [sue.patterson@tvfr.com](mailto:sue.patterson@tvfr.com)

Vacant, Coordinator  
Office Phone: (503) 259-1182  
Office Fax: (503) 848-8635  
E-mail:

Doug Hormann, Planner/Coordinator  
Office Phone: (503) 259-1174  
Office Fax: (503) 848-8635  
E-mail: [douglas.hormann@tvfr.com](mailto:douglas.hormann@tvfr.com)

David Gassaway, UASI Coordinator  
Office Phone: (503) 259-1282  
Office Fax: (503) 848-8635  
E-mail: [david.gassaway@tvfr.com](mailto:david.gassaway@tvfr.com)

**CITY OF BEAVERTON****Office of Consolidated Emergency Management**

20665 SW Blanton Street  
Aloha, OR 97007

**Michael Mumaw**, Emergency Manager  
Office Phone: (503) 259-1183  
Office Fax: (503) 848-8635  
E-mail: [michael.mumaw@tvfr.com](mailto:michael.mumaw@tvfr.com)

Beaverton CERT Program  
P.O. Box 4755  
Beaverton, OR 97076-4755

Ted Morris, CERT Program Coordinator  
Office Phone: (503) 350-4085  
Office Fax: (503) 526-2479  
E-mail: [tmorris@beavertonoregon.gov](mailto:tmorris@beavertonoregon.gov)

**WHEELER****Wheeler County Emergency Services**

P O Box 345  
Fossil, OR 97830

**Terry Ignowski**, EM Coordinator  
Office Phone: (541) 763-2380  
E-mail: [tignowski@co.wheeler.or.us](mailto:tignowski@co.wheeler.or.us)

Sheriff Chris Humphreys, Director  
Office Phone: (541) 763-4101  
Office Fax: (541) 763-2026  
E-mail: [cghumphreys@co.wheeler.or.us](mailto:cghumphreys@co.wheeler.or.us)

**YAMHILL****Yamhill County Emergency Services**

414 NE Evans St.  
McMinnville, OR 97128

**Doug McGillivray**, Director  
Office Phone: (503) 434-7340  
Office Cell: (503) 437-5884  
Office Fax: (503) 474-4913  
E-mail: [mcgillivrayd@co.yamhill.or.us](mailto:mcgillivrayd@co.yamhill.or.us)

Sue Lamb, Assistant Emergency Manager  
Office Phone: (503) 434-4581  
Office Cell: (971) 241-1433  
Office Fax: (503) 474-4909  
E-mail: [lamb@co.yamhill.or.us](mailto:lamb@co.yamhill.or.us)



**OREGON TRIBES****Burns Paiute Reservation**

100 Pasigo Street  
Burns, OR 97720

**Kenton Dick**, Fire Chief/EM Coordinator  
Office Phone: (541) 573-5562  
Office Fax: (541) 573-2323  
E-mail: [kenton.dick@burnspaiute-nsn.gov](mailto:kenton.dick@burnspaiute-nsn.gov)

Mark Creighton, Tribal Police Chief  
Office Phone: (541) 573-2793  
Office Fax: (541) 573-3854  
E-mail: [mark.creighton@burnspaiute-nsn.gov](mailto:mark.creighton@burnspaiute-nsn.gov)

**Confederated Tribes of the Coos, Lower Umpqua and Siuslaw Indians**

1245 Fulton Ave.  
Coos Bay, OR 97420

**Howard Crombie**, Director  
Office Phone: (541) 888-7511  
E-mail: [hcrombie@ctclusi.org](mailto:hcrombie@ctclusi.org)

**Coquille Indian Tribe**

3050 Tremont St  
North Bend, OR 97459  
Email: [larryscarborough@coquilletribe.org](mailto:larryscarborough@coquilletribe.org)

**Jack Lenox**, Emergency Mgmt. Coord.  
Office Phone: (541) 756-0904  
Office Fax: (541) 756-0847  
Email: [jacklenox@coquilletribe.org](mailto:jacklenox@coquilletribe.org)

Scott Lafevre, Chief of Police  
2602 Mexeye Loop  
Coos Bay, OR 97420  
Office Phone: (541) 888-0189  
Office Fax: (541) 888-2239  
Email: [cipolice@coquilletribe.org](mailto:cipolice@coquilletribe.org)

**Confederated Tribes of Grand Ronde**

9615 Grand Ronde Road  
Grand Ronde, OR 97347-9712

**John Mercier**  
Office Phone: (503) 879-2400  
E-mail: [john.mercier@grandronde.org](mailto:john.mercier@grandronde.org)

**Klamath Tribes**

501 Chiloquin Blvd.  
PO Box 436  
Chiloquin, OR 97624

**Kathleen Mitchell**, General Manager  
Office Phone: (541) 783-2218 x183  
E-mail: [kathleen.mitchell@klamathtribes.com](mailto:kathleen.mitchell@klamathtribes.com)

**Confederated Tribes of Siletz Indians**

PO Box 549  
Siletz, OR 97380

**Dean Sawyer**, Emergency Mgmt. Planner  
Office Phone: (541) 444-8298  
E-mail: [deans@ctsi.nsn.us](mailto:deans@ctsi.nsn.us)

**Cow Creek Band of Umpqua Tribe of Indians**

2371 NE Stephens St. Suite 100  
Roseburg, OR 97470

**Jhana McCullum**  
Office Phone: (541) 677-5524  
Office Fax: (541) 677-5527  
Email: [jmccullum@cowcreek.com](mailto:jmccullum@cowcreek.com)

**Confederated Tribes Of The Umatilla Indian Reservation**

46411 Ti'Mine Way  
Pendleton, OR 97801

**Ray Denny**, Public Safety Director/EM  
Office Phone: (541) 429-7606  
Office Fax: (541) 429-7606  
E-mail: [raydenny@ctuir.org](mailto:raydenny@ctuir.org)

**Warm Springs Indian Reservation**

PO Box "C"  
Warm Springs, OR 97761

**Daniel Martinez** (Fire Chief), Tribal Safety EM  
Office Phone: (541) 553-1634  
Office Fax: (541) 553-3531  
Chief Cell: (541) 419-8094  
E-mail: [danny.martinez@wstribes.org](mailto:danny.martinez@wstribes.org)

**OREGON EMERGENCY MANAGEMENT****(503) 378-2911****Web site: [www.oregon.gov/OMD/OEM](http://www.oregon.gov/OMD/OEM)**

All e-mail addresses are followed with:  
@state.or.us

<u>Name</u>	<u>E-mail</u>	<u>Ext.</u>
Adams, Jim	james.adams	22232
Carini, Kiri	kiri.carini	22245
Choin, Denise	denise.e.choin	22222
Cline, Cherie	cherie.cline	22221
Connell, Theresa	theresa.connell	22230
Craig miles, Kelly Jo	kelly.jo.craigmiles	22246
Dettwyler-Gwin, Sonja	sonja.dettwylergwin	22267
Duvall, Gillien	gillien.duvall	22250
Greiner, Jeff	jeff.greiner	22242
Grogan, Cory	cory.grogan	22283
Gurley, Michael	michael.gurley	22284
Gwin, Dan	dan.gwin	22290
Hall, Bev	bev.hall	22223
Hansen, Jacob	jacob.hansen	22399
Hungate, Abigail	abby.hungate	22274
Jimenez, Doug	doug.jimenez	22248
Kleinbaum, Georges	georges.kleinbaum	22238
Lauritsen, Connie	connie.j.lauritsen	22249
Lippert, Kim	kim.lippert	22283
Marheine, Matt	matthew.t.marheine	22239
Metzger-Hines, Sidra	sidra.metzgerhines	22251
Miller, Tracy	tracy.miller	22253
Molesworth, Fred	fred.molesworth	22241
Murray, Joseph	joseph.murray	22240
Neet, Darrell	darrell.neet	22293
O'Day, Christine	christine.oday	22244
Ollis, Steve	steve.ollis	22289
Perino, Chuck	charles.perino	22252
Plotner, Martin	martin.plotner	22225
Pope, Pat	pat.pope	22228
Rizzo, Althea	althea.rizzo	22237
Sigrist, Dennis	dennis.j.sigrist	22247
Slevin, Julie	julie.slevin	22235
Stark, Jeanie	jeanie.stark	22274
Stoelb, Daniel	daniel.stoelb	22234
Tennyson, Mark	mark.tennyson	22265
Tiemeyer, Gordon	gordon.tiemeyer	22282

To report updates and/or changes to this list  
contact:

**Locals List Attn: Bev Hall**

Oregon Emergency Management

P.O. Box 14370

Salem, OR 97309-5062

Office Phone: 503-378-2911 x22223

E-mail: [bev.hall@state.or.us](mailto:bev.hall@state.or.us)

## **OEM Salem Staff by Section and Position**

Martin Plotner, Director  
 Kim Lippert/Cory Grogan, Public Information Officers  
 Jeff Greiner, Public/Private Community Affairs Liaison  
 Cherie Cline, Executive Assistant, Director's Office

### **Mitigation and Recovery Section**

VACANT, Section Director  
 Kiri Carini, Seismic Grants Coordinator  
 Denise Choin, Fiscal Coordinator  
 Sonja Dettwyler-Gwin, Grants Accountant  
 Dan Gwin, Grants Accountant  
 Connie Lauritsen, Accountant  
 Joseph Murray, Emergency Mgmt. Specialist-Hazard Mitigation and Disaster Recovery  
 Darrell Neet, Special Projects Coordinator  
 Christine O'Day, Grants Program Accountant  
 Dennis Sigrist, State Hazard Mitigation Officer  
 Julie Slevin, Facilities Engineer-State Public Assistance Officer

### **Plans and Training Section**

VACANT, Section Director  
 Jim Adams, Domestic Preparedness Training Coordinator  
 Kelly Jo Craigmiles, Exercise/Training Officer  
 Bev Hall, Receptionist/Office Specialist  
 Jacob Hansen, OpsCenter Program Analyst  
 Doug Jimenez, Domestic Preparedness Exercise Coordinator  
 Matt Marheine, Domestic Preparedness Program Coordinator  
 Sidra Metzger-Hines, DHS Grants Coordinator  
 Tracy Miller, Domestic Preparedness Program Assistant  
 Vacant, Domestic Preparedness Planner  
 Chuck Perino, Planner/Citizen Corps Program Coordinator  
 Althea Rizzo, Geologic Hazards Program Coordinator

### **Technology and Response Section**

Mark Tennyson, Section Director  
 Theresa Connell, 9-1-1 Program Analyst  
 Gillien Duvall, 9-1-1 Technical Operations Coordinator  
 Michael Gurley, 9-1-1 GIS Coordinator  
 Abigail Hungate, 9-1-1 Office Specialist  
 Georges Kleinbaum, Search and Rescue Coordinator  
 Fred Molesworth, State Communications Officer  
 Steve Ollis, Systems Analyst  
 Pat Pope, Systems Analyst  
 Jeanie Stark, 9-1-1 Program Assistant  
 Daniel Stoelb, 9-1-1 GIS Database Analyst  
 Gordon Tiemeyer, 9-1-1 PSAP Relations Coordinator

## Training Matrix

Attachment 1

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
<b>PROGRAM SPECIFIC</b>						
<b>Youth Transition Planning</b>	This training will assist in having a clearer understanding of what ILP is and how it can benefit your youth. After completing this course you will be able to refer your youth to the program; be able to complete the necessary ILP forms and other components of ILP; and know your role in the ILP process. You will also learn more about the DHS requirements for assisting foster youth (age 16 or older) with creating a transition plan. Learn the role ILP can play and the role DHS must have in the planning process.	3 hours (NetLink, quarterly)	DHS-CAF, ILP Staff	All CW Caseworkers, community partners may attend	\$2,060.40 (Salary cost estimate)	RMS
<b>Independent Living Program (ILP) Services</b>	This training will assist in having a clearer understanding of what ILP is and how it can benefit your youth. After completing this course you will be able to refer your youth to the program; be able to complete the necessary ILP forms and other components of ILP; and know your role in the ILP process. You will also learn more about the DHS requirements for assisting foster youth (age 16 or older) with creating a transition plan. Learn the role ILP can play and the role DHS must have in the planning process.	3 hours (NetLink, quarterly)	DHS-CAF, ILP staff	All CW Caseworkers, community partners may attend	\$2,060.40 (Salary cost estimate)	RMS
<b>ILP training upon request</b>	General ILP or topic specific (e.g.: NYTD, housing, YDM, post-secondary) training is available upon request to DHS, Tribes, ILP and community partners.	Varies	DHS-CAF, ILP staff	Varies	TBD	TBD
<b>Post-secondary Planning and Financial Aid</b>	Trainings to provide information on financial aid, planning for college, support services on campus, money management, and other topics related to post-secondary education and training. ASPIRE Fall Conference (DHS has 75 slots for caseworkers, foster parents, ILP Providers, CASA and CRB)	1 day each	OSAC-ASPIRE	Varies – supportive adults, DHS staff, and Community Partners	\$15,000 (includes facilities, trainer, meals, and per diem reimbursement for participants)	Chafee ILP or ETV grant
<b>ILP Convening - Provider Retreats</b>	Provide update on NYTD outcomes, legislation affecting Child Welfare, new fed.	1 to 2 Days	ILP Staff & various Child Well-Being	DHS, Tribes, ILP Providers,	\$10,000 (includes facilities,	Chafee ILP Grant

# Training Matrix

Training Activity	Courses	Duration	Provider	Audience	Estimated Total Cost	Cost Allocation
	requirements.		Staff	select community partners	trainer, meals, and per diem reimbursement for participants)	
<b>Permanency and Supportive Adults</b>  (estimated to begin in 2014)	TBD – train caseworkers and youth to engage supportive adults in Youth Decision Meetings and as potential permanent connections for youth. Training to be youth friendly. Training to distinguish the roles of each supportive adult once a youth is referred for contracted ILP services. Including a collaborative approach to help youth engage and achieve their transition goals.	TBD	TBD	TBD	TBD	TBD
<b>Casey Life Skills Assessment (CLSA) training of trainers (TOT)</b>	Oregon has 10 ACLSA Certified Trainers who need to be updated on the new Casey Life Skills Assessment tools. This training will update and refresh the trainers on how to use, administer and interpret all of the Casey Life Skills Training and other on-line resources. The training will include details on how supportive adults can use the assessment results to assist a youth with transition planning.	1 day (in-person in Salem or Portland area)	NCWRCYD, University of Oklahoma	ACLSA Certified Trainers	TBD (potential per diem expenses for the 5 DHS staff)	TBD
<b>Casey Life Skills Assessment (CLSA) training</b>	This course will train staff, volunteers or youth to use, administer and interpret all of the Casey Life Skills Training and other on-line resources. Training will also teach participants how to use the assessment results to help youth craft a transition plan.	1 day (in-person)	CLSA Trainers (see above)	Adolescent Caseworkers, and community partners	TBD	TBD

## Project Overview

## Attachment 2

Project Log						
CHAFEE GOAL AREA(S) ADDRESSED	Project Name	Projected Expense	Projected Due Date	Status	Date Completed	Comments
<b>Child Well-Being Unit Projects</b>						
Potential to affect all Chafee Goals	Social & Emotional Well-being Act implementation, Trauma-Informed Care	\$400	9/15/14	Progress		Variety of training offered to ILP Contractors, DHS staff & partners. Need to determine impact to service contracts, procedure manual updates, and core training.
Potential to affect all Chafee Goals	Collaborative Problem Solving - integrate into practice wholistically	?	3/1/14	Progress		Determine impact to Transition Planning process and ILP Contracts
Potential to affect all Chafee Goals	Procedure Manual	\$0	3/1/14	Pending		Updates based on outcomes of a variety of projects
<b>Practice/Training Projects</b>						
4.a.; 4.b., 8.c., 9.a.	Health Care Proxy	\$500	10/15/12	Achieved	5/1/13	DVD's distributed to DHS Supervisors & ILP Providers. Mailings to Supervisors not at ILP Convening continue
All Chafee & ETG Goal Areas	ILP Website	\$0	6/1/13	Progress		1) NYTD Page in place, need to add stats. 2) Events Page in progress, need to select photos & videos. All other pages of website are posted and updated as necessary.
1.a, 8.b.	CLSA Training & NRCYD	?	7/1/13	Barriers		Need to recreate training & train trainers. NRCYD not ready to implement new training of trainers.
4.b.; 8.a., 9.a., and overall agency improvement planning efforts	Teen Panelist log (CASA, S2S, etc.)	\$30 - \$100	as needed	Progress	on-going	Database is done & current as of 1/1/13. Youth paid based on experience and need of each event/workshop.
Potential to affect all Chafee Goals	Training - shorter, self directed videos	?	1/1/14	on hold		Due to other priorities, this project is on hold. Plans are to eventually start w/3 areas and provided indepth 30 to 45 minute training videos - self paced.
All Chafee Goal Areas	NetLink - 2 each qtr.	\$0	on-going	Achieved	on-going	Transition Planning, and the ILP Services Netlinks are scheduled out for entire year.

Older Youth & HRY Projects						
			Position currently vacant			
Potential to affect all Chafee Goals	FC to age 21 - Plans & Svcs for 18 - 20 yr. olds	?	3/1/14	Barriers		Position now vacant - new hire to be assigned project.
1.c.; 1.e.; 4.b	Credit Reports	\$2,500 first year, \$1,200 annually thereafter	12/1/12	Barriers		Project: Centralize paper process w/Experian implemented 2-1-13. Waiting for TransUnion & EquiFax contract reviews/negotiations. Waiting for Field Services Mgmt. to designate staff for on-going process. ILP Desk currently handling centralized testing as able.
5.a., 8.a., 9.a	Homeless & Runaway Pilots - RFP	?	1/2/13	Barriers		RFP for new cycle postponed, position vacant, allocation clarification needed
ILP Projects						
All Chafee Goal Areas	2013 ILP DHS Convening/ILP Provider Retreat	\$10,000	5/1/13	Achieved	5/1/13	90 DHS staff, ILP Contractors, and Tribal staff participated. Evaluations currently being summarized - overall, high satisfaction with event.
All Chafee Goal Areas	Annual Report	\$0	6/1/13	Progress	5/17/13	ILP Desk staff have stats to Rosemary. Report to Chris by 5-17-13. Allocation & ETV summary page already sent to Chris
1.a. - 1.e; 3.a; 5.a., 8.a., 9.a. - b.	Foster Youth Bill of Rights	?	7/1/13	Progress		SB123 is moving through legislature, will need to create info packets & work with Ombudsman office on hotline
All Chafee Goal Areas	5 year Planning Work Groups/Summit	\$2,500	1/15/14	Progress		Determine focus areas (education, employment, health, housing, personal connections, transportation, life skills). Determine how large/small & who to have facilitate. Create schedule & locations for workgroup meetings
n/a	ILP Forms Updates	\$0	12/1/12	Achieved	2/28/13	All forms updated for OR-Kids information. Available on DHS forms website
All Chafee Goal Areas	ILP Contracts/RFP	\$1,800,000	2/1/14	pending		based on 5 yr plan priorities, define services, new pymt language
4.a.; 5.a., 8.c., 9.a.	NYTD - DOR Project	\$80,000 per year	5/1/13	Achieved	on-going	Met participation rates for 19 yr olds for 2013A rpt. Finalize reports for 19 yo FU population, monitor contract compliance

**ILP Projects  
(continued)**

n/a	NYTD - Reports	?	3/31/13	Barriers		OR-Kids reporting still a barrier. Tech Team struggling with formatting reports for submission & implementing a standardized reporting process.
All Chafee Goal Areas	Program Administration	DHS funded	on-going	Progress	on-going	Lead worker, payment approvals, ILP contractor trainings & TA, program planning, contracts, special projects, legislative tracking, NYTD, ETG, budget, etc.
Potential to affect all Chafee Goals	ILP FaceBook Page	\$0	10/1/12	Achieved	on-going	FB page is up. Need to set plan for content updates.
2.a.; 2.b.; 3.a.; 4.b.; 5.a; 9.b.	2013 DREAM Conference (post-secondary)	\$26,500	7/30/13	Progress		Contractor doing great job of incorporating both education and career/job workshops & informed, fun activities
Tribal relationships, 9.b.	2013 NTG Planning	\$15,000	6/30/13		on-going	Coquille Indian Tribe has agreed to host. Move to planning phase
9.a.	SAC - OFYC Outreach	\$0	suspended		Suspended	Workload issues - Redetermine role at 5 yr strategic plan event
1.a.; 1.d.; 1.e.; 2.a.; 3.a.; 4.a.; 4.b.; 5.a.; 9.a.	Teen Conf. Planning	\$35,000	7/1/13	Progress		confirm location, survey youth for Youth Speak topics, supervision schedule, etc.
Tribal relationships	Visit Tribes		on-going	Progress		ILP Convening, ICWA, NTG, schedule in visits throughout year.
Potential to affect all Chafee Goals	NYTD DOR Contract & Training for field, Share Stats	?	5/1/13	Achieved	on-going	Partnered with FosterClub to present data at ILP Convening - continue to share data at events and trainings
2.a.; 2.b.; 3.a.; 4.b.; 5.a	Employment WrkGrp	\$200	10/30/12	Barriers		5 yr plan created - no official mgmt approval. Need input from Field & Program mgmt.
2.a.; 2.b.; 3.a.; 5.a.; 8.a.; 9.a. - b.	Tuition & Fee Waiver		7/1/13	Progress		HB 2095 appears to be moving forward - will align with Chafee ETG eligibilty (but continues to age 25) - update eligibility reports. Work on issues due to new academic year
n/a	Payment Issues	?	on-going	Barriers		Need timely payments to contractors, fix incorrect OR-Kids postings to ILP budget
4.a.; 4.b.; 8.a.; 9.a. & ETG e.	SAC - Mentoring	\$0	suspended	Progress	suspended	suspended due to challenges and workload. ILP Convening has generated interest in local areas. Monitor plan implementation.



**ILP Projects  
(continued)**

ETG a. - c., & f.	OSAC & ASPIRE Contracts	\$900,000+	on-going	Progress	on-going	Distribute ETV awards to schools, provide outreach materials, assist with contact/training of post-secondary staff
Potential to affect all Chafee Goals	Transition Summit PSU/NAFY (Multnomah County)		barriers	Progress	on-going	Determine who should continue to be involved in this. PSU has added ILP Coord. as a "DHS Decision Maker," should this be someone else? Someone from Dist.2? Work groups struggling to maintain forward momentum; pull data from national database

## Annual Reporting of State Education and Training Vouchers Awarded

Name of State: Oregon

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2011-2012 School Year</u> (July 1, 2011 to June 30, 2012)	290	152
<b>2012-2013 School Year*</b> (July 1, 2012 to June 30, 2013)	295	172

**Comments:** Oregon refers to the Chafee ETV in two ways: 1) Chafee Education and Training Grant (ETG) and 2) Chafee Education and Training Voucher (ETV). The Chafee ETG is administered in partnership with the Oregon Student Access Commission (OSAC). Youth apply for the ETG via an on-line application process. Applicants do not need to have a current open case with DHS. OSAC is able to share the applicant's data with DHS via a secure "portal." The portal allows for real-time review and updating of an applicant's eligibility or award status.

The second method for youth to access the Chafee post-secondary funds is through a voucher process or the Chafee ETV program. Youth must have a current, open case with DHS to access funds via the voucher process. As the data below indicates, only 12.5 percent of awards are accessed via the voucher process per year. This is intentional. Youth are required to complete an ETG application in order to receive funds. The voucher process is reserved for those schools that may not partner with OSAC, or for those students who have emergency needs (schools may be delayed in processing awards, dorm deposits are required months before awards are issued by schools, etc.).

### **11-12 Academic Year (finalized)**

*(Maximum Grant award is \$3,000)*

ETG OSAC Grants: 278 for a total of \$\$629,358.00

ETV DHS Vouchers: 36 for a total of \$\$22,794.43

(of the 36 vouchers issued, 24 youth also received Grant funds)

**Total ETV Awards:** 290 recipients for a total of \$652,152.43

Following is a breakdown of the \$22,794.43 in DHS Chafee voucher funds issued in 2011-12:

Tuition: \$14,891.15      Room & Board: \$2,260      Lab Supplies: \$0.00

\*in some cases this might be an estimated number since the APSR is due June 30, 2013.

Fees: \$1,383.00	Housing Start-Up: \$1,500	Spec Equip: \$0
Books: \$2,760.28	Transportation: \$0.00	Tutor: \$0.00

Applications Processed:

Total Applicants: 613  
Eligible Applicants: 429  
Total Awardees: 290 (67.6% of the eligible applicants received an award)  
First time recipients (did not receive Chafee funds 10-11): 152

**12-13 Academic Year (still in progress—as of 4/9/13):**

*(Maximum Grant award is \$3,000)(Tuition and Fee Waiver added this year)*

ETG OSAC Grants: 292 for a total of \$722,735.00  
ETV DHS Vouchers: 14 for a total of \$3,787.40  
(of the 14 vouchers issued, 11 youth also received Grant funds)  
**Total ETV Awards:** 295 recipients for a total of \$726,522.40

Following is a breakdown of the \$3,787.40 in DHS Voucher funds issued:

Tuition: \$1,130.60	Room & Board: \$1,413.00	Lab Supplies: \$0.00
Fees: \$290.80	Housing Start-Up: \$95.00	Spec Equip: \$250
Books: \$608.00	Transportation: \$0.00	Tutor: \$0.00

Applications Processed:

Total Applicants: 567  
Eligible Applicants: 415  
Total Awardees: 295 ( 71% of the eligible applicants received an award)  
First time recipients (did not receive Chafee funds 11-12): 172

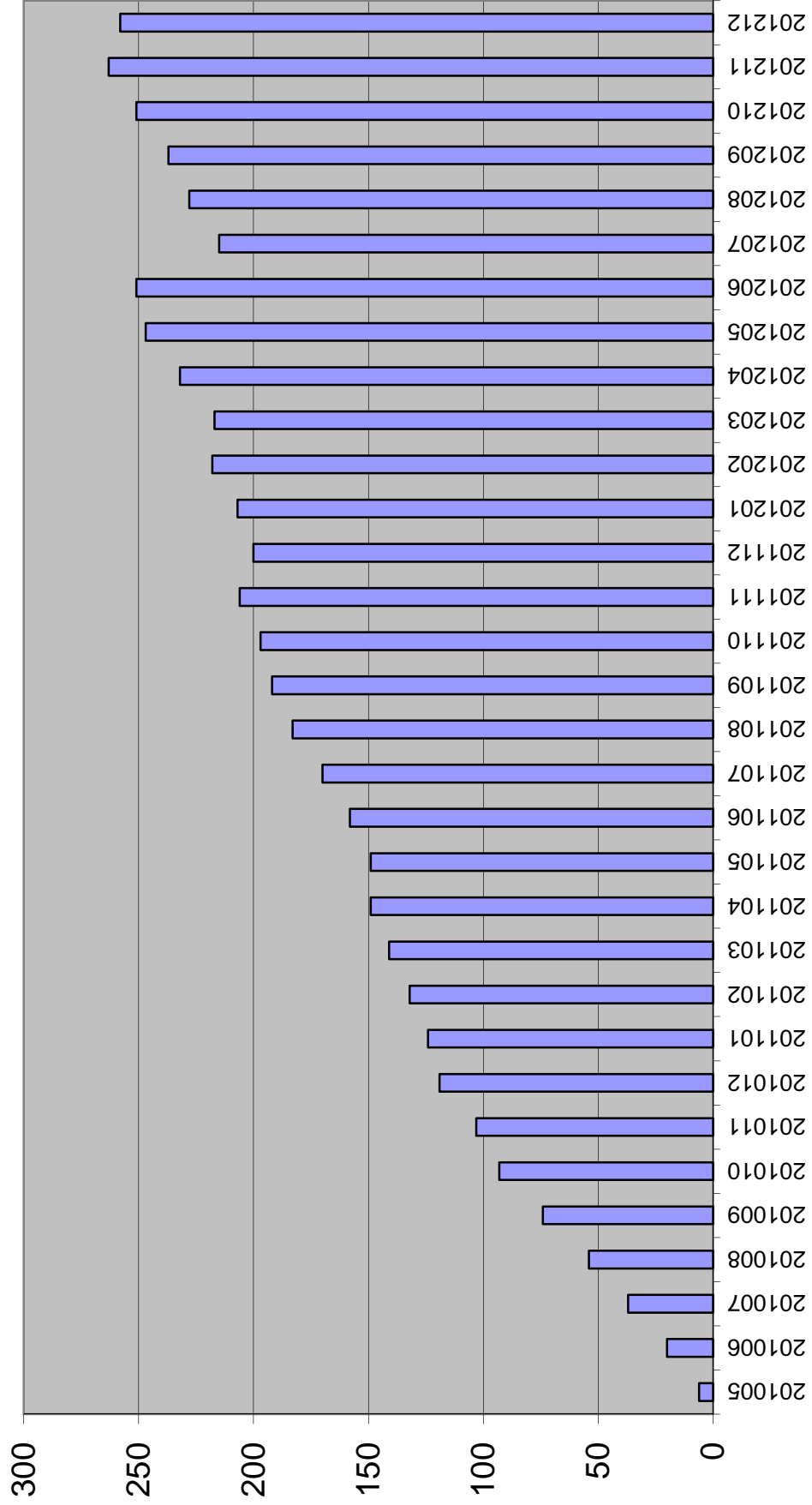
**13-14 Academic Year (as of 4/9/13):**

*(Maximum Grant award is \$3,000).* Electronic Application was not available until 3/14/13.

No grants have been issued for the 13-14 academic year. However, we have received 101 Chafee ETG Applications. The final date to apply for Chafee ETG for Fall term is August 1, 2013. With the passage of HB 2095, providing updates to the Oregon Foster Youth Tuition and Fee Waiver eligibility, we anticipate the number of Chafee applicants to grow. The ILP Fiscal Assistant will be comparing the youth eligible for the Waiver with the list of Chafee Applicants. Outreach will be conducted to those youth under age 21 who may qualify for Chafee, but did not submit an application. Results of the outreach efforts will be reported next year.

\*in some cases this might be an estimated number since the APSR is due June 30, 2013.

Chafee Medical Program Enrollment by Month



## ILP Convening – Service Improvement Plans

<b>Service Area:</b> Dist. 1, Clatsop/Tillamook/Columbia	<b>Contacts:</b> Jenny Burt, Tillamook YMCA ILP
<b>Goal Area:</b> Education & Mentoring	<b>Plan:</b> Education: <ul style="list-style-type: none"> <li>• Keep/encourage youth to stay in current homes.</li> <li>• Attend local community college for support.</li> <li>• Encourage local Job Corp with more supports &amp; actual job skills</li> </ul> Mentoring: <ul style="list-style-type: none"> <li>• Add/increase ILP classes on finding good/healthy supports.</li> <li>• Connect to Trio Program liaison at Clat. Com. College</li> <li>• Upperclassman/successful youth with new incoming freshmen</li> <li>• Referral (if needed) to MTC &amp; DD Services</li> </ul>
<b>Potential Issues/ Barriers:</b> Education – lack of drive & maturity of youth. Low wage, no jobs, or only summer jobs. Mentoring – lack of drive to reach out for assistance. Current mentor program is not for teens, need formal mentor program.	
	<b>Resources Needed:</b>

<b>Service Area:</b> Dist. 2, Multnomah NNE	<b>Contacts:</b> Toc Soneoulay, Impact NW ILP JD Devros, DHS ?? Branch
<b>Goal Area:</b> Employment & Academics	<b>Plan:</b> Employment - <ul style="list-style-type: none"> <li>• Improve connections with Community providers (i.e. a whole faith based group)</li> <li>• Systems change – starting earlier</li> <li>• Wrap around services</li> <li>• Aware of diagnosis</li> </ul> Academics – (did not have time to finish)
<b>Potential Issues/Barriers:</b> Employment – motivation, follow through, lack of supportive adult, mental health, trauma, lack of wrap around services, lack of access to community providers. Academics - Being so far behind (overwhelmed), lack of supportive adults, lack of vocational programs in schools (not alt. school).	
	<b>Resources Needed:</b>

<b>Service Area:</b> Dist. 2, Multnomah	<b>Contacts:</b> Tina Needham, Inn Home ILP
<b>Goal Area:</b> Employment	<b>Plan:</b> <ul style="list-style-type: none"> <li>• Educate youth on value of soft/hard skills</li> <li>• Interns to work with youth on appropriate employment skills</li> <li>• More networking (who do you know)</li> <li>• Building access to social capital</li> <li>• Ask community partners about jobs</li> </ul>
<b>Potential Issues/Barriers:</b> economy, ageism, youth presentations, lack of experience and self esteem	
	<b>Resources Needed:</b>

## ILP Convening – Service Improvement Plans

<b>Service Area:</b> Dist. 3, Polk County	<b>Contacts:</b> ILP - Shannon Simmich, PolkCoYouthSvcs
<b>Goal Area:</b> Mentors (Older ILP youth mentor younger youth)	<b>Plan:</b> <ul style="list-style-type: none"> <li>BBQ's and weekend gatherings between the Youth ILP workers, DHS and Tribal workers.</li> <li>As natural bonds are formed, adults can explain what they can provide: transportation, Sunday night dinners, a place to wash clothes, etc.</li> </ul>
<b>Potential Issues/Barriers:</b> Lack of supportive adult relationships	
<pre> graph TD     A[Mentor/Supportive Adult] &lt;--&gt; B[ILP Provider]     B &lt;--&gt; C[DHS/Tribes]     C &lt;--&gt; D[Connecting youth to Mentor]     D &lt;--&gt; A             </pre>	

<b>Service Area:</b> Dist. 3 & 4, Lane, Linn/Benton,	<b>Contacts:</b> Andrea Hansen-Miller, Looking Glass ILP DHS ?? Branch
<b>Goal Area:</b> Health Insurance/Health Planning	<b>Plan:</b> Intentional support <ul style="list-style-type: none"> <li>When possible, do change of address form with youth</li> <li>Planning for on-going support/mentoring</li> <li>More engaging(?) or permanent supports</li> <li>Permanent address for mail – a person who agrees to give mail no matter what</li> </ul>
<b>Potential Issues/Barriers:</b> Address changes, lack of on-going support, youth don't know their medical options. Youth not submitting a change of address form, once services dropped is difficult to re-engage Note: everything is interrelated; health, connections, housing, finances, etc.	
<b>Resources Needed:</b> Permanent supports	

<b>Service Area:</b> Dist. 7, Coos County	<b>Contacts:</b> DHS - Lorie Fish, Earl Boots ILP – Juliet Davison, Bob Belloni Ranch
<b>Goal Area:</b> 1) Housing Education/Money Mgmt, 2) Strengthening Support Systems, 3) Money Management	<b>Plan:</b> <ol style="list-style-type: none"> <li>1) Housing Education – more referrals for younger youth; more time to teach skills – offer to come to group even if not in ILP.</li> <li>2) Support Systems – encourage supportive adults/systems to come to T2 mtgs, encourage community connections, extra-curricular activities, and volunteering.</li> <li>3) Money Management – Educate foster parents on importance of allowance for use in money management, follow up and tracking in ILP how youth spends/saves funds (similar to Dream Saver Program)</li> </ol>
<b>Potential Issues/Barriers:</b> 1) Housing – youth done with system at 18, youth need more time to learn skills. 2) Support Systems – youth lack confidence in own skills & don't understand importance. 3) Money Management – lack of allowance from foster parents, poor match skills  Barriers: lack of funding for ILP to serve younger youth, lack of funds for FP to provide allowance	
<b>Resources Needed:</b>	

## ILP Convening – Service Improvement Plans

<b>Service Area:</b> Dist. 8 & 11, Jackson/Josephine, Klamath/Lake	<b>Contacts:</b> Sandra Hart – DHS
<b>Goal Area:</b> 1) Safe/Sustainable Housing, 2) Supportive Adults 3) Obtainable Life Goals 4) Mental Health	<b>Plan:</b> 1) Better planning and supports for after age 21 when no ILP/ILSP/DHS, etc. 2) Increase the healthy, supportive adults in a youth’s life (outside of CASA, ILP, DHS). 3) Help youth explore options for careers and education for more obtainable life goals. 4) Address trauma and “truth of the family” in how much support they can or can’t provide.
<b>Potential Issues:</b> Mental health, exploitation by adults (Craigslist, foster parents, credit cards, “family friends” etc.), location, physical health, A&D, IQ, kids poor choices, location, youth’s developmentally appropriately unable to understand the gravity of independence.	<b>Resources Needed:</b>

<b>Service Area:</b> Dist. 9 & 10, Hood/Wasco/Sherman, Crook/Deschutes/Jefferson	<b>Contacts:</b> Meg, Teal, Robin, Andy, Savannah
<b>Goal Area:</b> Rural Employment & Financial Mgmt.	<b>Plan:</b> <ul style="list-style-type: none"> <li>• A program similar to the Youth Conservation Corps – with requirement that a portion of funds earned go to: savings, youth’s discretion, and a portion be set aside as a stipend for when youth moves out of foster care to assist with housing.</li> <li>• Jobs would be more integrate into typical jobs in the community.</li> </ul>
<b>Potential Issues:</b> lack of employment opportunities, lack of experience managing real money	<b>Resources Needed:</b> Employers willing to work with foster youth/Youth Conservation Corp type program

## Chafee Graduation Rates

The Oregon Student Access Commission (OSAC) does data matches to determine graduation rates of Oregon Opportunity Grant recipients as part of the legislatively required Key Performance Measures. At the request of the Oregon Department of Human Services Independent Living Program, as of fall, 2011, similar data will be collected regarding Chafee Education and Training Grant recipients.

### Methodology:

In keeping with the same methodology as OSAC uses for KPM data collection, graduation rates will be determined using:

- Four Year Institutions-a standard of six years
- Two Year (Community College) Institutions-a standard of three years
- The US Department of Education requires Title IV schools to report graduation rates for all full-time students who complete their undergraduate program of study within 150 percent of the programs published length (i.e. six years for four year institutions, 3 years for two year institutions). Proprietary (for-profit) institutions often offer accelerated programs ranging from approximately 9 to 22 or more months, or, may offer a four year degree. Because each institution is different and varying programs within each institution may have different completion times, data was pulled for proprietary institutions for the same years as two-year institutions.
- For this first report, prepared in November, 2012, graduation rates are checked for those receiving a degree during the 2011-12 academic year.
- For this second year of data match, the base year for four-year institutions, both public and private is the 2006-07 academic year. For the 2011 report, all years going back to 2005-06 were pulled for the community colleges and proprietary schools. As of 2012, we looked only at 2009-10 first time Chafee recipients.
- Going forward, data will be matched in one year increments for both four-year and two-year institutions from the base year of 2005-06 for four-year institutions and 2008-09 for two-year and proprietary institutions.

### Criteria:

- Institution type-four year public, four-year private, community college or proprietary
- First time Chafee recipient during the base year

### Results:



## Graduation Rates of First Time Chafee Recipients by Academic Year

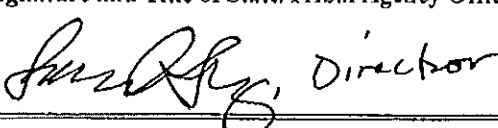
Community College		Proprietary		Four-Year Public		Four-Year Private		Total All Sectors
Year	Rate (%)	Year	Rate (%)	Year	Rate (%)	Year	Rate (%)	Rate (%)
2005-06	4.73	2005-06	0.00	2005-06	21.43	2005-06	37.50	8.65
2006-07	12.31	2006-07	0.00	2006-07	62.50	2006-07	100.00	10.81
2007-08	9.09	2007-08	0.00	2007-08	na	2007-08	na	na
2008-09	7.25	2008-09	4.17	2008-09	na	2008-09	na	na
2009-10	4.20	2009-10	2.94	2009-10	na	2009-10	na	na

### Conclusions:

- The graduation rate for community colleges has ranged from a low of 4.20% to a high of 12.31%. The rate dropped from 7.25 for the 2008-09 first time Chafee recipients to 4.20 for the 2009-10 first time recipients.
- For proprietary school attendees, the graduation rate dropped from 4.17 for 2008-09 first time recipients to 2.94 for 2009-10 first time recipients.
- The graduation rate for four year public university attendees increased dramatically from 2005-06 first time recipients to 2006-07 (21.43% to 62.50), almost tripling. The same thing occurred for four-year private university attendees, increasing from 37.50 to 100% graduation rate.
- There still isn't enough data at this point in time to draw conclusions regarding positive or negative trends in the graduation rates. As we gather the data over the next few years, we will have a better idea of trends.

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV**

Fiscal Year 2013, October 1, 2012 through September 30, 2013

1. State or Indian Tribal Organization (ITO): Oregon		2. EIN: 1-93-6001958-A3	
3. Address: Department of Human Services, 500 Summer Street NE, Salem, OR 97301		4. Submission: <input type="checkbox"/> New <input checked="" type="checkbox"/> Revision	
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds		\$	3,421,470
a) Total administration (not to exceed 10% of estimated allotment)		\$	-
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.		\$	4,461,357
a) Total Family Preservation Services		\$	1,238,918
b) Total Family Support Services		\$	1,436,111
c) Total Time-Limited Family Reunification Services		\$	893,164
d) Total Adoption Promotion and Support Services		\$	893,164
e) Total for Other Service Related Activities (e.g. planning)		\$	-
f) Total administration (FOR STATES ONLY; not to exceed 10% of estimated allotment)		\$	-
7. Total estimated title IV-B Subpart 2, Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)		\$	281,837
a) Total administration (FOR STATES ONLY; not to exceed 10% of estimated allotment)		\$	-
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:			
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ _____, PSSF \$ _____, and/or MCV \$ _____.			
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$ _____, PSSF \$ _____, and/or MCV \$ _____.			
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)		\$	322,855
10. Estimated Child Foster Care Independence Program (CFCIP) funds		\$	2,908,628
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		\$	150,000
11. Estimated Education and Training Voucher (ETV) funds		\$	975,639
12. Re-allotment of CFCIP and ETV Program Funds:			
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program		\$	-
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program		\$	-
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program		\$	350,000
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program		\$	125,000
13. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau, for the Fiscal Year ending September 30, 2013.			
Signature and Title of State/Tribal Agency Official		Signature and Title of Central Office Official	
 Director			

CFS-101, Part II

U.S. Department of Health and Human Services  
Administration for Children and Families

Attachment D  
OMB Approval #0980-0047  
Approved through July 31, 2011

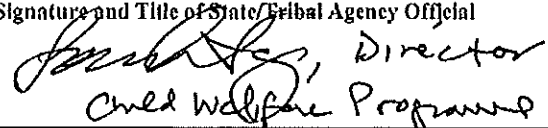
CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO) Oregon For FFY 2013 OCTOBER 1, 2012 TO SEPTEMBER 30, 2013

SERVICES/ACTIVITIES	TITLE IV-B			(d) CAPTA*	(e) CFCIP	(f) ETV	(g) TITLE IV-E	(h) STATE, LOCAL, & DONATED FUNDS	(i) NUMBER TO BE SERVED		(j) POPULATION TO BE SERVED	(k) GEOG. AREA TO BE SERVED
	(a) Subpart I- CWS	(b) Subpart II- PSSF	(c) Subpart II- MCV*						Individuals	Families		
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	1,822	1,436		323				1,349	5,584	3,557	Families in Crisis All children in need	Statewide
2.) PROTECTIVE SERVICES									11,600	6,824		Statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)	1,145	1,239						799	10,859	5,758	Families in Crisis	Statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES		893						181	9,680	6,594	Families in Crisis	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		893						179	17,695	17,670	All children in need	Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)												
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE							16,041		17,220	12,132	All children in need	Statewide
(b) GROUP/INSTIT CARE							698		1,512	1,439	All children in need	Statewide
8.) ADOPTION SUBSIDY PMTS.							31,362					
9.) GUARDIANSHIP ASSIST. PMTS.												
10.) INDEPENDENT LIVING SERVICES				2,909								
11.) EDUCATION AND TRAINING VOUCHERS						976			1,953	1,839	All eligible youth	
12.) ADMINISTRATIVE COSTS									474	474	All eligible youth	
13.) STAFF & EXTERNAL PARTNERS TRAINING							52,926					
14.) FOSTER PARENT RECRUITMENT & TRAINING	454											
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING							350					
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING							350					
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING			282									
18.) TOTAL	3,421	4,461	282	323	2,909	976	101,727	2,508				

\* States Only, Indian Tribes are not required to include information on these programs

**CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV**  
 Fiscal Year 2014, October 1, 2013 through September 30, 2014

1. State or Indian Tribal Organization (ITO): Oregon		2. EIN: 1-93-6001958-A3	
3. Address: Department of Human Services, 500 Summer Street NE, Salem, OR 97301		4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision	
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) Funds		\$	3,434,521
a) Total administration (not to exceed 10% of title IV-B Subpart 1 estimated allotment)		\$	-
6. Total estimated title IV-B Subpart 2, Provides Safe and Stable Families (PSSF) Funds. This amount should equal the sum of lines a - f.		\$	4,449,500
a) Total Family Preservation Services		\$	1,235,626
b) Total Family Support Services		\$	1,432,294
c) Total Time-Limited Family Reunification Services		\$	890,790
d) Total Adoption Promotion and Support Services		\$	890,790
e) Total for Other Service Related Activities (e.g. planning)		\$	-
f) Total administration (FOR STATES ONLY: not to exceed 10% of title IV-Bsubpart 2 estimated allotment)		\$	-
7. Total estimated Monthly Caseworker Visit (MCV) Funds (FOR STATES ONLY)		\$	281,098
a) Total administration (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)		\$	-
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:			
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ _____, PSSF \$ _____, and/or MCV(States only) \$ _____.			
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$343,500, PSSF \$445,000, and/or MCV(States only) \$28,000.			
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (no State match required): Estimated Amount plus additional allocation, as available. (FOR STATES ONLY)		\$	644,450
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds		\$	2,879,433
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		\$	150,000
11. Estimated Education and Training Voucher (ETV) funds		\$	960,123
12. Re-allotment of CFCIP and ETV Program Funds:			
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out CFCIP Program		\$	-
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out ETV Program		\$	-
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for CFCIP Program		\$	350,000
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for ETV Program		\$	125,000
13. Certification by State Agency and/or Indian Tribal Organization. The State agency or Indian Tribe submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.			
Signature and Title of State/Tribal Agency Official  Director Child Welfare Programs		Signature and Title of Central Office Official	

**CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services**


State or Indian Tribal Organization (ITO)

For FFY OCTOBER 1, 2013 TO SEPTEMBER 30, 2014

SERVICES/ACTIVITIES	TITLE IV-B		CAPTA*	CFCIP	ETV	TITLE IV-E	STATE, LOCAL, & DONATED FUNDS	NUMBER TO BE SERVED		POPULATION TO BE SERVED	GEOG. AREA TO BE SERVED
	(a) Subpart I- CWS	(b) Subpart II- PSSF						(c) Subpart II- MCV *	(i) Individuals		
1.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	1,829	1,432	644				1,261	6,437	4,147	Families in Crisis All children in need	Statewide
2.) PROTECTIVE SERVICES								9,584	5,638		Statewide
3.) CRISIS INTERVENTION (FAMILY PRESERVATION)	1,149	1,235					904	11,638	5,670	Families in Crisis	Statewide
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES		891					297	14,963	9,010	Families in Crisis	Statewide
5.) ADOPTION PROMOTION AND SUPPORT SERVICES		891					297	17,680	17,630	All children in need	Statewide
6.) FOR OTHER SERVICE RELATED ACTIVITIES (e.g. planning)											
7.) FOSTER CARE MAINTENANCE:											
(g) FOSTER FAMILY & RELATIVE FOSTER CARE						18,778		16,224	11,429	All children in need	Statewide
(h) GROUP/INSTR CARE						2,621		1,431	1,360	All children in need	Statewide
8.) ADOPTION SUBSIDY PMTS.						31,070					
9.) GUARDIANSHIP ASSIST. PMTS.				2,879		3,923					
10.) INDEPENDENT LIVING SERVICES					960			1,942	1,822	All eligible youth	Statewide
11.) EDUCATION AND TRAINING VOUCHERS									519	All eligible youth	Statewide
12.) ADMINISTRATIVE COSTS						55,495					
13.) STAFF & EXTERNAL PARTNERS TRAINING						769					
14.) FOSTER PARENT RECRUITMENT & TRAINING						228	195				
15.) ADOPTIVE PARENT RECRUITMENT & TRAINING	456					228					
16.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING											
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING			281								
18.) TOTAL	3,434	4,449	644	2,879	960	113,112	2,954				

\* States Only, Indian Tribes are not required to include information on these programs

**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV) : Fiscal Year 2011: October 1, 2010 through September 30, 2011**

1. State or Indian Tribal Organization (ITO): Oregon		2. EIN: 1-93-6001958-A3		3. Address: DHS, 500 Summer St. NE, Salem, OR 97301			
4. Submission: <input checked="" type="checkbox"/> New <input type="checkbox"/> Revision							
Description of Funds	Estimated Expenditures	Actual Expenditures	Number served		Population served	Geographic area served	
			Individuals	Families			
5. Total title IV-B, subpart 1 funds	\$ 3,334,000	\$ 3,333,653					
a) Total Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)	\$ 333,400	\$ 10,058					
6. Total title IV-B, subpart 2 funds (This amount should equal the sum of lines a - f.)	\$ 4,733,000	\$ 4,705,659					
a) Family Preservation Services	\$ 1,033,000	\$ 1,243,416					
b) Family Support Services	\$ 1,466,000	\$ 981,810					
c) Time-Limited Family Reunification Services	\$ 1,082,000	\$ 967,720					
d) Adoption Promotion and Support Services	\$ 1,082,000	\$ 1,215,744					
e) Other Service Related Activities (e.g. planning)	\$ 26,000	\$ -					
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment after October 1, 2007)	\$ 44,000	\$ 296,968					
7. Total Monthly Caseworker Visit Funds (STATE ONLY)	\$ 277,000	\$ 279,187					
a) Administrative Costs (not to exceed 10% of MCV allotment)	\$ -	\$ -					
8. Total Chafee Foster Care Independence Program (CFCIP) funds	\$ 3,278,000	\$ 2,667,723					
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)	\$ -	\$ -					
9. Total Education and Training Voucher (ETV) funds	\$ 200,000	\$ 66,913					
10. Certification by State Agency or Indian Tribal Organization (ITO). The State agency or ITO agrees that expenditures were made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.	\$ 1,131,000	\$ 889,594					
Signature and Title of State/ Tribal Agency Official		Date		Signature and Title of Central Office Official			Date
		9/13/13					