



Oregon Department of Human Services  
Office of Child Welfare Programs

# ANNUAL PROGRESS & SERVICES REPORT 2022

Submitted June 2021  
Resubmitted August 2021

Rebecca Jones Gaston, Child Welfare Director  
Oregon Department of Human Services  
500 Summer Street NE, E67  
Salem, OR 97301-1067

This report, once approved, can be found at: <https://www.oregon.gov/dhs/children/Pages/data-publications.aspx>

Direct questions regarding this report to Megan Brazo-Erickson: [megan.j.brazo-erickson@dhsosha.state.or.us](mailto:megan.j.brazo-erickson@dhsosha.state.or.us)

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# Collaboration

## Update on Collaboration with Families, Children, Youth, Tribes, and Other Partners

### Highlights from 2020-2021

The Oregon Department of Human Services (ODHS) Child Welfare Division is committed to engaging our partners in the work of serving children and families. The following are highlights of our collaborations over the past year.

- Child Welfare partnered with Oregon Relief Nurseries on a Governor's Emergency Education Relief (GEER) grant to support newly reunified families.
- The Permanency Program collaborated with parent mentoring programs from both Morrison Child and Family Services and The Family Nurturing Center to train staff around parent engagement, substance use disorders, and values-based practice.
- Child Welfare collaborated with legal, judicial, medical professionals, parents, and resource parents to create and update visitation guidance related to COVID-19.
- Child Welfare works closely with the Oregon Department of Education (ODE) and local school districts regarding implementation of *Every Student Succeeds Act* (ESSA), and the overall education needs of students in foster care. This includes several data sharing agreements to monitor the education outcomes of students in foster care.
- Child Welfare consults with AdoptUSKids to assist with strategies on diligent recruitment efforts.
- Child Welfare partners with The Contingent to bring communities together to meet the needs and provide support to resource families and families of origin through the MyNeighbOR program. MyNeighbOR launched at the onset of the COVID-19 pandemic to meet the immediate needs of resource families. Among the many ways it supports families and children in foster care, it provided 200 laptop and tablets to support virtual visitation and learning.
- Child Welfare meets twice monthly with Oregon Resource Family Alliance (ORFA) to seek feedback and provide updates.
- The ODHS KEEP coordinator partnered with Native American Youth & Family Center (NAYA) and Centro Cultural to provide skill enhancement programs to certified families. KEEP also has groups offered for resource parents caring for LGBTQIA2S+ youth.
- Retention and Recruitment Champions collaborate with their districts' local The Contingent (formerly Every Child) affiliate to plan and execute resource parent appreciation events.
- Tribal Affairs and the Permanency Program continue collaboration with Oregon Tribes and Child Welfare contracted adoption/guardianship mediators to implement ORICWA requirements regarding development of Ongoing Cultural Connections and Contact Agreements. Tribal Affairs and Permanency Program provided ORICWA-specific trainings for mediators identified to conduct mediation in applicable cases and facilitated a meet-and-greet with tribal partners and the identified mediators.
- Some Champions reached out to local Tribal Nations to build rapport and collaborate on increasing capacity of Tribal Nation foster homes.
- Child Welfare conducted forums inviting resource families and inquiring families to enhance their capacity to care for our LGBTQIA2S+ youth. The forums have included educational opportunities and support for resource families.
- The Permanency Program partners with the Permanency Advisory Committee (PAC) and Oregon Foster Youth Connection (OFYC) for all its projects.
  - PAC was instrumental in the design of the Family Report and the Transfer Protocol core components. PAC reviews all forms, projects, and communications, such as the monthly

- Permanency Practice Blast as they pertain to engaging and supporting parents. They have recently partnered on a revised Action Agreement that is currently being piloted.
- OFYC participates in the workgroup redesigning how we support our older youth and young adults in order to achieve optimal outcomes for them.
  - The Oregon Child Abuse Hotline (ORCAH) partnered closely with mandatory reporter groups to gather input and information and to address community questions and concerns. These include, but are not limited to:
    - Educators
    - Law enforcement
    - Medical professionals
    - Mental health professionals
    - Multi-disciplinary teams
  - ORCAH updated its mandatory reporter training and tools and provided a Train the Trainer model for Child Welfare and Child Advocacy Center staff statewide in the fall of 2020 and spring of 2021. Train the Trainer will be offered three times a year, but the training schedule will be adjusted as necessary to current training needs.
  - ORCAH partnered with educator groups in summer of 2020 to create tools for educators to engage students and identify signs of abuse in the remote learning environment.
  - ORCAH collaborates closely with Tribal Nations, particularly on notifications of screening decisions. In February of 2021, ORCAH began a quality assurance process to evaluate screening reports for when the family may be or is identified as being eligible for ICWA. ORCAH will be collaborate with Tribal Nations in summer 2021 to evaluate the results.
  - ORCAH and the Child Safety Program collaborate with the ODHS, Office of Training, Investigation and Safety (OTIS), which has taken over screening decisions and investigations for school investigations, certain third-party reports, and childcare investigations, pursuant to Oregon Senate Bill 155 of the 2019 Session of the Oregon Legislature.
  - The Child Safety Program has increased stakeholder and community partner engagement in both program design and practice improvements in 2020 and 2021. The onset of COVID-19 brought attention to the importance of community partnership in providing safety and services for children that became more isolated. The Child Safety Program did outreach and partnered with the Department of Education, Tribal Nations, Safe Families for Children, county multi-disciplinary teams, Portland State Child Welfare Partnership, ODHS Self- Sufficiency Program, and domestic violence programs to identify community supports and strategies for safety intervention and education in non-traditional ways.
  - The Child Safety Program engaged in listening sessions with parent advisory and parent mentor groups as well as representation from the Oregon Tribes to better understand lived experience with Child Protective Services (CPS), to improve engagement, and develop procedures that are trauma-informed.
  - The Treatment Services Program hosts bi-monthly community partner and provider meetings. This is a forum for collaboration and communication to support service development and implementation. Meetings are three hours to allow for discussion and consultation.
  - The Treatment Services Program maintains close connections with state agencies administering Behavioral Rehabilitative Services and working in conjunction with other Child Caring Agencies. Examples include:
    - Monthly huddles with the Oregon Alliance of Children’s Programs and the Oregon Youth Authority (OYA)

- Monthly Child Caring Agency Oversight meetings including ODHS Licensing, ODHS Child Welfare, Oregon Health Authority (OHA) Children’s Behavioral Health, OYA, Office of Training, Investigations and Safety (OTIS)
- Quarterly BRS compliance meetings between ODHS Child Welfare, OYA and OHA
- Quarterly BRS collaborative meetings between ODHS Child Welfare, OYA and OHA
- Monthly meetings between ODHS Child Welfare and OHA Children’s Behavioral Health related to a variety of shared initiatives to intentionally expand the existing behavioral health service array
- Monthly System of Care Statewide committee includes family representatives, community partners, OHA, OYA, ODDS, Child Welfare, Oregon Department of Education and ODHS Director’s Office to address needs and barriers that arise across statewide childcaring systems
- The Child Fatality Prevention and Review Program (CFPRP) has active engagement and collaboration with multiple Oregon Health Authority Public Health System efforts including Behavioral Health, Zero Suicide, Youth Suicide Prevention Intervention & Postvention Program, Injury and Violence Prevention Program, and Maternal and Child Health. Ongoing collaboration is also occurring with the following: ODHS Tribal Affairs, Office of Child Care, Community Health Nurses, Oregon Resource Family Alliance, Oregon Tribal Nations, ODHS Self-Sufficiency Program, Domestic Violence Advocates, Oregon Judicial Department, Oregon Parenting Education Collaborative parent coordinators and trainers, health care professionals, Child Advocacy Centers, Designated Medical Professionals, Substance Use Disorder treatment professionals, Hospital Social Workers, Early Intervention, Oregon Health Sciences University, Oregon Center for Children and Youth, Healthy Birth Initiatives, Michigan State University, QPR Institute and the University of Kentucky Center for Innovation in Population Health. The collaboration that occurs with these partners develops data-informed and innovative strategies for prevention.

### Advisory Groups

Child Welfare also coordinates and/or participates in several workgroups, advisory councils, and steering committees that contribute to the development, implementation, and analysis of strategies and initiatives that impact Child Welfare and the families, children, and committees it serves. These include:

- Governor’s Children’s Cabinet
- Governor’s Child Welfare Foster Care Commission
- Central and Eastern Oregon Juvenile Justice Consortium
- Children Services Advisory Commission
- Governor’s Child Welfare Ombudsman Advisory Board
- Oregon Foster Youth Connection
- Parent Advisory Council
- Foster Parent and Relative Caregiver Retention and Support Advisory Body
- System of Care (SOC) Statewide Steering Committee
- Child Welfare Advisory Committee
- CAMI Advisory Council
- Juvenile Court Improvement Program (JCIP)
- Indian Child Welfare Advisory Council
- Special Needs Adoption Coalition
- Commercial Sexual Exploitation of Children Steering Committee
- LGBTQIA2S+ Equity and Inclusion Collaboration Team
- Domestic and Sexual Violence Advisory Committee

- Permanency Advisory Council
- Refugee Child Welfare Advisory Committee
- Disability Advisory Committee
- State Advisory Council for Special Education (SACSE) at the Oregon Department of Education (ODE)
- State Interagency Coordinating Council (SICC) at ODE
- Raise Up Oregon Agency implementation Coordination Team
- Child Welfare Training Advisory Committee
- Child Welfare Race Equity Leadership Team
- System of Care Advisory Council

### Collaboration with Oregon Courts, Members of the Legal and Judicial Community, and the Juvenile Court Improvement Program (JCIP)

Oregon's Child Welfare Director and leadership representatives are members of the Juvenile Court Improvement Program (JCIP) Advisory Committee. The Advisory Committee provides oversight of the work of JCIP and meets quarterly throughout the year. Collaboration between Child Welfare and the courts supports court improvement project goals to enhance the quality of court hearings, improve timeliness of permanency, and improve judicial practices and leadership in juvenile dependency cases. Child Welfare and JCIP also collaborate on a joint Program Improvement Plan (PIP) with strategies and activities that focus on achieving timely permanency.

There were several changes in staff for JCIP beginning October 2020 and continuing into early 2021. The Permanency Program leadership started meeting monthly with JCIP staff covering those vacancies in 2020 with a plan to meet quarterly in 2021 as new staff were hired. Those meetings have helped JCIP and Permanency Program staff to establish good communication and positive working relationships, to share information about the joint-PIP strategies and activities, and to review progress and plan for future steps of the joint-PIP. Other collaborative activities among JCIP and Child Welfare staff started in 2020 and continuing into 2021 include:

- Joint planning and participation in workgroups related to implementation of ORICWA changes in law and amendments to the second ORICWA bill.
- Joint planning for a statewide move to electronic certification of termination of parental rights judgments with a goal of improving timeliness to adoption.
- Continued collaboration on improving timeliness to adoption finalization.

### Collaboration in the Creation of this APSR

The Child Welfare Division Vision for Transformation (Attachment 1) is the driving force behind the work Child Welfare has done in the past year to improve our practice and outcomes for our families. It is the roadmap as we plan for the future of Child Welfare in Oregon. Our partners, stakeholders, advisories, Oregon Tribal Nations, and staff provided input and feedback as we developed the Vision for Transformation.

Over the last year, the Child Welfare Executive Leadership Team (ELT) went to local office all staff meetings, Central Office unit meetings, the Oregon legislature and various partner gatherings to engage our staff and partners in open conversations about the Vision for Transformation and how it is driving our work. Feedback from these sessions has been considered and, where appropriate, integrated into Child Welfare's work. This APSR reflects that feedback.

## Update to Assessment of Current Performance in Improving Outcomes

Note: All CFSR data in this report is taken from PIP reporting periods 36-37. PIP-monitored items include the trend data from baseline, as reported in quarterly PIP non-overlapping period reports. Non-PIP-monitored items include data from the baseline and reporting period 24 (reported in the 2021 APSR) to provide context for the current CFSR data.

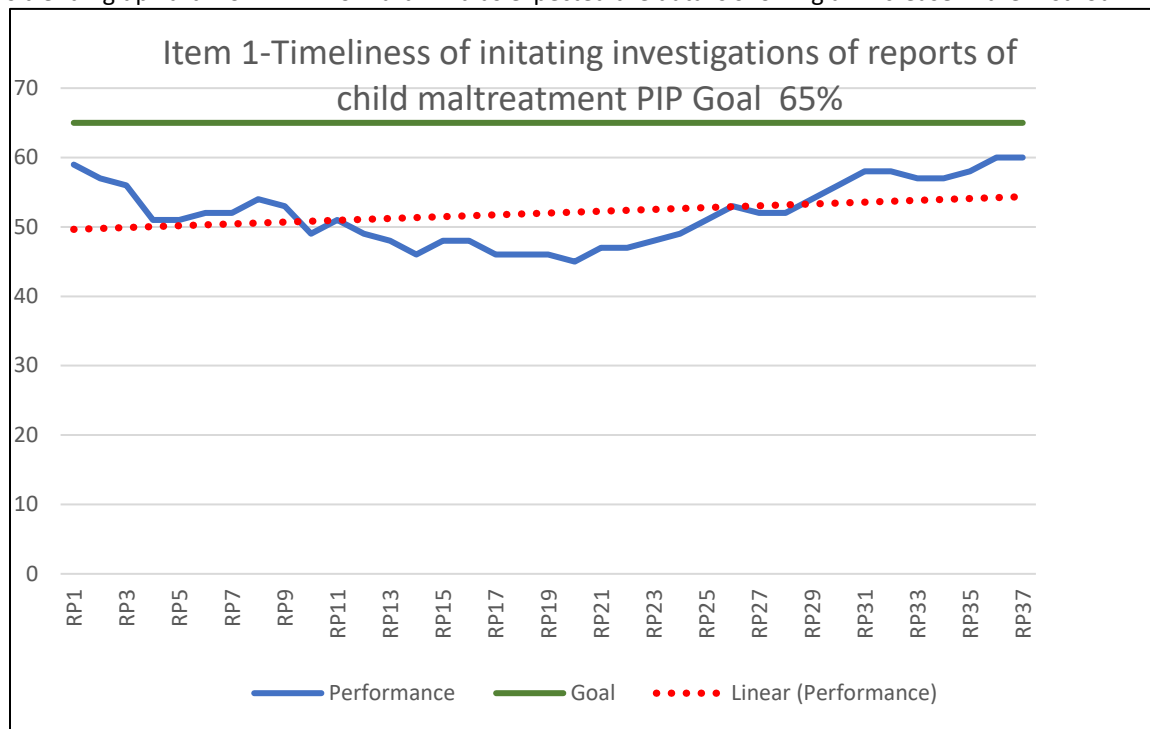
Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes?



-	Baseline	RP26	RP27	RP28	RP29	RP30	RP31	RP32	RP33	RP34	RP35	RP36	RP37
Data Period	2/2017 through 1/2018	4/2019 through 3/2020	5/2019 through 4/2020	6/2019 through 4/2020	7/2019 through 6/2020	8/2019 through 7/2020	9/2019 through 8/2020	10/2019 through 9/2020	11/2019 through 10/2020	12/2019 through 11/2020	1/2020 through 12/2020	2/2020 through 1/2021	3/2020 through 2/2021
Number of Cases Rated as a Strength	65	79	75	78	83	85	90	89	89	88	85	92	90
Number of Total Appl Cases	110	150	145	150	154	152	154	154	156	154	147	156	151
Performance (%)	59%	53%	52%	52%	54%	56%	58%	58%	57%	57%	58%	59%	60%

**Progress Notes:** Performance is trending upward from RP22 forward. And as expected the data is showing an increase in the first four months of the NOP.



The Child Safety Program utilizes data from multiple reports to review and analyze quantitative data on Timeliness of Initial Contact. We also consider human factors and other circumstances as part of that analysis and in developing action plans to improve these outcomes from a statewide and branch specific level. Data alone does not accurately reflect the nature of the tasks involved, the individual skills of each worker, or workplace resources, communication, and leadership. The system-wide impacts of the global COVID-19 pandemic on Child Protective Services practice and workforce are still not fully understood and the impact on child welfare practice may take years to fully evaluate.

Child Safety Program requested that an additional report be designed and built that would provide a more detailed and accurate reflection of successful initial contacts with the alleged child victim within the required timelines. The ROM reports historically used to capture this data point included attempted contacts that were not successful, creating significant variances when comparing the ROM report to CFSR findings. This new report is used in tandem with the ROM CPS.03 Time to Initial contact as well as incorporating the CFSR review data on Timeliness of investigation data.

<b>Timeliness of Initial Contact by Federal Fiscal Year</b>			
<b>FFY</b>	<b>Number Timely</b>	<b>Total Investigations</b>	<b>Percent Timely</b>
<b>2019</b>	4,484	40,880	11.0%
<b>2020</b>	4,195	34,340	12.2%
<b>Two-year Total</b>	<b>8,679</b>	<b>75,220</b>	<b>11.5%</b>

Source: SA 2025-D Successful Initial Contact Report

Safety consultants developed strategies and action plans with local districts to increase both timeliness of initial contacts as well as the qualitative aspects of meaningful and diligent ongoing contacts focused on improving child safety outcomes. When analyzing timeliness data, data on overdue assessments as well as those assessments completed within time due are considered. Data pulled in April 2021 reflects that 44.9% (4,434) of all CPS assessments in Oregon are currently “overdue,” meaning still in process at 60 days from the initial report. Case reviews indicate that CPS workers often do not enter any data, including face-to-face contacts, into the OR-Kids system until they are documenting the completion of all assessment activities. This can result in a lag that impacts data accuracy, as timeliness of initial contact in March of 2021 are likely to include between 4,000-9,000 assessments that are “open” for field assessment but may not have contacts entered.

ROM CPS.03 data (which includes attempted contacts) reflects that April to June 2020 was the highest period of performance for timeliness of CPS assessments at 79.3%, (2020 overall averaged out at 72.7%). This peak for Oregon is reflective of a dramatic reduction in the number of calls to the Oregon Child Abuse Hotline and a significant reduction in the number of assignments to the field for assessment. This was also the beginning of the agency allowing for remote work for CPS workers which created alternative work environments for many staff that had not previously been available. There was an improvement of those assessments completed within time due during this same timeframe, increasing from 34% the first quarter of 2020 to 50% the second quarter. Assessment data reflects the lowest numbers of overdue assessments during this same quarter over a two-year period.

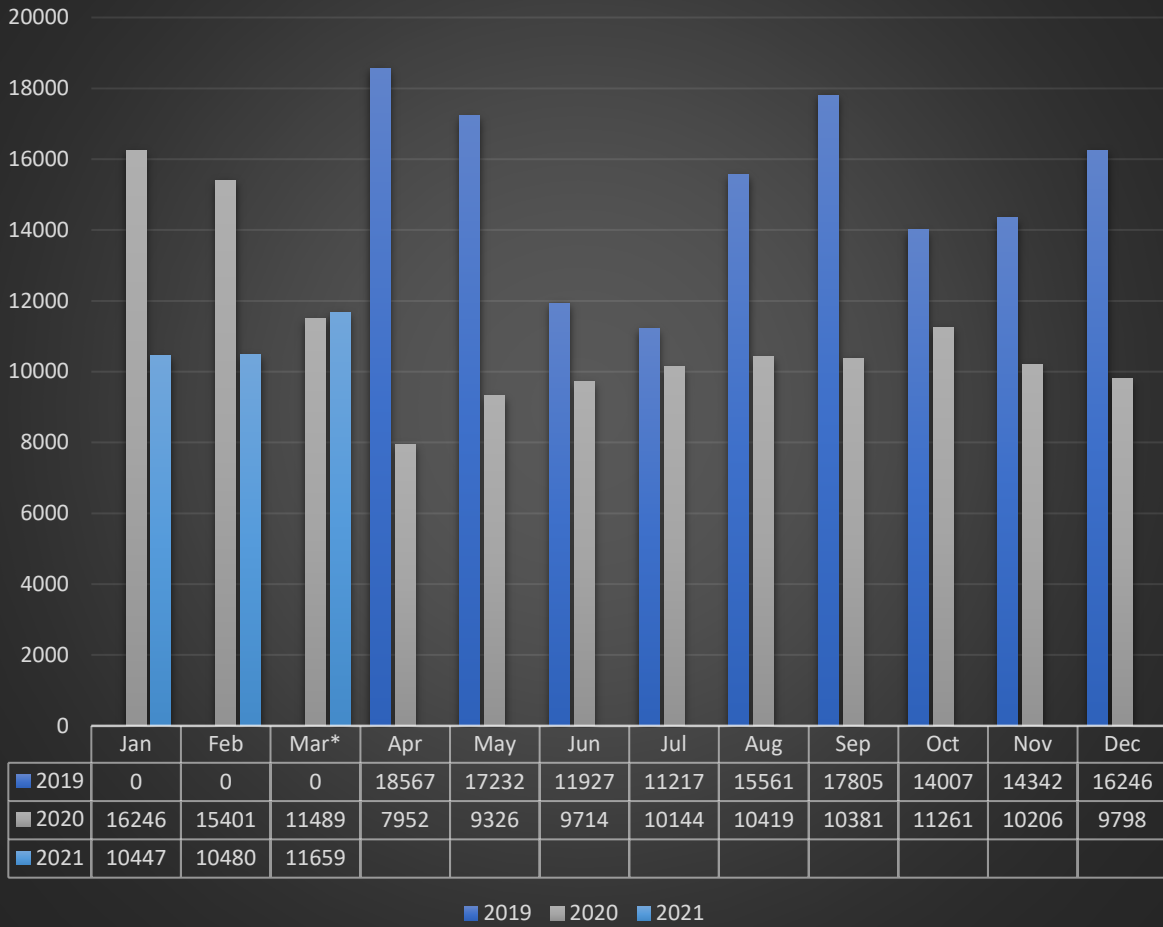
The monthly statewide Program Manager meeting in March of 2021 was focused specifically on timeliness and overdue assessment analysis and action planning. During breakout sessions, the program managers evaluated their strategies from the last year and branches who have seen and sustained improvements to these measures. Each program manager is expected to actively manage these areas and develop updated action plans with their management teams and child safety consultant on engagement and overdue assessments. One of the effective strategies is to create a work culture that is transparent about data and how to engage field staff in seeing it as a tool to improve practice and child safety outcomes. In District 4, the program manager has started to include both timeliness measurements (ROM CPS.03 and the new SA 2025-D) in monthly reports that are shared with each CPS worker, reflecting their “actual” successful contacts and those that are more broadly captured including attempted. The data is being used as a staff engagement tool by both the supervisors and program manager for the CPS workers to review their own work and set their own goals. Child Safety Program is monitoring for improvements.

#### *Oregon Child Abuse Hotline (ORCAH)*

ORCAH reached its one-year anniversary of full implementation on April 4, 2020; right after COVID-19 lead to statewide closures. Ninety-five percent of ORCAH’s workforce has been working remotely since the end of March 2020 and will continue remote through summer of 2021. The transition to remote work was largely successful but the pandemic itself has taken a toll on ORCAH’s workforce, which has slowed the transition of implementation to maintenance. For example, during April and May 2021, between 60 to 75% of ORCAH’s screening workforce were available to take reports of abuse. The remaining 25 to 40% represent vacancies, new staff in training not yet taking calls, and many staff taking leave (sick leave, vacation, FMLA, etc.). The remaining staff are experiencing a high level of burn out due to having to take on additional workload during a pandemic, compounded by racial and social justice issues and wildfire emergencies in Oregon last summer.

While call volume decreased when the pandemic first began and through the summer of 2020, it has steadily increased with the return of students to school, first virtually and eventually part-time in-person. Educators normally make up the largest percentage of reports compared to other reporter categories. We do not know yet what impact COVID-19 has had on rates of child abuse, however the increased call volume since students returned to school (virtually and in-person) indicates that families across Oregon are in crisis because of the impacts of the pandemic.

## Total calls received: April 2019-March 2021

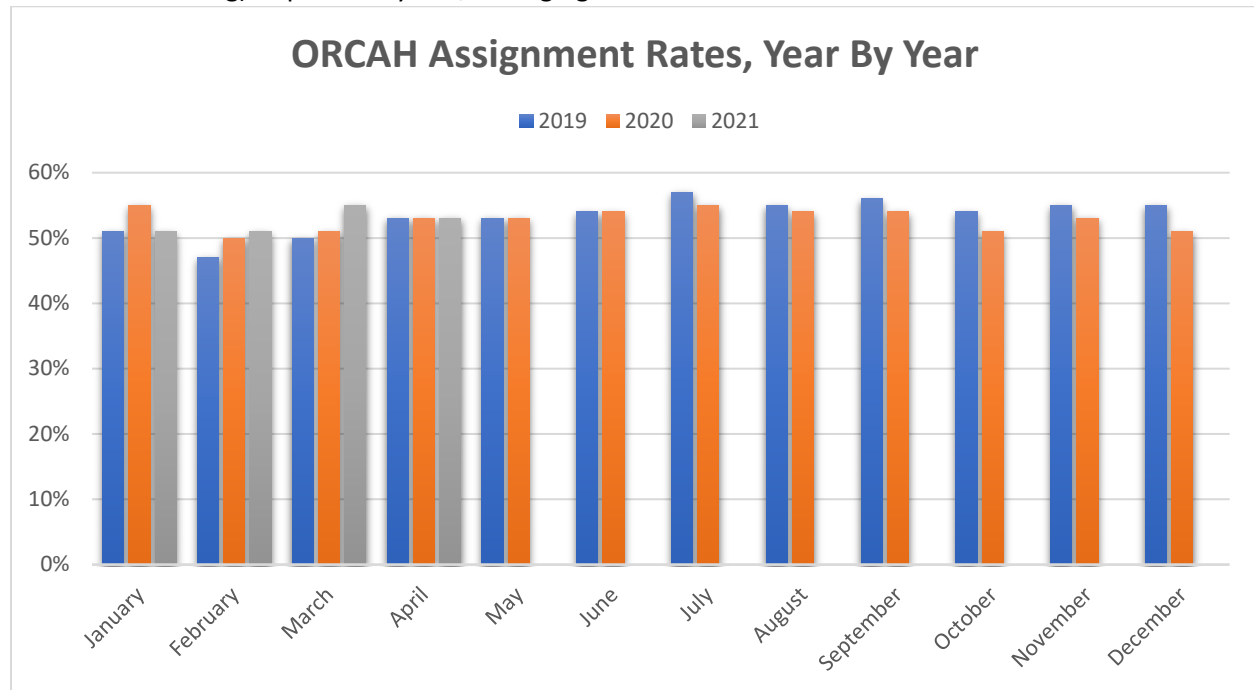


Prior to full implementation of ORCAH in April 2019, there were 15 hotlines across the state. Each hotline had its own system for tracking call data, and that data did not transfer to ORCAH. Therefore, call volume is shown only dating back to April 2019.

The call volume data includes calls that were answered and calls “abandoned,” meaning they were not answered prior to the caller disconnecting. Though ORCAH does not have the ability to capture data regarding how many of those callers call back, we know anecdotally that many of them do call back repeatedly to make their report. The total call volume does not necessarily represent the number of callers/reporters that call to report abuse each month because the data is counting both the answered call and any prior calls the caller may have abandoned for the same report. ORCAH had a high number of calls that abandoned in April and May of 2019.

ORCAH also receives cross-reported police reports that are reviewed and documented in screening reports when appropriate. Those cross reports are not represented in the call volume data, but the resulting screening reports are represented in the data discussed below.

ORCAH has maintained similar assignment rates (reports assigned for CPS response versus reports closed at screening) as previous years, averaging around 53%.



The Quality Assurance process at ORCAH, described on page 45-46 in Item 25, has revealed that screening decisions are in alignment with state law, rule, and procedure, 93% of the time.

ORCAH’s timeliness to assignment has been steadily decreasing since July 2020, making CPS timely face-to-face contact challenging in some cases. CFSR results over the last year reveal that ORCAH assigns reports in a timeframe that allows for timely contact 90% of the time for the cases reviewed. This means that the report is assigned at a time that leaves the CPS worker at least 12 hours to make contact. Screeners are required to make screening decisions within ten hours of the call. ORCAH’s goal is to assign reports to CPS within three hours. Since July 2020, ORCAH has assigned reports within ten hours 81% of the time (down from 88%) and within three hours 56% of the time (down from 77%).

This decline in ORCAH’s performance on this measure is attributed to two main factors: The pandemic and the late and/or batch reporting that ORCAH receives from its law enforcement partners. As mentioned above, ORCAH has experienced workforce shrinkage due to COVID-19. In addition, ORCAH’s performance management system reveals that screeners’ ability to process the work quickly is impacted by the changes to our operation for remote work and isolation from peers and supervisors. Anecdotally, it appears that this isolation results in a decreased personal confidence level in their decision-making, which leads to more supervisor consultation and an increased time to complete a report. In response, ORCAH’s Safety and Wellness committee and leadership team have developed coaching tools for the entire staff pertaining to the development of self-care plans and has made use of virtual meeting platforms to provide all staff meetings every other month to support staff in feeling connected to their leadership team and each other while receiving important updates.

ORCAH receives reports of abuse from our law enforcement partners in two ways: calls to the hotline when law enforcement agencies determine an immediate report is needed and cross reported police reports that enter an email queue in ORCAH's call center software system when received. Portland Police Bureau (PPB) has been sending cross reports in batches, rather than in real time. ORCAH will suddenly receive several hundred police reports at once, in addition to the daily intake of approximately 120 calls from all over the state. This batch reporting causes a bottle neck that can take weeks to overcome. Sometimes reports are assigned to the field long after they were received at ORCAH via the email process and there is a corresponding lapse in time from when LEA contacted a family to when CPS makes initial contact.

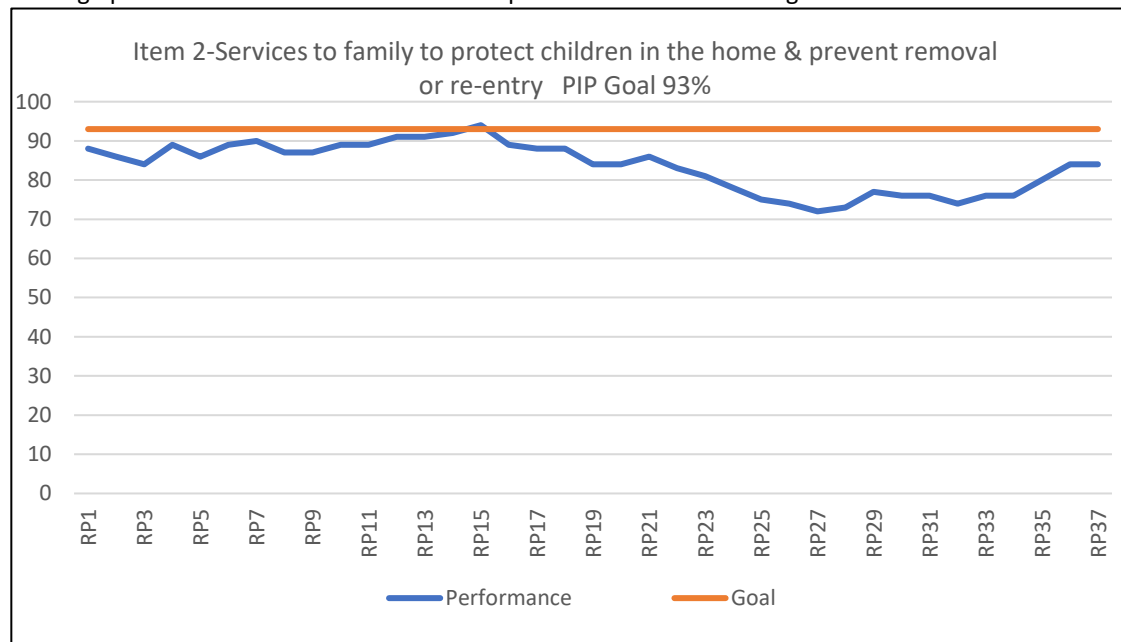
To address this batch reporting, ORCAH created a unit of eight screeners in the summer of 2020 to process police reports. The supervisor of this law enforcement agency unit collaborates with law enforcement agencies to address issues that come up, such as batch reporting. ORCAH will soon add another law enforcement agency unit that will process police reports for half of their shift and assist with calls during the peak call volume hours.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 2: Did the agency make concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after reunification?

-	Baseline	RP26	RP27	RP28	RP29	RP30	RP31	RP32	RP33	RP34	RP35	RP36	RP37
Data Period	2/2017 through 1/2018	4/2019 through 3/2020	5/2019 through 4/2020	6/2019 through 4/2020	7/2019 through 6/2020	8/2019 through 7/2020	9/2019 through 8/2020	10/2019 through 9/2020	11/2019 through 10/2020	12/2019 through 11/2020	1/2020 through 12/2020	2/2020 through 1/2021	3/2020 through 2/2021
Number of Cases Rated as a Strength	52	61	61	64	72	71	73	69	73	71	77	74	74
Number of Total Appl Cases	59	82	85	88	94	94	96	93	96	93	96	91	88
Performance (%)	88%	74%	72%	73%	77%	76%	76%	75%	76%	77%	81%	81%	84%

**Progress Notes:** Performance is trending upward from RP22 forward. And as expected the data is showing an increase in the first four months of the NOP.



The Child Welfare Vision for Transformation, in conjunction with the Family First Prevention Plan, establishes a foundation for designing the least intrusive, most family centered and culturally responsive service delivery. We believe that serving children at home with their family is achieved through consistent in-home support and a robust service array. We continue to work in collaboration with families, the ODHS Self-Sufficiency Program, and community partners to develop opportunities to transform our system.

The development of family preservation practice and implementation of Family First prevention services will help transform Oregon's child welfare system. With increased family and community engagement, we anticipate the reduction of children entering foster care as well as the reduction of maltreatment. Family preservation work will begin in early implementation sites in the Alberta Branch of Multnomah county and Douglas and Klamath counties in the summer and into fall 2021.

Child Welfare is also working diligently with Tribal Affairs and Oregon Tribal Nations to learn from their prevention work and to serve our Tribal Partners with equity and intention. In partnership with Tribal Affairs, ODHS plans to operate childcare pilots in Klamath, Douglas, and Umatilla counties.

Services to prevent removal in the CFSR items are rated through both a CPS and permanency lens in the life of an open child welfare case. All cases in Oregon come through CPS initially, where early engagement with families is critical to supporting children safely in their homes. Throughout 2020 and 2021 Child Welfare executive leadership, the Child Safety Program, and local program managers have partnered to develop district-specific engagement plans that are aligned with and captured in the Vision for Transformation. Removal of a child should only occur when there is present or impending danger that cannot be managed with the child in the home. All efforts should be made by Child Welfare to preserve family connections and reduce the number of children experiencing the trauma of entering foster care.

During 2020 and the first quarter of 2021 we have seen an increase in cases identified as a strength for this item in CFSR reviews. During the last reporting period overall performance was at 84%, nearing the PIP goal of 93%. Child Safety and Permanency Programs have partnered in reviewing and updating the in-home criteria and conditions for return guides in procedure. Case reviews indicated that field staff were struggling in understanding the application of the former "calm enough" criteria. That element is now defined as the home having no barriers that would prevent safety service providers access and activities to occur. Updating this criterion, along with improving the sufficiency of in-home safety plans to support parents and caregivers, supports the goal of successfully keeping and maintaining children in their homes.

The Child Safety Program has implemented group supervision structure specific to those cases with an infant, previous founded dispositions, or cases in which a child has experienced a reoccurrence of maltreatment, to coach and support CPS workers, Mentoring Assisting and Promoting Success workers (MAPS), and supervisors in comprehensively gathering safety-related information and working with families to develop in-home safety plans when there is present or impending danger. The Child Safety Program has also partnered with the Permanency Program in the implementation of the statewide transfer protocol, which has allowed increased opportunities for early collaboration and engagement with families to ensure that safety threats are identified correctly and safety plans are the least intrusive, while still being sufficient to manage safety. This has led to a focus on early development of clear conditions for return that are reflective of those in-home criteria not met.



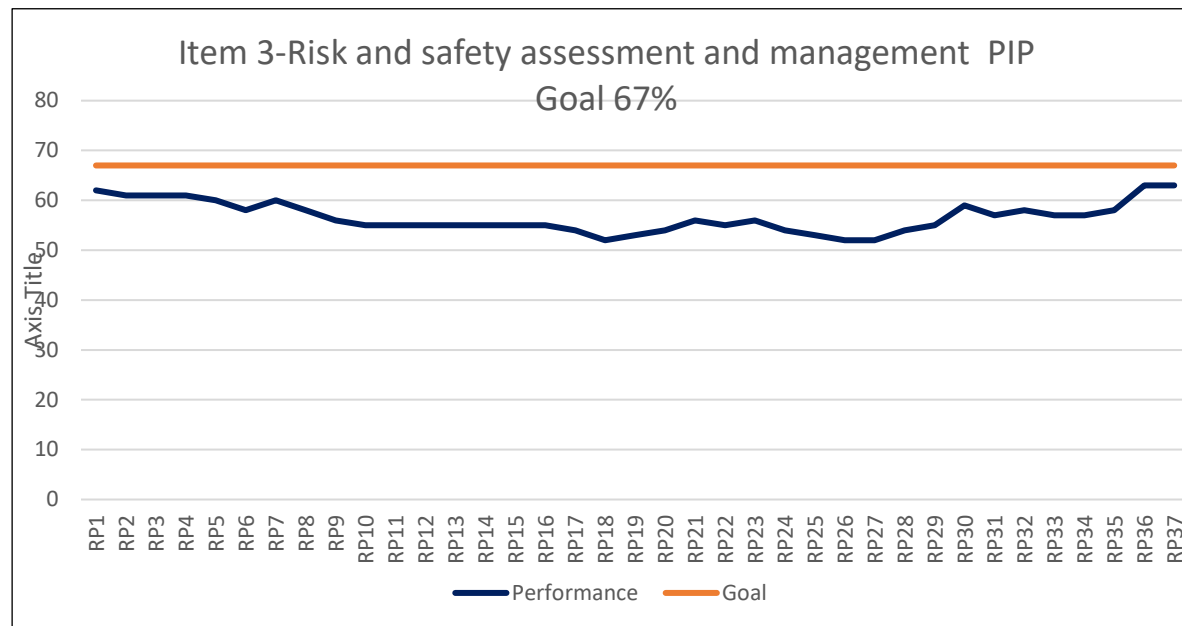
The Child Safety Program partnered with Tribal Affairs to develop an Active Efforts staffing guide that is utilized prior to making initial contact on a CPS report if the child or parent is identified as having Tribal affiliation. This staffing guide includes the local branch staff, active efforts specialist, Tribal Affairs, and Tribal Nation representatives to review the screening report, discuss any agency history with the family, discuss engagement strategies, and consider cultural and tribal recommendations for intervention as needed or services that would best serve the family. This form was introduced in December 2020 at CPS quarterlies and implemented January 1, 2021 statewide. The form has also been reviewed by the ICWA Child Welfare Advisory Council, and a FAQ document was developed to educate staff and support Tribal partnerships.

Re-entry after reunification calls for a slightly different approach. Child Welfare is increasing our focus on safety planning for cases in which the children have returned home. At the advent of COVID-19, Child Welfare made a concerted effort to review and, if needed, create in-home safety plans that sufficiently manage safety. This effort led to identifying themes that relate to re-entry, including having sufficient in-home safety plans in place as soon as the child is returned home and providing continued comprehensive support for reunified families. This effort has led to a decline in re-entry after reunification.

Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care?

-	Baseline	RP26	RP27	RP28	RP29	RP30	RP31	RP32	RP33	RP34	RP35	RP36	RP37
Data Period	2/2017 through 1/2018	4/2019 through 3/2020	5/2019 through 4/2020	6/2019 through 4/2020	7/2019 through 6/2020	8/2019 through 7/2020	9/2019 through 8/2020	10/2019 through 9/2020	11/2019 through 10/2020	12/2019 through 11/2020	1/2020 through 12/2020	2/2020 through 1/2021	3/2020 through 2/2021
Number of Cases Rated as a Strength	141	115	114	119	121	130	152	128	145	125	121	134	137
Number of Total Appl Cases	220	220	219	220	220	220	220	220	220	220	220	220	219
Performance (%)	64%	52%	52%	54%	55%	59%	57%	58%	56%	58%	59%	61%	63%

**Progress Notes:** Performance is trending upward from RP22 forward. And as expected the data is showing an increase in the first four months of the NOP.



At the onset of 2021, the Child Safety Program evaluated Child Welfare data and outcomes from 2020 and identified those areas of practice that are improving safety outcomes for vulnerable children in Oregon. Part of that process was intentional review of the Child Welfare Division Vision for Transformation and how we can partner with field staff, community, stakeholders and Oregon Tribal Nations to build a program that is based on trauma-informed, family and community-centered practices that focus on engagement, equity, safety, well-being and prevention. The Child Safety Program identified several key areas of prioritization that include active efforts staffing on every ICWA case, procedure revisions on dispositions of minor perpetrators of abuse, addressing disproportionality in recurrence of maltreatment, and improving safety plan sufficiency on in-home cases. The Child Safety Program has also partnered with the Child Fatality Review and Prevention Program on the safe sleep, chronic neglect, and suicide prevention initiatives.

The Child Safety Program restarted CPS quarterlies in a virtual setting in 2020. These quarterly training opportunities for CPS caseworkers and supervisors focus on specific CPS practices that will improve family engagement, remove barriers, and address areas needing improvement in CPS practice identified in CPS Fidelity reviews (see description on p. 46 in Item 25), CFSR reviews, and Critical Incident Review Team (CIRT) recommendations. The Child Safety Program consultants have worked in partnership with local program managers to build more robust local systems to support utilization of group supervision and “mini” trainings that provide timely and focused training and coaching for CPS workers, MAPS, and supervisors. The Child Safety Program has developed topic-specific training on best practices to address the commercial sexual exploitation of children, domestic violence, engaging parents with substance use disorders, and case mapping and history review on chronic neglect, in addition to ongoing fundamentals on our practice model.

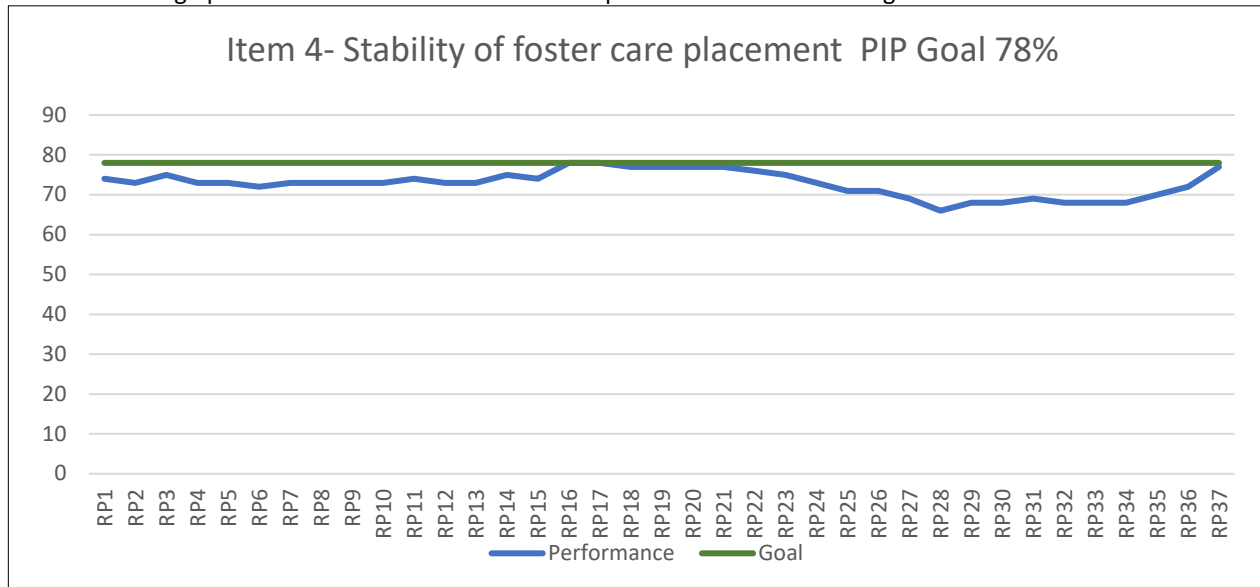
Assessing safety occurs not just in the initial assessment, but across the whole life of a family’s interaction with Child Welfare. The Permanency Program re-introduced the face-to-face contact guides for both parents and children in 2020 after an inconsistent rollout in 2019. These tools coupled with the new Family Report (discussed in more detail on p. 25) require caseworkers to ask specific questions to confirm safe environments during every face to face contact with a child. The guides clearly outline what to ask and where and how to document the answers. The Quality Assurance (QA) review for permanency added an item to address confirming safe environments: *There is a face-to-face case note confirming a safe environment for each child at the last home visit as required by policy.* We have seen a rise in the percentage of case notes documenting the thorough confirmation of a safe environment from 2019 to 2020.

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

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

-	Baseline	RP26	RP27	RP28	RP29	RP30	RP31	RP32	RP33	RP34	RP35	RP36	RP37
<b>Data Period</b>	<b>2/2017 through 1/2018</b>	<b>4/2019 through 3/2020</b>	<b>5/2019 through 4/2020</b>	<b>6/2019 through 4/2020</b>	<b>7/2019 through 6/2020</b>	<b>8/2019 through 7/2020</b>	<b>9/2019 through 8/2020</b>	<b>10/2019 through 9/2020</b>	<b>11/2019 through 10/2020</b>	<b>12/2019 through 11/2020</b>	<b>1/2020 through 12/2020</b>	<b>2/2020 through 1/2021</b>	<b>3/2020 through 2/2021</b>
<b>Number of Cases Rated as a Strength</b>	118	113	110	106	109	109	110	109	108	109	112	115	117
<b>Number of Total Appl Cases</b>	160	159	160	160	160	160	160	160	160	160	160	160	159
<b>Performance (%)</b>	74%	71%	69%	66%	68%	68%	69%	68%	68%	69%	70%	72%	74%

**Progress Notes:** Performance is trending upward from RP22 forward. And as expected the data is showing an increase in the first four months of the NOP.

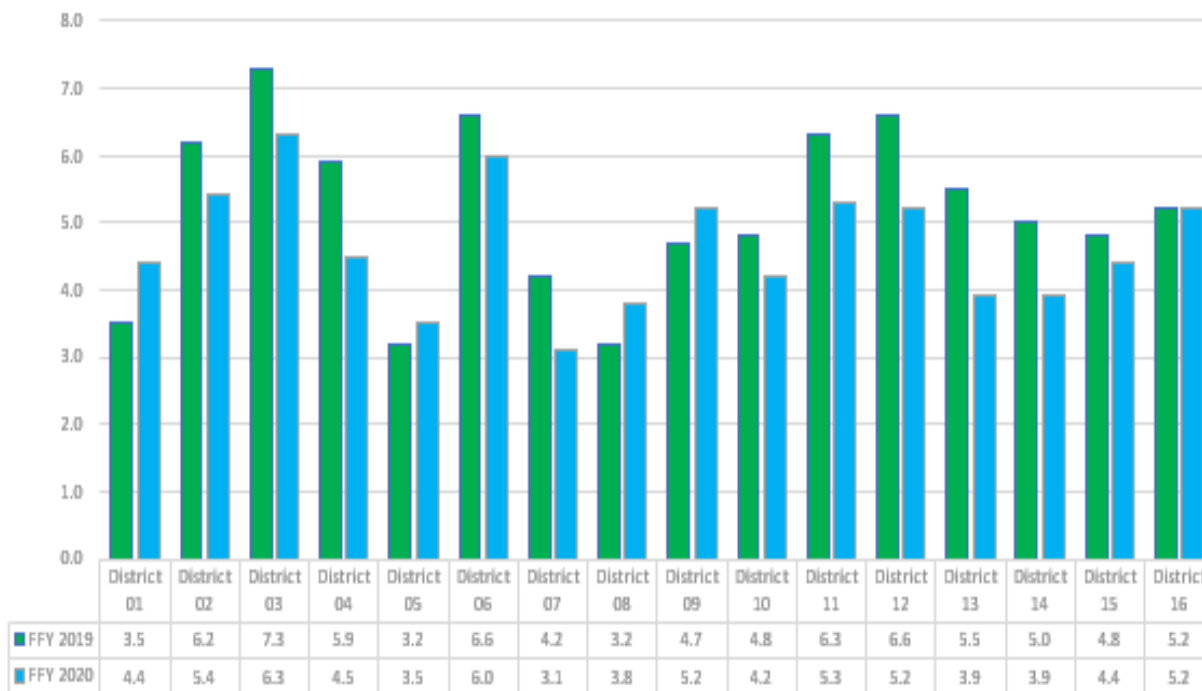


Placement stability is affected by many factors, including casework practice and placement capacity. The following data breaks down the federal measure (rate of placement moves) by federal fiscal year and district. The federal goal for this measure is 4.1.

Rate of Placement Moves per 1000 days in Foster Care for Children entering Foster Care in a 12-month Period by Federal Fiscal Year								
Rolling 12 Month Period	FFY 2019				FFY 2020			
	Count	Moves	Days	Rate	Count	Moves	Days	Rate
Placement Stability Rate	3,169	2,743	525,073	5.2	2,619	2,203	467,358	4.7

Source: ROM PA.05 Placement Stability, excludes days when child was age 18 or older - data pulled 3/19/21

**Rate of Placement Moves per 1000 days in Foster Care for Children entering Foster Care in a 12-month Period by District and Federal Fiscal Year**



Source: ROM PA.05, data pulled 3/19/21

### Casework Practice

The Permanency Program continues to work on streamlining the relative search process to identify relative/kith/kin placements and supports, recognizing children are more stable when they are living with relatives or people known to them. In addition, we have intentionally focused on engaging parents, children, and extended family through family meetings and face-to-face contact to identify family and other natural supports as respite options to support caregivers. The increased use of virtual platforms to connect with providers during COVID-19 serves as a convenient way to engage with caregivers, strengthening relationships and allowing for more frequent support.

### *Placement Capacity*

The Foster Care Program is working to improve placement stability via some current workstreams and interagency collaboration addressing issues relating to resource family capacity. We are conducting statewide feedback sessions with certification staff to review the SAFE home study. The feedback will provide internal recommendations on training needs and skill development for certification staff. The feedback sessions are also considering the language of the SAFE home study to ensure it is equitable and inclusive. The Structured Family Analysis Evaluation (SAFE) Consortium for Children has agreed to review the language changes we suggest as a result of the feedback sessions. The Foster Care Program's review is also examining how the certification process may impact relative resources differently than general applicants, with a goal of ensuring that relative and kith/kin resources are cultivated, given their importance to serving our families.

The Foster Care Program has implemented a new resource family inquiry module designed to simplify the inquiry process for interested families. It went live on January 26, 2021. Child Welfare is also in the process of procuring a certification technology tool that will streamline the certification process and allow for placement matching.

As described in detail in the Foster and Adoptive Parent Diligent Recruitment and Retention Plan on pp. 120-121, the Champions are developing local retention and recruitment actions plans with their districts, designed to keep children in their communities. (Attachment 2) A GIS mapping tool has been developed to assist with these targeted recruitment efforts.

Child Welfare is participating in an interagency work group with the ODHS Office of Developmental Disability Services (ODDS) on how to increase capacity of homes to meet the needs of our children who require a higher level of care. The interagency work group is in the examination phase: reviewing funding, services between programs, and making recruitment effort comparisons.

Child Welfare is also providing additional funding to our current resource families for support and increased need due to pandemic. These funds can be used to assist with childcare, respite, and tutoring services. The Foster Care Coordinator team has received positive feedback from resource families, who are relying on the funds. As of March 2021, Child Welfare has spent \$1.4 million in this effort.

The work in the Treatment Services Program, focused on our treatment-level placements, is data-driven from qualitative and quantitative sources. In May 2019, the ODHS Office of Reporting, Research, Analytics, and Implementation (ORRAI) researched and published the ORRAI Capacity Summary recommending child placement capacity based on 8,294 children in foster care in Oregon at the time. ORRAI recommended the Oregon Child Welfare system needed a total of 559 Behavioral Rehabilitative Services (BRS) placement options to serve our children's needs.

The Treatment Services Program collaborated with providers across the state to gain a net total of **115** placement options in 2019, 63 of which were BRS. The Supervised Independent Living – PLUS (SIL-PLUS) placement type was also created in 2019. SIL-PLUS is an individual apartment unit setting that is Title IV-E eligible and serves high needs young adults in care. Eighteen SIL-PLUS apartment units partnered with Multnomah County, Washington County, and the Metro Coordinated Care Organization (CCO) to create a whole-person care system where youth earn rental history and have co-located mental health and psychiatric supports.

The Treatment Services Program collaborated with providers to create an additional 25 placement options in 2020, 22 of which are BRS. This represents a net increase to placement capacity at the treatment level. Child Welfare's contracted treatment-level capacity as of December 2020 includes:

438 BRS (152 Qualified Residential Treatment Programs (QRTP) established)

119 Non-BRS (Shelter, Transitional Living Program and 21 Child Welfare prioritized Psychiatric Residential Treatment Services (PRTS) options)

**557 Total**

While non-BRS placement options were not distinctly considered within the ORRAI Capacity Summary, these services act as a system buffer and are highly recommended by the original research. The number of children entering care has continued to decrease over the past few years as Child Welfare builds prevention efforts and collaborates with the larger community to use upstream services to address family needs and decrease unnecessary foster care placement.

Currently, Child Welfare intends to slow the expansion of residential programming and continue building capacity that moves our continuum of services toward whole-person care. This will begin with evaluating the needs of children accessing temporary lodging, requesting BRS level treatment, utilizing ORRAI analytics tools, and serving children in types of care not matching the primary recommendation for their individual needs.

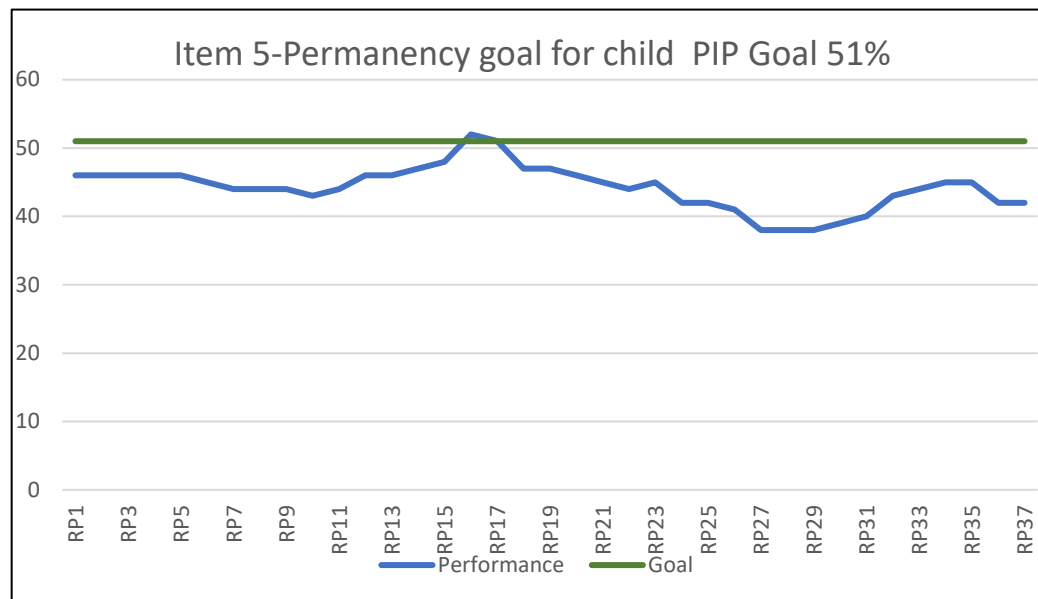
Future capacity building will primarily serve children with specialized needs in familial settings. This will be accomplished through services that support placement stabilization (see discussion on pp. 40-42 in Item 18). In addition, current residential capacity building efforts include:

- A 10-bed QRTP BRS Basic Residential program prioritizing culturally supportive engagement with Latino, Latina, and Latinx youth.
- An eight-bed QRTP and Substance Use Disorder (SUD) BRS Residential program.
- An updated Request for Application procurement to include distinct populations and supportive community-based services for children and young adults with externalizing behaviors such as aggression and sexual harming.

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

-	Baseline	RP26	RP27	RP28	RP29	RP30	RP31	RP32	RP33	RP34	RP35	RP36	RP37
Data Period	2/2017 through 1/2018	4/2019 through 3/2020	5/2019 through 4/2020	6/2019 through 4/2020	7/2019 through 6/2020	8/2019 through 7/2020	9/2019 through 8/2020	10/2019 through 9/2020	11/2019 through 10/2020	12/2019 through 11/2020	1/2020 through 12/2020	2/2020 through 1/2021	3/2020 through 2/2021
Number of Cases Rated as a Strength	74	65	60	61	61	62	63	64	70	72	70	68	66
Number of Total Appl Cases	160	160	159	160	160	160	160	160	160	160	160	160	159
Performance (%)	46%	41%	38%	38%	38%	39%	39%	43%	44%	45%	45%	43%	42%

**Progress Notes:** Performance is trending upward from RP22 forward. And as expected the data is showing an increase in the first four months of the NOP.



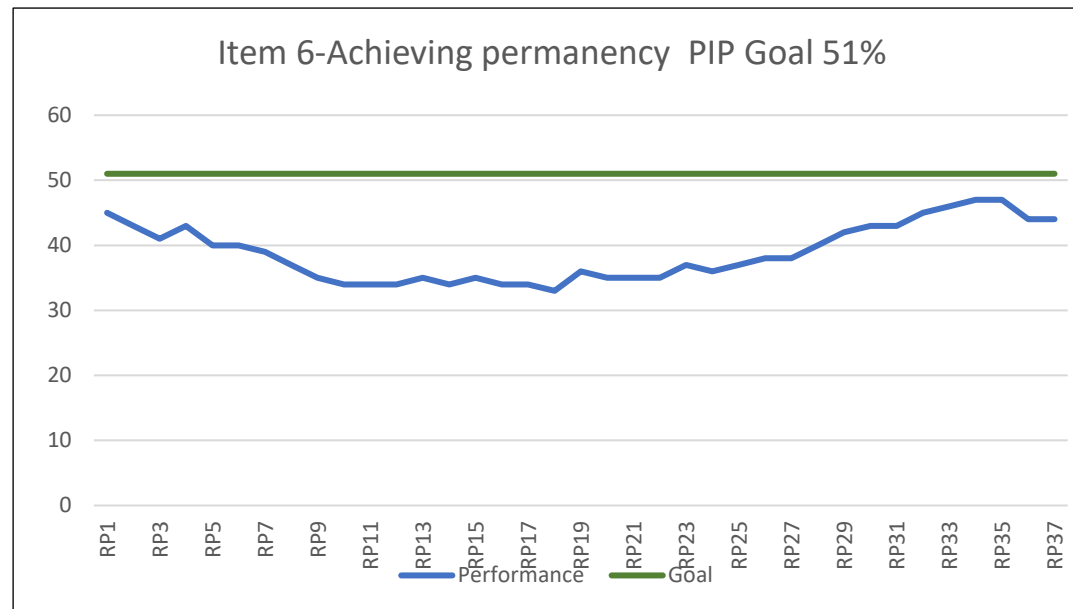


Child Welfare rolled out the Family Report over a five-week period from October 2020 through November 2020 (see discussion of the limitations of prior case plan formats and the way the Family Report mitigates those in the 2021 APSR). One intended impact of the report is to support the establishment of appropriate permanency plans in a timely manner. There were technical issues that slowed the effective use of the report through the end of 2020 as the report was created using a new technological platform and design. Child Welfare anticipates an increase in the number of permanency plans established timely now that the technical challenges have been resolved. As of April 2021, we have seen a statewide increase of 22% in the number of Family Reports (which indicate the primary permanency plan for each child) approved within 60 days of entering care. The data includes a 40% decrease in timely completion of Family Reports for cases out of Central Office, which is an ongoing blip in the data that occurs when cases that have moved on to Adoption Assistance or Guardianship Assistance status (assigned to Central Office) are not properly closed out prior to transfer. When Central Office cases are excluded from the data, all but three districts saw improvement from April 2020 to April 2021. The average improvement among those 13 districts was 30%.

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

-	Baseline	RP26	RP27	RP28	RP29	RP30	RP31	RP32	RP33	RP34	RP35	RP36	RP37
Data Period	2/2017 through 1/2018	4/2019 through 3/2020	5/2019 through 4/2020	6/2019 through 4/2020	7/2019 through 6/2020	8/2019 through 7/2020	9/2019 through 8/2020	10/2019 through 9/2020	11/2019 through 10/2020	12/2019 through 11/2020	1/2020 through 12/2020	2/2020 through 1/2021	3/2020 through 2/2021
Number of Cases Rated as a Strength	74	60	64	67	67	69	69	72	74	75	74	70	70
Number of Total Appl Cases	160	160	160	160	160	160	160	160	160	160	160	160	159
Performance (%)	46%	38%	40%	42%	42%	43%	43%	45%	46%	47%	46%	44%	44%

**Progress Notes:** Performance is trending upward from RP22 forward. And as expected the data is showing an increase in the first four months of the NOP.



Overall, this measure is holding steady. The data indicates children are more likely to achieve permanency if the permanency goal is achieved within 12 – 18 months. Child Welfare expects to see more children achieve permanency within 12-18 months as more districts focus on fidelity to the Early Transfer Protocol and utilize the Family Report. The Early Transfer Protocol brings permanency workers into cases much earlier than before, with a focus on conditions for return and concurrent planning through the Family Report. In Lane County the local office is focusing on conditions for return as a key factor to reach reunification within 12 months. They also utilize the 90-day staffing to make sure the case is moving forward, both around reunification and concurrent planning. Focusing on engaging parents early and in a trauma-informed manner supports building productive relationships with parents which, in turn, moves progress toward permanency at a faster pace.

Partnerships are very important in the success of this measure. Child Welfare’s work with model court teams in three PIP “intervention counties” (Lane, Douglas, and Josephine) has shown benefits that we expect to see in the data as we move forward. Douglas County courts have set aside a consistent day each week for permanency hearings to reduce delays and have seen the success of settlement negotiations done via email (due to COVID-19), resulting in less court time and more engagement. This is a process they will keep in place moving forward, even beyond pandemic restrictions. The effectiveness of the PIP activities in the three intervention counties will continue to be assessed by JCIP and Child Welfare and lessons learned will be shared with model court teams statewide. The Permanency Program is increasing efforts to collaborate with JCIP staff and Child Welfare field and ODHS/OHA Shared Services Office of Program Integrity staff in assessing CFSR data and identifying barriers to and solutions for progress for each of the permanency plans.

Reunification numbers have been trending down about 4% over the last 12 months. We believe COVID-19 related court closures and delays are driving this trend. A report on the effect of virtual hearings in child welfare cases was released in May 2021, analyzing data from 33 participating states and US territories. (Attachment 29). In the survey responses from Oregon, 52% of respondents agreed that COVID-19 is delaying cases from achieving timely permanency. (Attachment 30).

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 7: Did the agency make concerted efforts to ensure that siblings in foster care are placed together unless separation was necessary to meet the needs of one of the siblings?

Baseline (2/17-1/18)	RP 24 (2/19-1/31/20)	RP 36 (2/20-1/21)	RP 37 (3/20-2/21)
<b>93%</b>	<b>93.6%</b>	107 strength/126 applicable = <b>84.9%</b>	104 strength/125 applicable = <b>83.2%</b>

*\*Note: for all non-PIP monitored items (7-11, 16), data is provided from the baseline and RP 24 (reported in the 2021 APSR) to provide context for the current CFSR data.*

All programs across Child Welfare value the sibling relationship as one of the most lasting relationships for children. For example, the Foster Care Program will grant exceptions allowing additional children (above the limit) in a home to keep siblings together. When siblings cannot be initially placed together, the Permanency Program maintains a high expectation that there will be continuous work to bring the siblings together.

In FFY 2020, 387 out of 425 children (91.1%) who were adopted and had siblings, were adopted by the same family as one or more of their siblings. When Child Welfare is planning for adoption for siblings there is a high bar for placing siblings separately. It requires that (1) a Permanency Committee be held during which the children’s “team” provides information and recommendations regarding planning for the siblings and (2) the Child Welfare Program Manager or designee approves the permanent separation of siblings for adoptive placement. Permanency Committees are more likely to determine that siblings should be placed apart when the children have different special needs that cannot all be met by one caregiver.

Item 8: Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child’s relationships with these close family members?

Baseline (2/17-1/18)	RP 24 (2/19-1/31/20)	RP 36 (2/20-1/21)	RP 37 (3/20-2/21)
<b>69%</b>	<b>63.75%</b>	112 strength/166 applicable = <b>67.46%</b>	116 strength/169 applicable = <b>68.6%</b>

*\*Note: for all non-PIP monitored items (7-11, 16), data is provided from the baseline and RP 24 (reported in the 2021 APSR) to provide context for the current CFSR data.*

Child Welfare views visitation as one of the key determiners of successful permanency outcomes.

The increased use of the 90-day staffing and accompanying report, Family Report, and Early Transfer protocol all support consistent and timely review of visitation plans for level of supervision. The Family Engagement Meeting during the transfer protocol requires a focus on visitation and seeks active support for visitation from the family’s team. We expect that the CFSR data will show improvements as the use of the Family Report and Early Transfer Protocol to fidelity make their way into the CFSR data more fully. As noted earlier, the Family Report rolled out statewide in November 2020, but there were technical issues with the new platform for the first couple months following rollout. The Early Transfer Protocol rolled out statewide in October and November 2020.

Item 9: Did the agency make concerted efforts to preserve the child’s connection to his or her neighborhood, community, faith, extended family, Tribe, school, and friends?

Baseline (2/17-1/18)	RP 24 (2/19-1/31/20)	RP 36 (2/20-1/21)	RP 37 (3/20-2/21)
<b>83%</b>	<b>66.8%</b>	153 strength/203 applicable = <b>75.4%</b>	156 strength/205 applicable = <b>76.1%</b>

*\*Note: for all non-PIP monitored items (7-11, 16), data is provided from the baseline and RP 24 (reported in the 2021 APSR) to provide context for the current CFSR data.*

This measure continues to be a strength and Child Welfare believes this trend will continue. The Family Report intentionally asks, “Describe how ODHS makes sure the child/young adult takes part in culturally supportive or developmentally suitable activities. Also tell how the care provider supports and encourages these activities.” Values-based Family Engagement Meetings bring together the family’s team to plan for many things including growing the natural and concrete supports for the entire family. Moving forward, Oregon is bringing renewed focus and support to Youth Decision Meetings (YDM) to support this measure as well. Child Welfare clarified and expanded the procedure for YDMs in the Child Welfare Procedure Manual in April 2020.

In 2020, Child Welfare started working with Tribal Nation representatives, JCIP, and contracted mediators to plan for implementation of ORICWA laws related to development of “ongoing cultural contact and connections agreements.” Once a child’s plan is changed to adoption or guardianship, the tribe can develop its own agreement with a pre-adoptive/guardian parent or use the assistance of Child Welfare contracted mediators. Efforts to develop or increase cultural/tribal connections for children in care are expected to increase given the implementation of ORICWA in 2021. Discussions are underway regarding opportunities to provide cultural/tribal connections for each child upon determination that they are under the protections of ICWA/ORICWA; currently the focus has been on those children with a plan of adoption or guardianship.

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

Baseline (2/17-1/18)	RP 24 (2/19-1/31/20)	RP 36 (2/20-1/21)	RP 37 (3/20-2/21)
<b>85%</b>	<b>69.2%</b>	170 strength/195 applicable = <b>87.2%</b>	173 strength/196 applicable = <b>88.3%</b>

*\*Note: for all non-PIP monitored items (7-11, 16), data is provided from the baseline and RP 24 (reported in the 2021 APSR) to provide context for the current CFSR data.*

This area continues as a strength for Oregon with 88.3% of cases being rated as strengths. Please see the discussion of item 4 on pp. 20-23. In Oregon, relatives are the first choice when out-of-home placement is necessary.

The Foster Care Program consulted with A Second Chance in February 2020 to observe their processes and engagement with relative caregivers. That observational visit prompted work around kith and kin (described in the Kinship Navigator section on pp. 76-78) and the SAFE home study (further discussed under Item 33 on pp. 60-61).

Item 11: Did the agency make concerted efforts to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregivers from whom the child had been removed through activities other than just arranging for visitation?

Baseline (2/17-1/18)	RP 24 (2/19-1/31/20)	RP 36 (2/20-1/21)	RP 37 (3/20-2/21)
<b>66%</b>	<b>44.85%</b>	63 strength/154 applicable = <b>40.9%</b>	65 strength/157 applicable = <b>41.4%</b>

*\*Note: for all non-PIP monitored items (7-11, 16), data is provided from the baseline and RP 24 (reported in the 2021 APSR) to provide context for the current CFSR data.*

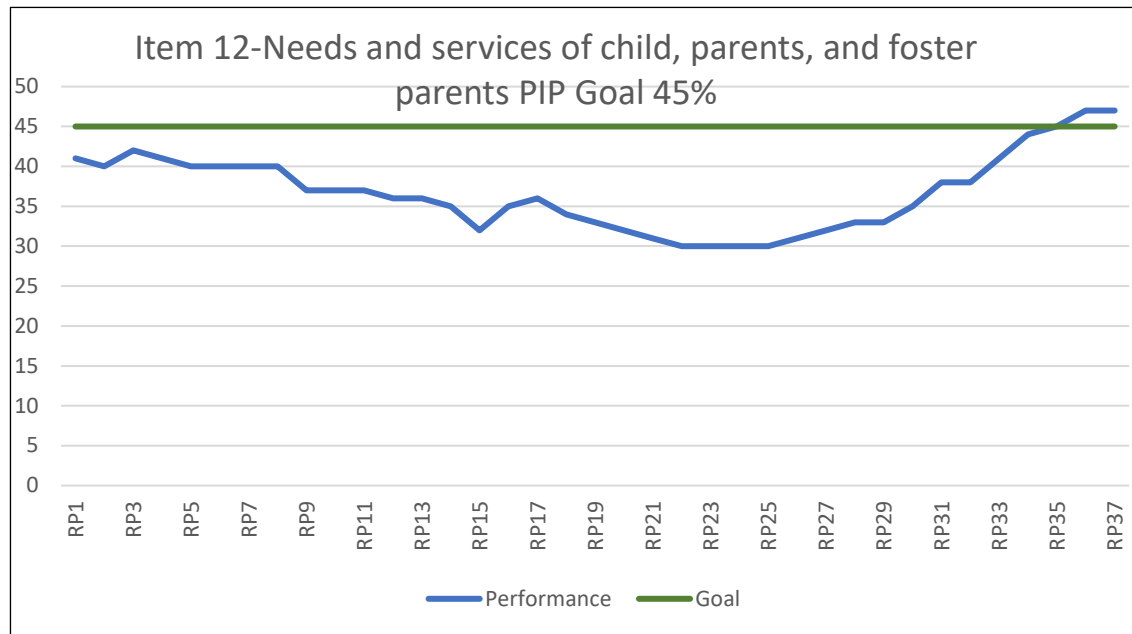
This item is on the rise again for Oregon. One of the positive effects of COVID-19 is the increased contact of children with their parents via virtual platforms. Parents and children now not only see each other at visits in person, they can have multiple contacts virtually as well. This supports and increases positive interactions. It also supports the resource parents becoming more comfortable with parent and child contact which, in turn, increases frequency of contact.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Item 12: Did the agency make concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family?

-	Baseline	RP26	RP27	RP28	RP29	RP30	RP31	RP32	RP33	RP34	RP35	RP36	RP37
<b>Data Period</b>	2/2017 through 1/2018	4/2019 through 3/2020	5/2019 through 4/2020	6/2019 through 4/2020	7/2019 through 6/2020	8/2019 through 7/2020	9/2019 through 8/2020	10/2019 through 9/2020	11/2019 through 10/2020	12/2019 through 11/2020	1/2020 through 12/2020	2/2020 through 1/2021	3/2020 through 2/2021
<b>Number of Cases Rated as a Strength</b>	89	68	70	73	73	77	82	83	91	97	99	100	102
<b>Number of Total Appl Cases</b>	218	220	219	220	220	220	220	220	220	220	220	220	219
<b>Performance (%)</b>	41%	31%	32%	33%	33%	35%	38%	38%	41%	44%	45%	46%	47%

**Progress Notes:** Performance is trending upward from RP22 forward. And as expected the data is showing an increase in the first four months of the NOP.



### *Resource (Foster) Parents*

Child Welfare has a variety of options available to support resource parents. KEEP, an evidenced-based support and skill enhancement program, is available to certified families. KEEP currently provides parenting supports and education services to 34 Oregon counties. The Native American Youth & Family Center (NAYA) provides groups specific to families caring for Native American and Tribal-affiliated youth. Centro Cultural provides Spanish-language groups. Several affinity groups are offered as well, including offerings for resource parents caring for LGBTQIA2S+ youth and ASL-interpreted sessions. Resource parent feedback has been overwhelmingly positive. Participating families earn \$25 per session and receive ODHS training credits. Groups are fully virtual due to the pandemic, however, prior to March 2020 in-person groups with childcare and food were offered.

Alternative Care Funding provides resource families with additional funds of up to \$375 per month per child to assist in supervision or caregiver needs, in addition to already established childcare funds. Alternative Care Funding started at the onset of the pandemic and continues through June 2021. Continuation beyond June 2021 is dependent on the legislature allocating funding.

As schools across the state move toward in person learning, ODHS will reimburse resource parents for mileage for the remainder of the year to support the transport option preferred due to COVID-19 health concerns.

Retention and Recruitment Champions are drafting actions plans in collaboration with their assigned districts to create measurable goals in recruitment of families, and retention efforts. These plans were presented in May 2021 to field program managers. Champions will provide data and report on progress.

### *Parents and Children*

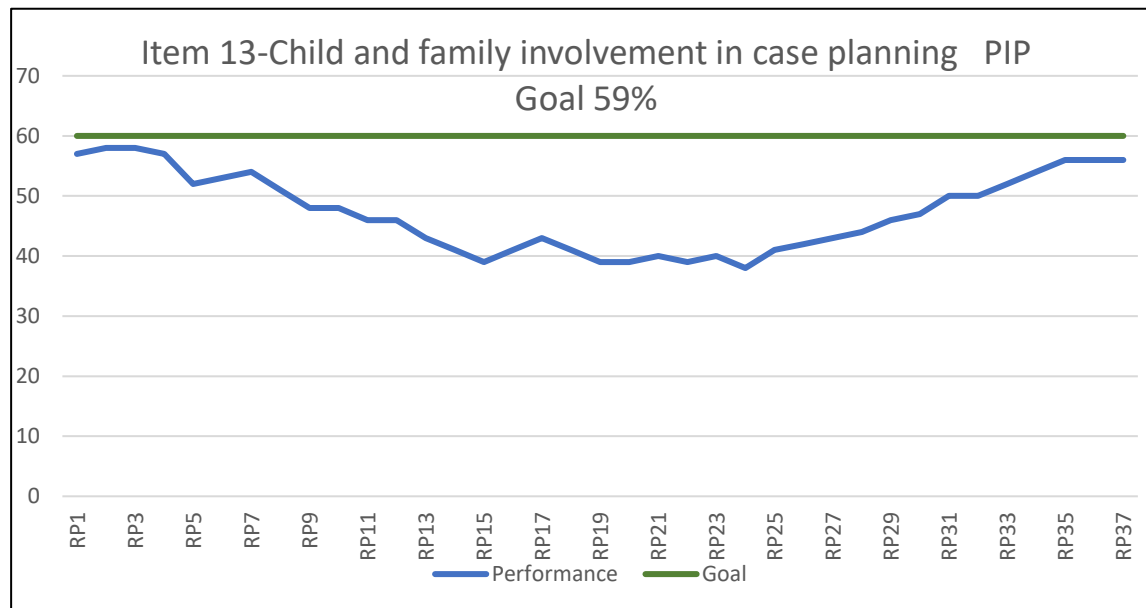
Oregon has seen a marked increase in strength ratings for this measure from 31.34% in 2019 to 47% in 2020. Child Welfare has intentionally focused on assessing and meeting parent's needs, as the parent element was the area of weakest performance. Oregon has consistently been strong in meeting children's needs. Face-to-face contact guides continue to be utilized by the field to organize contact into relationship building, case planning and progress, and parent goals. Districts have instituted Parent Engagement Plans and data is now consistently pulled regarding parent face to face contact. The Family Report contains an entire section on engagement and the Early Transfer protocol requires a Family Engagement Meeting to occur. These efforts support intentional, trauma-informed engagement with parents, children, and resource parents, which in turn helps Child Welfare meet their needs.



Item 13: Did the agency make concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis?

-	Baseline	RP26	RP27	RP28	RP29	RP30	RP31	RP32	RP33	RP34	RP35	RP36	RP37
<b>Data Period</b>	2/2017 through 1/2018	4/2019 through 3/2020	5/2019 through 4/2020	6/2019 through 4/2020	7/2019 through 6/2020	8/2019 through 7/2020	9/2019 through 8/2020	10/2019 through 9/2020	11/2019 through 10/2020	12/2019 through 11/2020	1/2020 through 12/2020	2/2020 through 1/2021	3/2020 through 2/2021
<b>Number of Cases Rated as a Strength</b>	116	90	92	95	100	102	108	110	114	118	122	120	123
<b>Number of Total Appl Cases</b>	207	213	214	216	218	218	219	220	220	220	220	220	219
<b>Performance (%)</b>	56%	42%	43%	44%	46%	47%	50%	50%	52%	54%	55%	55%	56%

**Progress Notes:** Performance is trending upward from RP22 forward. And as expected the data is showing an increase in the first four months of the NOP.

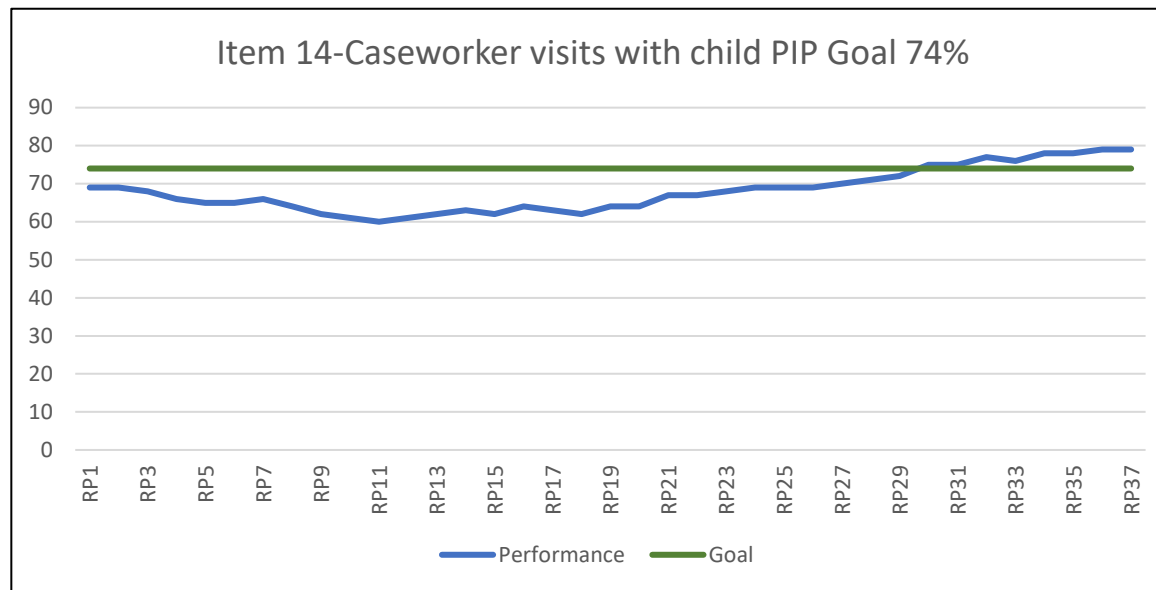


This rating continues an upward trend as a strength. The Early Transfer protocol requires a permanency worker to begin their engagement work with families no later than seven days after placement of a child in care. This early engagement and the required Family Engagement Meeting support parents being involved in case planning from the beginning. The Family Report contains questions regarding how the child or youth and parent were involved in case planning. Oregon has also grown its family meeting work and is utilizing values-based family meetings to work in partnership with parents for case planning. Youth Decision Meetings are also receiving a renewed focus to involve youth more effectively in their cases and decisions about their future

Item 14: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

-	Baseline	RP26	RP27	RP28	RP29	RP30	RP31	RP32	RP33	RP34	RP35	RP36	RP37
<b>Data Period</b>	<b>2/2017 through 1/2018</b>	<b>4/2019 through 3/2020</b>	<b>5/2019 through 4/2020</b>	<b>6/2019 through 4/2020</b>	<b>7/2019 through 6/2020</b>	<b>8/2019 through 7/2020</b>	<b>9/2019 through 8/2020</b>	<b>10/2019 through 9/2020</b>	<b>11/2019 through 10/2020</b>	<b>12/2019 through 11/2020</b>	<b>1/2020 through 12/2020</b>	<b>2/2020 through 1/2021</b>	<b>3/2020 through 2/2021</b>
<b>Number of Cases Rated as a Strength</b>	154	151	151	151	158	165	165	170	167	171	171	170	172
<b>Number of Total Appl Cases</b>	220	220	219	220	220	220	220	220	220	220	220	220	219
<b>Performance (%)</b>	71%	69%	70%	71%	72%	75%	75%	77%	76%	78%	78%	77%	79%

**Progress Notes:** Performance is trending upward from RP22 forward. And as expected the data is showing an increase in the first four months of the NOP.

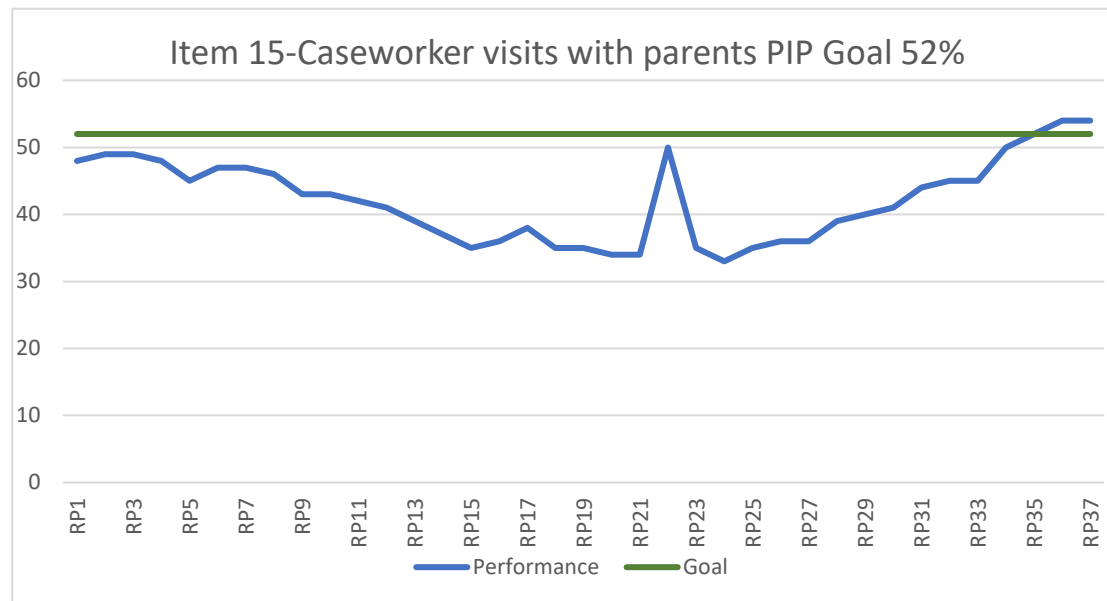


Oregon continues to see improvement in this rating. The face-to-face contact guides that were created at the end of 2019 were reintroduced in 2020 and have been consistently used in training, coaching, and planning. The guides clearly state how to address safety, permanency, and well-being during a face to face intentional contact with children. We expect to see this rating increase as a strength as we continue our trauma-informed work with Alia and Casey Family Foundation regarding achieving permanency for children and youth. Oregon will also be introducing All About Me books to be used during face-to-face interactions with children. These books support activities and conversation with children about how they are doing, their needs, and their worries. They serve as a tool to support the caseworker in relationship-building, understanding the child's needs, and supporting transitions. COVID-19 also has had a positive impact on Oregon's performance on this item due to the flexibility it provided caseworkers in using virtual visits to meet their face-to-face requirements.

Item 15: Were the frequency and quality of visits between caseworkers and mothers and fathers of the child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

-	Baseline	RP26	RP27	RP28	RP29	RP30	RP31	RP32	RP33	RP34	RP35	RP36	RP37
<b>Data Period</b>	<b>2/2017 through 1/2018</b>	<b>4/2019 through 3/2020</b>	<b>5/2019 through 4/2020</b>	<b>6/2019 through 4/2020</b>	<b>7/2019 through 6/2020</b>	<b>8/2019 through 7/2020</b>	<b>9/2019 through 8/2020</b>	<b>10/2019 through 9/2020</b>	<b>11/2019 through 10/2020</b>	<b>12/2019 through 11/2020</b>	<b>1/2020 through 12/2020</b>	<b>2/2020 through 1/2021</b>	<b>3/2020 through 2/2021</b>
<b>Number of Cases Rated as a Strength</b>	87	75	72	75	84	86	93	94	94	105	109	109	115
<b>Number of Total Appl Cases</b>	186	206	206	209	210	210	211	211	211	211	212	213	212
<b>Performance (%)</b>	47%	36%	36%	39%	40%	41%	44%	45%	45%	50%	52%	51%	54%

**Progress Notes:** Performance is trending upward from RP22 forward. And as expected the data is showing an increase in the first four months of the NOP.



Oregon has continued its intentional focus on parent engagement through the Early Transfer protocol, Family Report and Parent Engagement Plans. The parent face-to-face contact guide emphasizes how to spend the time with parents in a way that not only increases engagement but promotes case progress and partnership to reach the parent’s stated goals. The Permanency Program has also been working in partnership with parents with lived experience to understand the opportunities and pitfalls in engaging parents. The parent mentors review guides, communications, and trainings for caseworkers and provide valuable feedback. There has been an increase in virtual interactions between caseworkers and parents as a result of the pandemic, lowering barriers to frequent contact with parents, and helping to ensure safety, permanency, and well-being of their children.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 16: Did the agency make concerted efforts to assess the children’s educational needs, and appropriately address identified needs in case planning and case management activities?

Baseline (2/17-1/18)	RP 24 (2/19-1/31/20)	RP 36 (2/20-1/21)	RP 37 (3/20-2/21)
<b>87%</b>	87.4%	150 strength/171 applicable = <b>87.7%</b>	152 strength/172 applicable = <b>88.4%</b>

*\*Note: for all non-PIP monitored items (7-11, 16), data is provided from the baseline and RP 24 (reported in the 2021 APSR) to provide context for the current CFSR data.*

Oregon performs well on this item. During the most recent PIP reporting period 37, 88.4% of cases were rated a strength. A significant factor of Child Welfare’s performance on this item is our ongoing collaboration with the Oregon Department of Education (ODE).

Oregon is in its fourth year of implementing and refining *Every Student Succeeds Act* (ESSA), which contains education protections for children in foster care. In collaboration with ODE, Child Welfare has developed and facilitated regional trainings across the state, focused on collaboration between school personnel and Child Welfare staff. Due to COVID-19, trainings were held virtually during the 2020-2021 school year. These trainings offer an overview of ESSA and provide guidance on procedure-related to the education of students in foster care. Child Welfare facilitated virtual training for resource parent support groups upon request. Child Welfare and ODE also created virtual office hours on a monthly basis to bring school district and Child Welfare staff together for problem solving and information sharing regarding best practices.

In 2019, ODE posted the preliminary graduation data for foster students. The four-year graduation rate was 35%, which is below non-foster care rates. However, the data was limited. As noted in the CFSP, this included all children who spent any amount of time in foster care during the high school cohort. It did not differentiate between students who had only a brief stay and reunified with a parent, students who had longer stays in care, students who finalized adoptions or guardianships during this time, or other foster care experiences. The definition of foster care for this data results in different outcomes than we see in the NYTD education data. ODE did not post updated foster student outcome data due to receiving a federal waiver related to the pandemic. Child Welfare is working with ODE to finalize and post updated data for 2021, which is expected to become publicly available in the coming months. The data will break down outcomes specific to five-year graduation rates, race and ethnicity, special education, and English Language Learners.

In addition to the COVID-19 pandemic, Oregon experienced significant wildfires in the fall of 2020. This created displacement for some resource parents in affected geographical areas. Child Welfare worked with ODE to ensure that students in foster care were able to get replacement electronics necessary to continue Comprehensive Distance Learning. Resource families and caseworkers connected with school district Foster Care Points of Contacts to ensure students had what they needed to continue learning. Housing displacement due to the fires created a need for school of origin transportation once school moved to hybrid status. The federal and state laws around school of origin allow student to maintain school stability. The ODHS Education Program Coordinator worked with the ODHS Emergency Management team to educate them on the McKinney-Vento Homeless Act provisions which allowed all families displaced by fires to qualify for school of origin resources.

#### *Adaptations due to COVID-19*

The impact on education for all students has been significant. Due to COVID-19, Oregon moved to Comprehensive Distance Learning (CDL) in March 2020 and continued through the remainder of the school year. As the 2020-2021 school year began, most of the state continued CDL until March 2021, when a transition was made to hybrid learning (a combination of in-person and distance learning). A limited number of counties that met COVID-19 metrics had some limited in-person learning for the entire school year.

Child Welfare surveyed resource parents during summer 2020 to understand needs and supports related to CDL. The results of the survey helped Child Welfare shape guidance and identify community resources for families.

To support children, caseworkers, and resource parents, Child Welfare created three sets of guidance regarding education procedures during the 2020-2021 school year:

- The first guidance document was distributed in August 2020, relating to the beginning of the school year: (Attachment 3)
- The second guidance document was created as a toolkit, for resource parents, relating to county level resources for distance learning: (Attachment 4)
- The third guidance document was created for school re-entry, in March 2021 (Attachment 5)

There is planning underway to distribute a fourth guidance document with information about summer learning resources for students who have experienced learning loss or need credit recovery services.

School transportation has been a significant issue as many students in foster care attend school in a different school district than where their foster home is located. The pandemic has left school districts needing to reduce the number of students on school busses and has created driver shortages with hybrid learning schedules. Child Welfare worked with ODE to prioritize transporting students in foster care (Attachment 6).

Child Welfare worked with the Aspiring Leaders Program (an ODHS-wide leadership training program) to develop a way for volunteers to provide virtual tutoring/reading program for students in foster care while school was in Comprehensive Distance Learning mode. They worked with the state volunteer coordinator to create a process for volunteers to apply to do this service. It was a creative project to help enhance learning opportunities for students in foster care.

During spring 2020, Child Welfare worked with the ODHS Self-Sufficiency Programs and ODE to roll out the Pandemic EBT (P-EBT) benefits for children enrolled in schools participating in the Free and Reduced Lunch programs. The P-EBT cards were distributed to resource families, to provide food benefits to children who were missing the free and reduced-priced meals at school. A second round of P-EBT benefits will be distributed beginning summer 2021.

Child Welfare anticipates there will be significant education needs for students in foster care to remediate learning loss from the last year. Child Welfare will remain engaged with ODE to identify needs and assist in focusing interventions to address any learning needs.

### Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 17: Did the agency address the physical needs of children, including dental health needs?

As discussed in Oregon's CFSP, Child Welfare is working with OHA to align the timeliness measures for the initial assessment. The coordinated care organizations (CCOs) receive financial incentives to meet timeliness deadlines, but those measures are not aligned with Child Welfare's guidelines for the initial assessment of a child. Please see the Health Care Oversight and Coordination Plan on pp. 121-128 for a complete discussion of the initiatives and collaborations Child Welfare is taking to address the physical health needs of children. The plan also outlines the various barriers Child Welfare is facing, particularly due to COVID-19.

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

Please see the Health Care Oversight and Coordination Plan on pp. 121-128 for Child Welfare's efforts in coordination with the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) to ensure timely mental health assessments for children in Child Welfare's care.

The Treatment Services Program is partnering with OHA's Children's Behavioral Health Program on a host of initiatives to support the behavioral health needs of children. The most notable current activities include the Foster Care Crisis Response and Coordination pilot, Behavioral Health Treatment Foster Care initiative and Home-Based BRS development.

**Foster Care Crisis Response and Coordination (Crisis Response)** is a pilot in Multnomah County in partnership with local CCOs to provide intervention and support services to children and foster parents to stabilize and maintain current community placements. This initiative establishes a Crisis Mobile Response framework including child and family response through one point of access regardless of whether the service is Medicaid or Non-Medicaid funded.

The Crisis Response pilot provides supports 24/7 by connecting with a crisis call center operated by Lines for Life. Supports include: Immediate in-home support for child and caregiver, resources to stabilize child and home with unique services such as art therapy in addition to skills training, bridging with crisis supports until ongoing services are established, creating a respite plan, and access to family therapy and psychiatry as needed. This project launched on March 1, 2021 and has served 12 children and seven families as of April 30, 2021 with the goal of serving 100 children over one year.

This initiative has also served as a demonstration project in creating a Mobile Response framework in Oregon. Services are flexible and funding is blind to support an immediate response regardless of Medicaid eligibility. State agencies and CCOs have combined efforts with contracted partners to support



various needs first and determine funding stream access (including braided funding) second. (Attachments 7 & 8)

**Behavioral Health Treatment Foster Care** is a new type of care piloted through a funding allocation from the 2019 legislative session. This new service will leverage BRS and Intensive In-Home Behavioral Health (IIBHT) through the OHA and CCOs. This initiative is intended to provide whole-child care within a familial setting for children with psychiatric needs.

The request for proposals was evaluated and awarded to Greater Oregon Behavioral Health, Inc. on December 16, 2020. Contract negotiations were held, followed by a contract request which was executed in May 2021. Subcontractors have been approved and the first implementation meetings are being scheduled. Implementation will include two approaches and three models across the seven provider agencies.

Approaches:

1. Intensive Community Based Services (BHS) and BRS provided within one agency
2. BRS provided by one agency and BHS provided through a community partner

Models:

1. Treatment Foster Care Oregon
2. Attachment, Regulation, Competency
3. Collaborative Problem Solving

Child Caring Agencies:

1. Boys and Girls Aid Society
2. Connections 365
3. Greater Oregon Behavioral Health, Inc.
4. Morrison
5. Oregon Community Programs
6. Youth Progress Association
7. Youth Unlimited Inc

Agencies are at various stages of readiness for implementation with some already fully trained in their model of choice, some who have not yet begun and others in process. The pilot anticipates a total capacity gain of 59 beds in the first few months of 2023. Lessons learned through the pilot will be analyzed in consideration of a long-term strategy for a new permanent type of care.

### **Home-Based BRS**

Through collaboration and partnerships across Oregon's stakeholder groups, Treatment Services is partnering to support OHA to build a strong support system through an expansion of the Behavior Rehabilitation Services (BRS) in a home-based setting. The primary objective is to ensure the health and well-being of Oregon's children and youth while decreasing utilization of more disruptive and costly forms of care. Early intervention and supports to address the behavior needs of Oregon's youth will serve to stabilize youth within their families while decreasing the need for more disruptive and costly care such as out-of-home BRS placement, juvenile detention, psychiatric in-patient hospitalization, emergency room visits, and Psychiatric Residential Treatment Services.

BRS has been included in Oregon's State Medicaid Plan since 1998. It was implemented to be available as a residential service for youth in the custody of Child Welfare and Oregon Youth Authority. Under the current State Medicaid Plan, Oregon has the authority to expand the initial implementation in a manner that is consistent with OHA's Mission and Values by opening the service to Medicaid-eligible youth in their homes and communities. The Governor included OHA's request for funding in the proposed 2021-2023 budget and the legislature approved Policy Option Package supporting this expansion for Medicaid and a limited number of non-Medicaid youth in Oregon.

The Behavioral Rehabilitative Services (BRS) staffing-based rate model includes funding for a part-time recruiter for every 14 beds contracted. Additionally, since 2016 ODHS Child Welfare Treatment Services has provided grant funding to a collaborative of contracted Proctor Foster Providers (certified through Child Caring Agencies) called Foster Plus.

The Foster Plus collaborative includes 10 programs and currently receives a total of \$250k infusions every 6 months to support professional branding, social media campaigns, videos, billboards, radio advertisements and administration related to recruitment of new Proctor Foster families. Through this support CCA's report inquiries and certifications have increased by 10% since 2018. (Attachment 21)

### Statewide Information System

Item 19: How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Oregon's statewide Child Welfare information system, OR-Kids, is in the process of being transitioned from the former SACWIS requirements to the current CCWIS requirements. This transition involves incrementally replacing parts of the single monolithic application with targeted, individually deployable applications, along with developing new applications. The Home Inquiry functionality was replaced by a much more usable Resource Family Inquiry application on January 19, 2021. The screening functionality in OR-Kids is currently being replaced by the ORCAH Documentation Guide. A new feature recently added using this modular development method satisfied the Qualified Residential Treatment Program (QRTP) requirements of the Family First Prevention Services Act (FFPSA).

As this migration pattern progresses, maintenance releases continue to regularly improve the usability of the OR-Kids application. Several hundred application screens have been modified to be more responsive by allowing the items to fill the size of the window as a user increases the size of the screen. The OR-Kids user group also saw their requested change for a modification to the file cabinet feature implemented to better manage documents uploaded to OR-Kids.

### Case Review System

Item 20: How well is the case review system functioning statewide to ensure that each child has a written case plan that is developed jointly with the child's parent(s) and includes the required provisions?

Child Welfare created the Family Report to address this issue needing improvement in Oregon. Please see the 2021 APSR for a detailed description of the challenges the new Family Report addressed. The

rollout was delayed from the summer of 2020 to the fall of 2020 due to technical issues. The staged rollout occurred over five weeks in October and November of 2020. There were some lingering technical issues through the end of the year. In 2021 the report is functioning as it should, and upgrades are being made in real time. As of February 2021, we have seen an almost 30% increase in the timely completion of case plans (Family Report) overall, with some districts completing as high as 88% of case plans timely. We expect to see this data increase as the field becomes more familiar with the Family Report and the benchmarks are consistently communicated.

Item 21: How well is the case review system functioning statewide to ensure that a periodic review for each child occurs no less frequently than once every 6 months, either by a court or by administrative review?

The 2016 CFSR rated this as a strength in Oregon, in large part due to Oregon's Citizen Review Boards (CRBs), which track all children in foster care and ensure they receive a periodic review every six months by either the CRB or the court. Oregon also benefits from a culture of substantial court oversight, resulting in frequent reviews of cases.

Item 22: How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter?

This item was rated a strength in the 2016 CFSR Round 3. Child Welfare does not track this data directly and is reliant on data provided by the Juvenile Court Improvement Project (JCIP). The JCIP data point measures whether a case has its initial permanency hearing within 14 months of the filing of the petition. While not the same as the federal measure, it tracks roughly with when a permanency hearing is required, assuming the petition is filed within a day or two of the children being placed in foster care. (Oregon consistently defines "the date the child entered foster care" as 60 days from placement).

In 2020, 84% of permanency hearings conducted were held within 425 days (14 months) of the initial petition being filed. That is slightly lower than the 89% completed within 425 days in 2019. In 2020, 89% of subsequent permanency hearings were held within 365 days of the prior permanency hearing. That is slightly lower than the 92% completed in 2020. Child Welfare experienced declines in achievement of most other juvenile dependency goals for 2020 as well, especially during quarters two and three, when both Child Welfare and courts experienced more barriers due to impacts of the pandemic. The survey regarding the impacts of COVID-19 on child welfare hearings demonstrates widespread experience of delayed permanency, including delayed hearing and other access issues. (Attachments 29 & 30) We expect to see improvements as courts continue to hold more timely hearings and as courts reopen.

Item 23: How well is the case review system functioning to ensure that the filing of termination of parental rights (TPR) proceedings occurs in accordance with required provisions?

The 2016 CFSR rated this as an area needing improvement because Oregon did not have comprehensive information on whether the filing of termination of parental rights (TPR) proceedings occurs within federal timelines.

JCIP does track the timeliness of filing of TPR petitions, but measures days from when the current dependency case opened. This is not an exact measure for Child Welfare's purposes, as it does not cover cases where children had been in foster care in a prior episode within the last 22 months. Similarly, it

would assume cases were “late” to TPR where they were not if, for example, a child had spent some time in a trial reunification.

Oregon does not presently have reports to identify children who have been in care for 15 of 22 months and have not had a TPR petition filed, nor to determine how many such cases have a judicial finding of good cause not to file a TPR petition. Oregon is not able to report on good cause findings because obtaining such information from court records would require a manual review of files, and because OR-Kids does not presently require entry of judicial exception information.

Oregon experienced a slight increase from 2019 to 2020 in the median number of days it took from filing a dependency petition to filing a TPR petition. The median number of days increased from 490 in 2019 to 499 in 2020. The median number of days from filing of a dependency petition to completion of the termination or voluntary relinquishment of parental rights (for all parents) increased from 680 days in 2019 to 699 days in 2020. The increases in number of days from 2019 to 2020 that it took to file TPR petitions (starting in Q2) and to complete the termination or relinquishment of parental rights (starting in Q3) are consistent with the changes described in Item 22 regarding the barriers to permanency tied to the pandemic. We expect improvements as courts improve timeliness of holding permanency and TPR proceedings.

Item 24: How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of, and have a right to be heard in, any review hearing held with respect to the child?

As previously reported, all districts have developed local procedures to provide timely notice of hearings and reviews to caregivers. The Foster Care program is working to create better processes to both gather information related to training and capacity but also to get input related to experience. Currently, Oregon does not have a data field that tracks actual numbers of notifications or hearings or reviews provided to a child’s caregiver.

### Quality Assurance System

Item 25: How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the CFSP are provided, (2) has standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety), (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates implemented program improvement measures?

Child Welfare has quality assurance systems built into many of its programs in addition to the CFSP team. Please refer to the Quality Assurance section on pp. 65-66 for an in-depth discussion of the CFSP process in Oregon. What follows is a description of Child Welfare’s internal QA systems.

### *Foster Home Certification*

Please refer to Item 33 on pp. 60-61 for an in-depth discussion of the internal QA process for ensuring ongoing fidelity to the SAFE home study model and to federal safety requirements for foster homes.

### *Permanency Program*

The Permanency Program performs two fidelity reviews per local office per year. One of these is timed to coincide with the CFSP, and the second is six months later, which provides for natural follow-up with

action plans developed by the branch to address priority areas that were identified in the review. The information from the fidelity reviews is also used in quarterly debriefs. Each district is provided a quarterly debrief that addresses CFSR data, ROM data, information from the fidelity review, Parent Engagement Plans, and a look at statewide and national data for context.

#### *Oregon Child Abuse Hotline (ORCAH)*

ORCAH's Continuous Quality Improvement (CQI) Program expanded its work in the last year to include additional quality assurance processes. ORCAH continues to use a quality assurance tool to review screening reports and provide regular and detailed feedback on the individual (screener) and programmatic level (ORCAH-wide). This involves a team of four full time Quality Assurance Specialists reviewing up to two screening reports per month per screener using an evaluation tool. The inter-rater reliability of the Quality Assurance Specialists continues to be calculated regularly through calibration sessions and use of Kappa Calculation.

In fall 2020, ORCAH began to conduct quality assurance reviews of live calls. Like Report Reviews, an evaluation tool is used, and calibration sessions are conducted on a regular basis, including evaluation of inter-rater reliability. ORCAH's supervisor team (23 supervisors) partners with the Continuous Quality Improvement (CQI) Quality Assurance Specialists to conduct these reviews; supervisors conduct one call review per screener per month and Quality Assurance Specialists conduct one.

The results of both types of quality assurance reviews are shared with screeners by their supervisors in clinical supervision and used as coaching tools for continuous improvement. The data from these reviews is evaluated on a quarterly basis to identify any trends in areas of concern needing additional training or coaching. The data has steadily shown that ORCAH screeners make screening decisions (including the decision to assign or close and timeline decisions for assigned reports) that are aligned with statute, rule, procedure, and practice guides most of the time. It has also shown that areas needing improvement are the sufficiency of information collection regarding the extent and circumstances of the reported abuse and a need to increase screener proficiency at inquiring about Native American Heritage and signs of power and control dynamics that could be part of a domestic violence situation in the family. The CQI Program Manager also manages ORCAH's training program, forming a valuable link between CQI and training.

In summer 2020, ORCAH began to participate in Critical Incident Response Teams (CIRT) by using a similar quality assurance tool to review screening reports that predated the critical incident under review. CIRTs are called by the ODHS Director when a critical incident has occurred causing severe outcomes for a child or children, most often a fatality. The ORCAH reviews are conducted by the CQI Program Manager and CQI Consultant who then participate in the CIRT and share findings within ORCAH program so that any identified concerns are addressed through coaching and training or evaluation of rule, procedure and/or practice guides.

As mentioned before, ORCAH began conducting a quality assurance review in February 2021 of reports in which the family may be or is identified as being eligible for the ICWA. This decision was the result of analysis of ORCAH's assignment rates for these families compared to all other families for whom a report is received. We found disparities in that assignment rates for the ICWA eligible families were 6-7% higher than other families. ORCAH's goal is to first evaluate the sufficiency of information collection

and accuracy of screening decisions based on statute, rule, procedure, and practice guides. The next step will be to share those findings with the Tribal Affairs Unit and engage Oregon's Tribes in determining how to improve in areas needed.

#### *Treatment Services*

The Treatment Services Program administers contracts with Child Caring Agencies (CCAs) to provide Behavioral Rehabilitative Services (BRS), Qualified Residential Treatment Programming (QRTP), community shelter-based contracts as well as skills training and mentoring service-based contracts to support children with specialized needs. Comprehensive program reviews are required by rule and contract to occur once every two years, at minimum. Treatment Services Program Analysts provide informal reviews to onboarding programs at six months and one year; official comprehensive reviews are held at the two-year mark and every two years following. Additionally, Program Analysts stay in consistent communication with assigned programs with a best practice goal of visiting in-person each quarter.

The attached protocol outlines the process utilized to ensure adherence to ensure the safety and wellbeing of children served through adherence to rule and contract. (Attachment 9) The review tool and reporting processes are also outlined in the protocol.

#### *Child Safety Program*

The Child Safety Program continues to utilize the CPS fidelity reviews as a training, education, and performance evaluation tool. Reviewers are recruited through Tribal Affairs, Portland State Child Welfare Partnership, ORCAH, and local field office CPS staff. These reviewers are partnered with child safety experts. This allows for relationship building opportunities as well as multi-disciplinary perspectives throughout the review process. These reviews are utilized at both the local branch and statewide level to identify practice model strengths and areas needing improvement. The reviews consistently support that the practice model is effective in managing safety when a comprehensive assessment is completed. Safe outcomes for children decrease when assessments are incident based and disposition focused rather than conducted using the guiding principles of family engagement, culturally responsive and prevention focused safety assessments and decisions.

#### *Staff and Provider Training*

Item 26: How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP that includes the basic skills and knowledge required for their positions?

Over the last year, the Training Unit has expanded in size and scope. Demonstrating Child Welfare's emphasis on the large impact that equity and a full workforce development framework have on all facets of child welfare practice, the Training Unit was rebranded to the Child Welfare Equity, Training, and Workforce Development Unit.

The Child Welfare Equity, Training and Workforce Development Unit (ETWD) is a unit within Child Welfare and provides training and workforce development capacity-building to all child welfare program areas. The purpose of the ETWD is fourfold:

- To provide leadership, direction and support in the development, delivery, and evaluation of comprehensive and coordinated program-specific training and workforce development plans

that include attention to retention and recruitment, transfer of learning and coaching, promotional readiness and succession planning and leadership development.

- To provide assessment, leadership, and oversight for the delivery of child welfare program and child welfare staff training needs at all levels, such as: classroom, virtual and hybrid instruction, e-learning, and video conferencing.
- To oversee the agency's training contract with Portland State University's Child Welfare Partnership.
- To ensure that Child Welfare promotes equity throughout all aspects of program and practice and catalyzes equitable systems change for our service delivery to children, families and in the community, as well as for the workforce.

The addition of an equity focus and staffing to the unit demonstrates a firm commitment to our Vision for Transformation, which is based on a belief that children do best growing up in a family and on the values of honoring and supporting cultural wisdom, building community resilience and voice, and ensuring the self-determination of our communities. Additionally, it demonstrates a furthered commitment to adherence to Oregon Indian Child Welfare Act (ORICWA); the elimination of racial disproportionality and disparities for children, youth and young adults who interface with the child welfare system, as well as inequities related to workforce retention, recruitment and support.

#### *Caseworkers, MAPS, SSAs, and Supervisors*

Initial training for SSS1s (caseworkers), supervisors, and Social Service Assistants (SSAs) is currently provided through an intergovernmental agreement with Portland State University (PSU).

Orientation and onboarding procedures are developed at the local office level due to variation in staff, geography, resources, and communities across the state. For example, Marion County staff employ specialized training units that workers are first assigned to when they are hired. Once they complete Essential Elements, the PSU-provided training series all newly hired SSS1s complete, they are given one case at a time and supervisors assess their individual ability to increase to a full caseload. In the CPS training unit, a supervisor goes out with new workers over the first six weeks and gives them no more than one assessment per week for the first three weeks. Marion County took this approach to ensure that all caseworkers were getting consistent and thorough assistance as they onboarded. All SSAs, SSS1s (caseworkers), and PEM-Cs (supervisors) are required to complete an on-ramp checklist as a component of their initial training. The on-ramp consists of a six-step process to be conducted in order to learn, practice, and demonstrate proficiency in eight key tasks identified from their respective position descriptions. ETWD plans to support other counties in development of this type of model for statewide consistency with onboarding in the future.

Internal to ODHS, monthly webinar sessions are offered for caseworkers on CPS Assessment 101, Permanency Planning 101, and Certification 101. Training sessions were developed and offered for the statewide rollouts of Laserfiche basics, Certification – Foster Family Inquiry (also known as Resource Family), and the Family Report Rollout 2020.

MAPS get a seven-day initial pre-service training before taking on MAPS duties. Supervisors get a nine-day pre-service training before taking on their role as supervisors. MAPS and supervisors take some of the pre-service trainings together where the information needed to know is the same, and other days are taken separately. This is in addition to their on-ramp trainings as well.

Supervisor pre-service is a two-week training designed to provide the necessary tools to lead a team of Child Welfare staff. This training was previously offered through PSU but is now an internal training to give us the ability to update and modify the training based on participant feedback and identified needs or gaps in learning. Completion of this training is required prior to conducting supervisory duties. Supervisor training also includes a monthly new supervisor cohort call to support overall well-being for first year supervisors, as well as give an opportunity for practical application of the key concepts learned in the two-week pre-service training.

Supervisors also must complete ODHS New Manager Training, titled “Navigate: Lead to Engage, Manage for Results.” This training contains courses on:

- Cultivating a Diverse Workforce
- Domestic Violence, Harassment, Sexual Assault and Stalking
- ODHS Essentials of Human Resource Management
- Ethics
- Managing Resources – Budgets, Contracts, Audits and Risks
- New Manager Introduction to ODHS

Attached are training guides, which cover Social Services Assistant (SSA), caseworker (SSS1), MAPS (SSS2), and supervisor (PEM-C) positions:

- 12-Month Training Plan (Attachment 10)
- Pretraining Activities (Attachment 11)
- On-ramp Guide (Attachment 12)
- On-ramp Checklist (Attachment 13)
- Intensive Field Follow-ups for Supervisors (Attachment 14)

In the future, the ETWD will be building out additional training and leadership development opportunities, specifically for MAPS and supervisors, in keeping with national middle manager development best-practices and the Vision for Transformation’s focus on workforce development.

#### *Trainings Provided by PSU in 2020*

In 2020, PSU provided 158.5 training events (116.5 in the classroom live via Zoom and 42 via distance learning). PSU trained 4,519 Child Welfare staff in 2020, as well as 1,173 caregivers and 524 other guests and partners.

In response to PIP Goal 3, Strategy A, Activity 1, beginning in 2021-2023, Child Welfare is working to restructure the work order contracts for staff training with Portland State University to a performance-based model. This will facilitate cost comparisons and analysis against industry standards. In part, ODHS has identified cost savings by evaluating cost effectiveness and reducing redundant services offered by the PSU Child Welfare Education Program and the PSU School of Social Work.

Child Welfare is exploring a cloud-based storage solution that will be accessible to Child Welfare, the PSU Child Welfare Partnership Training Unit, and other agency organizations who require access to curricula.

#### *Distance Training for SSS1s*

- Secondary Traumatic Stress CBT – 688 staff
- Child Welfare Ethics and DHS Values CBT – 705 staff



- CANS CBT – 374 staff
- Multi-Ethnic Placement Act CBT – 120 staff

#### Essential Elements of Child Welfare Practice

This new worker training is 97.5 hours. It is a classroom training with a 25-participant capacity. It was offered 15 times in 2020 with 348 staff and two guests participating.

#### Family Conditions

This new worker training is 19.5 hours. It is a classroom training and has a capacity of 100. It was offered two times in 2020, and 111 staff participated.

#### Well-Being Needs of Children and Young Adults

This new worker training includes a distance training called Advocating for Educational Services, which was provided to 244 staff in 2020. There is also a 26-hour classroom training with a 30-participant capacity. It was offered six times in 2020 and trained 120 staff.

#### Trauma-Informed Practice Strategies

This new worker training is 13 hours in a classroom. It can accommodate 25 participants per class. It was offered 11 times in 2020 and trained 190 staff.

#### Preparing and Presenting for Success in Court

This new worker training is 32.5 hours in a classroom. It has a 30-participant capacity. In 2020 it was offered seven times and trained 184 staff.

#### Certification and Adoption Worker Training

This classroom course is 61.5 hours. It was offered twice in 2020 and trained 43 staff.

#### SAFE Home Study

This is 13-hour classroom training has a capacity of up to 30. It was offered four times in 2020 and trained 76 staff.

#### Social Services Assistant Training

This training for new SSAs is 39 hours with a 25-participant capacity. It was offered four times in 2020 and trained 79 SSAs.

#### Supervisory Pre-Service Training

This training for new supervisors is 68.25 hours with a capacity of 25 participants. It was offered two times during 2020 and trained 38 new supervisors.

#### Supervising SAFE Training

This classroom training is 61.5 hours with a capacity of 10 participants. It was offered four times in 2020 and trained 11 supervisors.

### *Child Welfare Education Program*

Child Welfare also currently partners with PSU to provide enriched social work education for current and potential employees in BSW and MSW programs. Currently the program includes 14 ODHS Child Welfare employees and one recruit. In the future, Child Welfare will be partnering with PSU to re-envision and expand the program to support more students and staff who are interested in obtaining a Bachelor of Social Work, particularly those with lived experience, those from communities that are underrepresented in the workforce, yet overrepresented in the child welfare system and those who live and desire to work in rural areas of Oregon.

### *Adaptation due to COVID-19*

PSU has collaborated with Child Welfare to convert all initial training to distance learning format. All training is currently delivered remotely.

### *ORCAH*

Screening is a discrete function that is independent of the CPS assessment and requires autonomy in decision making. Screeners, screening supervisors, and program managers of the hotline receive an improved, centralized, comprehensive training that includes application of Oregon Safety Model at screening, screening procedure, guidelines and various tools including the adoption of an equity lens to assist with decision-making.

The Screening Training Academy was developed in partnership with Action for Child Protection, Portland State University, and multiple Child Welfare programs through a subcommittee process as a part of the implementation of ORCAH. Screening program consultants were trained by Action for Child Protection in the delivery of the curriculum. The academy includes both classroom training and technology training. The goal of the academy is to train all screeners and screening supervisors to the same practice standards regardless of their experience in order to provide safety, consistency, and customer service.

Classroom training focuses on customer service, types of calls, selecting accurate allegations of abuse, trauma-informed practice, use of data analytics, use of information collection across the six domains of family functioning, decision making that is consistently based upon the same criteria for every report, and documentation. Technology training focuses on the use of multiple systems including Oregon's State-Automated-Child-Welfare-Information-System, OR-Kids. Additionally, screeners are introduced to relevant web-based sites and business protocols. The training focuses on enhancing the screener's use of diligent search practice and transitions to how and what to narrate in a screening report.

Screening Training Academy replaces Essential Elements for newly hired screeners and supplements it for experienced screeners and experienced Child Welfare caseworkers who transferred to screening. It consists of 14 modules of classroom training plus the technology training for a full 15 days of training. Screeners and supervisors were trained in cohorts of eight to 25.

Prior to participating in the training, each screener spends two weeks onboarding, shadowing, and working with lead screeners. That is repeated for two weeks after the training, with lead screeners coaching the new screener and providing feedback. This amounts to eight weeks of total training, after which screeners graduate into their shift schedule with their assigned supervisor and unit. An analysis of the evaluation data for the first ten cohorts suggests that the training overall was rated good, very good, or excellent 97% of the time.

All training and onboarding activities for ORCAH have been adapted to be provided remotely via virtual delivery technology (Zoom, Adobe Connect, Microsoft Teams etc.).

Item 27: How well is the staff and provider training system functioning statewide to ensure that ongoing training is provided for staff that addresses the skills and knowledge needed to carry out their duties with regard to the services included in the CFSP?

Oregon does not currently have statutory or administrative rule requirements for advanced practice or annual/bi-annual training hours for case management staff after one year of employment with ODHS, yet ETWD will be working to develop training policies for all levels of staff in the future. Training Advisory Council has now moved to an advisory system starting with the Training Partner Subcommittee that brings training partners together to discuss new training requests, various projects, and to get input from valuable partners that the agency works with on a continuous basis. The second component is the Training Implementation Team that takes recommendations from the Training Partner Subcommittee and works to implement, structure, and advance requests to leadership for final decision-making. Both groups meet once per month for three hours.

Supervisors and MAPS have access to Workforce Wellness for Leadership, which is focused on peer support, centering wellness, and the unique needs of leaders. Content is presented around trauma informed practices, impacts and building resilience. This one-hour opportunity is offered twice a month.

MAPS and supervisors also have access to a monthly Community of Practice calls, with different topics and subject matter experts. This supports the transfer of learning from pre-service to practice and includes an element of peer support and group supervision through a supervisor's first year. The community of practice calls for MAPS are open to all MAPS regardless of the length of time they have been in the position.

Courses offered through ODHS' partnership with PSU to provide offerings for ongoing professional development include:

- Managing Difficult Conversations When the Stakes are High (conducted two times in 2020 and trained 26 staff)
- Trust Based Relational Intervention (TBRI) (conducted three times in 2020 and trained 45 staff)

Child Welfare training on safe sleep consists of a self-study guide with education and learning activities, and a quiz to demonstrate knowledge. Currently there are two different modules: one is targeted at CPS and Permanency workers, and the other is geared towards Certifier and Adoption workers.

An annual training plan for all staffing levels, as well as establishing a mandatory ongoing training requirement for staff at all levels is a priority for the ETWD strategic direction. The transition to Workday Learning, beginning June 16, 2021, will provide a more efficient logistical platform for Child Welfare to offer new training opportunities and requirements as well as consolidating staff training records into one solution, which is necessitated by PIP Goal 3, Strategy A, Activity 3.

In response to PIP Goal 4, Strategy C, Activities 1.2 and 1.3, with the help of Casey Family Programs, ETWD has partnered with the Butler Institute for Families at the University of Denver, with the intention of "[determining] strengths and challenges in multiple domains and [to] make recommendations for a more effective training system."

The initial report provided in-depth analysis covering a gap analysis of Child Welfare's training materials and offerings, as well as direction on areas to work on increase skill, confidence, and competence of staff at all levels. Attached is the Executive Summary of the report (Attachment 33), the full report (Attachment 34), and the Child Welfare Training Unit Plan (Attachment 35) created in response to the recommendations of the report. Work on the Child Welfare Training Unit Plan is currently in progress.

Plans are in place to develop the advanced ongoing training catalogue and curriculum, seen in the attached Child Welfare's Caseworker Ongoing Professional Development Project Plan (Attachment 36).

Additionally, the implementation of FFPSA will require a shift towards prevention and family preservation and serving more children and families in their homes without the need for removal. This will require enhancements that will address PIP Goal 4, Strategy C, Activities 1.1, 2, 3 and 4.

Item 28: How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (that care for children receiving foster care or adoption assistance under Title IV-E) that addresses the skills and knowledge needed to carry out their duties with regard to foster and adopted children?

Oregon partnered with PSU on some of the training delivery to caregivers and directly provided the remainder of the training during the period under review. Between October 2019 and June 2020, PSU provided 76 training opportunities, training 1,173 caregivers, with training opportunities migrating to virtual platforms beginning in March of 2020. The contractual relationship with PSU on Caregiver Training ended June 30, 2020.

During that same time period and continuing past June 2020, ODHS has provided a list of websites to both staff and resource families with ongoing training opportunities. Families also had access to Foster Parent College through their certifier.

In October 2020, ODHS began coordinating ongoing trainings statewide, and updates will be provided in the next report.

Child Welfare created an orientation video for resource families and converted the series of Foundations Training into online live training sessions. Through this increased number of offerings and availability, 261 Foundations classes occurred between April 20 and September 30, 2020 with 4,055 prospective or current resource parents in attendance. Classes were offered morning, afternoon, evenings, and on weekends, and offerings were available in English, Spanish, and English with ASL/Spanish interpretation.

The Foster Parent Foundations Training sessions were recorded for easier access, and Child Welfare is developing and rolling out new training offerings to resource families on an ongoing basis. The ETWD is increasing partnerships with community partners to deliver additional training to resource families. Child Welfare has relationships with CARES NW, FACT Oregon, and Morrison Children and Families. Many of the trainings have been facilitated by ODHS staff both within Child Welfare and for the larger Department (including Tribal Affairs and other ODHS programs).

ODHS is in the process of developing and providing Foundations Training of Trainers (T4T) for staff with an intended completion date of June 2021.

### *Training Redesign*

The following section addresses PIP Goals 3.A.1 and 3.A.3.

As mentioned previously, ODHS evaluated the cost effectiveness of the deliverables in the agreement with PSU. In doing so, the Caregiver Training Unit, with a total cost of \$1,500,000 per biennium, was found to be not as cost effective as it should be. Classroom and online training opportunities were only utilized by less than 35% of resource families. Also, only 40% of Foster College modules were being used.

Likewise, the Foundations Train the Trainer work order had a budget of \$175,000, with deliverables of two sessions on the current resource parent training curriculum called Foundations.

Those work order contracts were eliminated and replaced with an internal Caregiver Training team, which will include four new positions recently approved in order to further expand the capabilities of the team.

A Foundations curriculum overhaul that was happening before the end of the work order contract, stalled in June 2020 when the work with PSU ceased for all caregiver training-related activities. PSU was the primary curriculum writer and did not share any curriculum at the end of the contract. They did share the outline of development for online and classroom content, as well as all drafted learning objectives from the previously mentioned 2019 subject matter expert groups. Over summer and fall of 2020, Child Welfare began looking at ways to restart the curriculum overhaul internally. Spaulding for Children is currently in a pilot with the Children's Bureau for developing a free pre/in-service training for foster and adoptive parents: National Training & Development Curriculum (NTDC).

Through work in ODHS that began in December of 2020, the executive leadership team approved a plan to move forward with implementation of NTDC in March 2021. The current implementation timeline is as follows:

- Content creation between now and September 2021
- Curriculum pilot in October and November 2021
- Curriculum revisions based on pilot findings in December 2021 and January 2022
- Conduct statewide Train the Trainer in March 2022

Additionally, the ETWD will be developing and delivering gap trainings that are not covered by the NTDC curriculum related to Oregon-specific needs such as ORICWA.

Along with the implementation of NTDC, in response to Goal 3, Strategy A, Activity 3, ODHS is working to consolidate the training records for resource families into a new recruitment and LMS system with the intended goal of a full implementation happening in October of 2022. In the meantime, training records are being maintained with Smartsheets administered by the Caregiver Training team.

### *KEEP*

Child Welfare has successfully piloted KEEP, which is a training and mentorship cohort program for foster parents. Foster parents participating go through their training together as a cohort and form a natural support for each other, both in processing the varied stresses of fostering, as well as in more practical terms such as providing respite care for one another and sharing other resources.

KEEP is an evidence-based support and skill enhancement program for foster and kinship parents of children ages 4-12 (KEEP Standard) and teens (KEEP SAFE). The evidence base for the KEEP model is

extensive, including six randomized controlled trials, multiple independent evaluations of national and international implementations across varied cultural contexts, and numerous publications in peer-reviewed journals. Research outcomes include decreased placement disruptions, decreased child behavior and emotional problems, decreased caregiver stress, and increased foster parent retention, among others.

KEEP received legislative funding to implement statewide in Oregon in July 2019 and the contract period began in November 2019.

### Summary of KEEP services in Oregon

#### **Contracted Providers:**

- Options PDX – Delivers KEEP in Districts 2, 15, 16 and Columbia County
- Native American Youth and Family Services – Delivers KEEP to Native homes and homes with Native children
- Statewide
- Centro Cultural – Delivers Spanish language KEEP groups in Districts 3, 15, 16
- Options Mid-Valley – Delivers KEEP in District 3
- Oregon Community Programs – Delivers KEEP in District 5
- Family Resource Center – Delivers KEEP in District 10
- Options Douglas – Delivers KEEP in District 6
- Family Nurturing Center – Delivers KEEP in District 8
- Oregon Social Learning Center Developments, Inc. -Delivers Tele-KEEP to all other districts

#### **Enrollment**

As of March 16, 2021, we have enrolled 1,450 foster and kinship families from 34 Oregon counties in KEEP. We have delivered 204 groups for a total of 2,788 sessions. There are 46 KEEP groups currently in progress. All KEEP groups are currently conducted online.

#### **Sustainability**

Certified Group leaders have successfully led three 16-week groups, demonstrate consistent model fidelity, and participate in coaching monthly rather than weekly.

- Certified 32 staff from eight provider agencies in the KEEP Standard model
- Certified 16 staff from six provider agencies in the KEEP SAFE model
- One Local Coach/Trainer

#### **KEEP Booster**

The KEEP Booster is an 8-week refresher group for Resource Parents who have already completed a 16-week KEEP group.

#### **Culturally Specific and Affinity Groups**

##### *Families caring for Native American children and youth*

- In collaboration with NAYA and the Oregon Social Learning Center, OLSC Developments Inc. (ODI) has made cultural adaptations to the KEEP curriculum and materials
- Four NAYA-led groups in progress
- Three NAYA-led groups graduated
- The first NAYA-led KEEP SAFE (adolescents) group is slated to start in April

### *American Sign Language Groups*

- A KEEP group with American Sign Language (ASL) interpreters graduated January 2021

### *LGBTQIA2S+ Groups*

- LGBTQIA2S+ KEEP SAFE affinity group in progress
- New LGBTQIA2S+ KEEP SAFE affinity group slated to start in April
- One LGBTQIA2S+ KEEP SAFE affinity group graduated

### *Spanish-Language Groups*

- Two Spanish-language groups currently in progress
- Four Spanish-language KEEP groups have graduated

### *Groups for Resource Parents Caring for Unaccompanied Minors*

- Two groups slated to start in April, one in English one in Spanish

### *KEEP for Kin*

- KEEP is partnering with the Oregon Kinship Navigator program to deliver KEEP for Kin. KEEP for Kin is for grandparents, aunts and uncles, siblings, and other relatives caring for youth and children who are not actively involved with ODHS. ODHS used federal grant money to fund eight KEEP for Kin groups.
  - Three KEEP for Kin groups in progress
  - Three KEEP for Kin groups slated to start March – May 2021
  - Two KEEP for Kin groups graduated

### **In Development**

#### *KEEP as prevention for Native American families at risk of child welfare involvement*

- Ongoing workgroups with ODHS and tribal partners
  - Expansion from Closed at Screening as point of entry to other avenues of recruitment

#### *KEEP for Resource Parents who are caring for Black/African American children*

- KEEP curriculum review scheduled March 24, 2021
- Follow-up workgroup meeting scheduled April 2, 2021

#### *Other affinity groups requested by ODHS staff and families*

- Toddler group for families caring for children younger than four years old
- Families in guardianship
- Post-Adoptive families

#### *Maximizing KEEP's reach*

- Integration of KEEP into Foundations training
- Emphasis on recruitment of temporary certifications and newly certified Resource Parents
  - In queue for more frequent and specific recruitment lists from ODHS

## Service Array and Resource Development

Item 29: How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP?

### *FOCUS*

One of the teams within Treatment Services is the Focused Opportunities for Children Utilizing Services (FOCUS) team. FOCUS offers support for children who have severe physical, mental, emotional and or intensive service needs. A complimentary goal of this sub-team is to support placement stabilization for children and young adults with specialized needs. Skills training, mentoring, outpatient sex offender treatment, enhanced respite and animal therapies are some of the services FOCUS administers to approximately 300 children across the state, at any time.

### *Crisis Response*

The Crisis Response initiative outlined in item 18 also seeks to support children in foster and adoptive placements achieve permanency by providing effective, individualized supports to prevent disruptions into higher acuity settings. However, this system is currently only available in Multnomah County while it is pilot stage.

### *Critical Incident Review Team (CIRT) Findings*

The Child Fatality Prevention and Review Program (CFPRP) conducts in-depth case file reviews on child fatalities in the Critical Incident Review Team (CIRT) process. The CIRT reviews both contracted services and community services if documented within the case file. Common areas of concern center around support and intervention in cases involving parent/caregiver substance use, suicide prevention and intervention for children and young adults, as well as supportive services for young parents with trauma history, including historical interaction with the child welfare division.

### *Parent/Caregiver Substance Use*

In calendar year 2020, 26 of 34 CIRT case file reviews revealed substance use concerns prior to the critical incident for at least one parent/caregiver. There is a consistent lack of available substance use disorder treatment options and Oregon ranks 45<sup>th</sup> in the nation regarding access to treatment services. Long waitlists often hinder caseworkers who are urgently seeking to refer parents to SUD treatment and there is a shortage of skilled, contracted clinicians available to provide expert consultation in child welfare cases. This shortage also impacts engagement and support for the families we serve. Contracted providers focus primarily on frequency of visits which limits effectiveness of the ongoing assessment and impact of parental SUD. The existing contracted specialists are fully utilized but overwhelmed and these critical services that support families have not grown enough to meet the need.

As a part of the CFPRP's safe systems analysis process, we recently engaged in a system mapping activity to discuss the factors contributing to challenges in assessing cases with parent/caregiver substance use. This activity involved both internal child welfare professionals and external child welfare system partners and highlighted the needs listed in the above paragraph. The next step in the process is to hold a meeting with the team to identify targeted improvement strategies to be shared with executive leadership. Those strategies are expected to be shared by June 2021.

### *Youth Suicide*

Youth suicide is the second leading cause of death among Oregonians aged ten to twenty-four years old, yet prevention and intervention remain under-resourced. Knowledge about suicide prevention,



intervention and treatment is limited among those who provide critical services to vulnerable children and young adults. The behavioral health system is not robust enough to support those children and young adults who are identified at risk of suicide and in need of intervention and treatment services. Child Caring Agencies (CCAs), specifically Behavioral Rehabilitation Services (BRS) programs, are required to ensure staff members are trained in suicide awareness and risk assessment, but there is limited support once a child has been identified as at risk and remains in the program. Protocols are in place to assist staff members in making immediate decisions to ensure safety of a child, but support for ongoing intervention is not consistently available within the service array once the emergency of the initial threat has passed. This is also true for family support after an acute suicidal episode for a child or young adult. Child Welfare field nurses do a depression and suicide screening for all children age 10 or older at every nursing encounter.

Suicide prevention is everyone's responsibility and collective effort is required to determine the best service array for suicidal youth. Preventing suicide in the moment of ideation or action does not prevent a person from having suicidal thoughts or behaviors in the future. Parents and caregivers must be equipped with knowledge and resources to ensure physical safety while also having access to appropriate behavioral health services for the child or young adult longer term. More information can be found in Attachment 23.

#### *Young Parents*

In the 2020 calendar year 29 of the 34 cases reviewed by the CIRT found one or both parents were involved with Oregon child welfare on some level during their childhood, with 10 parents being under the age of 25 at the time of the critical incident. CFPRP has observed in many of these cases young parents lacked the protective factors necessary to grow into healthy adults and safe parents. It is critical that caseworkers have enough understanding of the complex trauma and unique needs of the parents when making child safety determinations and offering support. The current service array does not adequately support the development of protective factors for system-involved youth, which in some cases creates significant barriers to safe parenting.

This gap in support and services needs further evaluation by Child Welfare. CFPRP will partner with the other Child Welfare program areas to determine next steps.

#### *Additional Services*

- Permanency Consultants providing expertise and creative problem-solving for cases at key decision points.
- In-home Safety & Reunification Services to provide education and skill-building to parents to either keep the child(ren) in the home or to support a successful reunification
- CANS assessments identify children's needs, and can trigger a closer look at appropriate supervision levels and/or consideration of treatment-level placements
- Nursing Assessment for both children entering care and shortly after a child is returned home
- Personal Care assessments
- Psychotropic medication reviews
- Screening for Early Intervention Services
- The agency continues to fund services through contractual agreements for adoption promotion and support services with BGAID, NW Resource Associates, Youth Villages Intercept Program, and a certificate program through PSU specializing adoption.

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

#### *FOCUS*

FOCUS supports require specific approval of portions of individualized service plans facilitated through the FOCUS Committee process which is comprised of cross-system and external professional membership. In reviewing and approving plans or portions of plans, the expectation of the committee is that workers will utilize the Wraparound process whenever possible to join with both family and providers to identify the needs of the child and come to agreement about those needs. The FOCUS team will then work with the child's team to identify, fund, and oversee services to meet those specialized needs. The FOCUS team is also responsible for identifying and reporting unmet service needs within Child Welfare and partner agencies.

#### *Crisis Response*

The Crisis Response pilot is flexible in supporting the unique needs of children and foster families as they arise.

For further discussion of services, please see the Service Description section, pp. 66-76.

#### *Agency Responsiveness to the Community*

Item 31: How well is the agency responsiveness to the community system functioning statewide to ensure that, in implementing the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies and includes the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP?

Oregon values the ongoing participation and input of our many partners, including Oregon Tribes, parents and children, service providers, resource parents, the juvenile courts and JCIP, and our other community partners. Child Welfare uses the various statewide advisory councils (listed on pp. 6-7) to facilitate ongoing discussions of practice and policy, including new initiatives, and goals related to the Vision for Transformation and the PIP.

In spring and summer 2020, Child Welfare overhauled its state plan, creating the Vision for Transformation. The process of drafting the Vision for Transformation included review and input from all our partners prior to finalization.

The following are some examples of Child Welfare's ongoing engagement with our partners on initiatives and goals tied to our Vision for Transformation.

- Participation on the System of Care Advisory Council to improve the children's system of care at the local and state level. Attachments 24 and 25 describe the process for removing barriers to services and supports.
- Collaboration with Oregon Foster Parent Association, including around the language change to "resource parent" and the redesign of training for resource parents

- Collaboration with Oregon Developmental Disabilities Services
- Oregon Foster Youth Connection
- Training partnership with PSU
- Partnering with Spaulding on foster parent training re-design
- Collaboration with SAFE consortium on home study updates
- FOCUS team includes multi-system partners and service providers connected to the individual child.
- The Crisis Response Steering Committee has engaged extensively with the Office of Multicultural Services, under-represented populations, state agencies, service providers and partners to move from a philosophical to practice-based equitable service development. One current example includes identifying Black and Brown owned businesses in the area which can be prioritized in actualizing supports to children and families receiving crisis supports.
- Children formerly in care, parents previously involved with Child Welfare and partners in other family serving systems are included in the hiring process as panel members when filling vacant positions in the Child Fatality Prevention and Review Program.
- Depending on the circumstances, the Critical Incident Review Team (CIRT) members may include law enforcement, probation and parole, Oregon Health Authority, medical professionals, Oregon Youth Authority, service providers or others with specific information related to the family or the larger family serving system.
- In developing safe sleep self-study materials, Child Welfare actively sought input through multiple methods from parents of infants and a variety of family serving systems including but not limited to: substance use disorder treatment providers; domestic violence shelter professionals; Office of Child Care, community health nurses; Public Health; Oregon Foster Parent Association; Oregon Tribes; Self-Sufficiency Program employees; domestic violence advocates; and Oregon Parenting Education Collaborative parent coordinators and trainers statewide.
- CFPRP is developing strategies for engaging and supporting African American/Black or Native American/Alaska Native pregnant and parenting individuals in infant safe sleep through a community led process.
- Permanent position within the policy team for former foster youth with the intent to bring increased infrastructure and opportunities for those with lived experience into our practice, policy, and system change efforts.
- In piloting an expansion of Nurture Oregon, collaborating with and learning from peer mentors (parents in recovery), substance use disorder treatment professionals, health care professionals,

community health nurses, Public Health, and pregnant and parenting individuals with substance use disorders.

- Comprehensive Addiction and Recovery Act implementation requires statewide collaboration across Oregon's systems serving individuals with substance use disorder, infants, and families.

The CFPRP is actively engaging:

- Child and Family Futures for technical assistance
- Pregnant and parenting individuals with substance use disorders
- Substance use disorder treatment professionals
- Health care professionals (doctors, nurses, midwives, naturopathic doctors)
- Hospital social workers
- Oregon Hospitals and Health Systems Association
- Treatment Courts
- Oregon Judicial Department
- Peer mentors (parents in recovery)
- Oregon Health Authority
- Community Care Organizations
- Community health nurses
- Oregon Medical Board
- Oregon Nursing Board
- Oregon Board of Naturopathic Medicine
- Child Advocacy Centers
- Tribal Affairs
- The Governor's Office
- Early Intervention
- Medicare

Item 32: How well is the agency responsiveness to the community functioning statewide to ensure that the state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population?

*Juvenile Court Improvement Project (JCIP)*

See Item 6 on pp. 26-27 for a discussion of joint PIP work with JCIP and work with model courts in three counties. See also Item 9 on pp. 28-29 for a discussion of collaboration with JCIP for ORICWA.

*Community-Based Child Abuse Prevention (CBCAP) Grant*

Oregon's CBCAP funding focuses on serving TANF families at risk of needing Child Welfare services. A review of Self-Sufficiency Program (SSP) district demographics represented in this population identified five districts as having the highest representation of children from underserved populations. With the new contracts starting July 2021, these districts will be implementing a demonstration project to increase culturally responsive services based on the identified demographics served within their districts. These services not only include increasing access to current programs, the services will be adapted to the specific needs of these communities which may including hiring staff with skills, knowledge and understanding of families to be served.

## Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or childcare institutions receiving Title IV-B or IV-E funds?

Quality assurance reviews are completed in coordination with the CFSR team and follow their schedule, ensuring all branches are reviewed every year. All resource family home types are reviewed, and each local office's 3% sample is pulled at random. During the 2020 review period, the review team was expanded to include more certification supervisors and in 2021, the reviewer pool was expanded to include even more supervisors. The hope is that by training more supervisors to evaluate the practice of another local office, they will be better equipped to guide the work in their own local offices. While the workload does not allow for multiple reviewers on a single provider, outliers are checked and reviewed when necessary.

Debriefs with local offices are conducted in conjunction with the CFSR team debriefs, with 2020 debriefs occurring virtually due to the pandemic. In 2021, these debriefs will continue to be held virtually, but in smaller groups with only the local certification leadership and the Foster Care Coordinator rather than the whole office's leadership team. The hope is this that this smaller group will allow for more in-depth engagement and discussion of areas for future focus or improvement.

Oregon's Foster Care Program has continued hosting quarterly Zoom trainings with the Consortium for Children to address various topics of the SAFE home study for increased fidelity.

This summer, the Foster Care Program plans to create a workgroup aimed at determining which QA measures would result in the most informative data to help guide our future practice.

Additionally, the Foster Care Program held feedback sessions with certifiers and supervisors surrounding the strengths and limitations of our home study model. These sessions have been co-facilitated with the Office of Equity and Multicultural Services. This endeavor is in line with our Vision for Transformation. The following are the Vision for Transformation's three guiding principles and the corresponding goals of this project:

1. Supporting families and promoting prevention
  - Evaluate the cultural responsiveness of our home study model.
  - Gather input on potential revisions to the model related to equity and inclusion.
2. Enhancing our staff and infrastructure
  - Solicit staff input and feedback while ensuring meaningful participation, engagement, and inclusion.
  - Intentionally seek feedback from staff who use the tool daily and who also reflect and embrace the communities we serve
3. Enhancing the structure of our system by using data with continuous quality improvement
  - Gather quantitative and qualitative feedback about what works well and what could be improved with our home study model.

The feedback sessions wrapped up in April 2021. We are currently synthesizing the data and create a report with recommendations to our Executive Leadership Team.

Item 34: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

ODHS' Background Check Unit (BCU) processes out of state background checks for resource parent applicants, out-of-state child abuse and neglect checks, and is the conduit for in-state fingerprint-based background checks for resource parents. Before COVID-19, BCU worked on some opportunities to make the process more efficient. Pre-COVID-19, the certifier met with a potential resource parent, and then it could be up to 60 days before BCU gets the form to begin the background check. Then, the prospective resource parent typically took 60-90 days to get their fingerprints submitted. In all the other checks that BCU performs for ODHS, the timeframe from request to fingerprints taken is 21 days rather than 60-90. BCU is collaborating with the Foster Care Program to tighten up the timeline to 21 days.

#### *Adaptations due to COVID-19*

Toward the beginning of the COVID-19 pandemic, access to fingerprinting services was severely restricted due to closures and concerns about potential exposure due to the close nature of the process. Federal Policy and Resources and Foster Care Program collaborated with BCU to adjust our typical process in line with the federal Stafford Act flexibilities.

As the pandemic situation fluctuated throughout the past year, fingerprinting services have become generally available again, although there are some who still have health concerns preventing them from being able or willing to do fingerprinting in the community. Child Welfare is supporting resource parent applicants who are able and willing to fingerprint now, while also maintaining the Stafford Act flexibility for applicants who are not able or willing to fingerprint (either due to health concerns or lack of a fingerprinting service nearby). Currently, BCU is still willing to keep the background checks for applicants who are waiting on fingerprints in a 'pending' status. Child Welfare has developed a related OR-Kids process to identify providers when we are ready to issue our full certificate of approval, except for the completion of fingerprints which are delayed due to COVID-19.

Item 35: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Child Welfare hired 16 Resource Family Retention Recruitment Champions ("Champions") whose mission is to actively support, develop and recruit a diverse pool of resource families using proven, data-informed and customer service focused strategies for a community-wide, family-centered approach to caring for the unique needs and characteristics of children and young people in care. This is happening through intentional collaboration with community partners and ODHS staff to promote improved service access and delivery using a lens of equity, inclusion, and diversity. Our 16 Champions have each developed recruitment action plans that focus on recruitment efforts toward families who reflect the diverse characteristics of children and young people in foster care in Oregon. Child Welfare is tracking race demographics and disproportionality of our foster care population to inform recruitment needs. The Champions have already participated in recruitment activities highlighting the specific needs for

LGBTQ-affirming families and families that represent the cultural and ethnic needs of children and young people in their districts.

Child Welfare also continues to partner with The Contingent and other community organizations throughout Oregon to focus on recruitment of diverse populations, particularly BIPOC, Tribal communities, and LGBTQ-affirming families.

Item 36: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

The Oregon Interstate Compact for Placement of Children (ICPC) program experienced a massive upheaval with the COVID-19 stay-home orders in March 2020, transitioning from office-based work tracked exclusively in paper files to full remote work with electronic working files. This shift occurred during a time when staffing numbers fluctuated due to medical leaves. It took time to develop efficient and effective work processes and electronic record-keeping. Over the past year, the time to process a new placement request went as high as twelve weeks, and currently is between three and four weeks.

All Central Office ICPC staff now work remotely, with one support staff coming to the office for a few hours once per week to check for physical mail and faxes. Central Office ICPC program staff provide training via virtual platforms to ODHS staff when requested by local branches or districts and provide individual training and case consultation.

Other states also have shifted to working electronically, so the ICPC work has been able to continue, albeit in smaller numbers, which may reflect the effects of the pandemic and a general reduction in the number of children in foster care in Oregon.

	1/1/2019-12/31/2019	1/1/2020-12/31/2020	1/1/2021-4/30/2021
<b>Incoming requests</b>	386	344	127
<b>Outgoing requests</b>	703	507	162
<b>Incoming placements</b>	191	147	43
<b>Outgoing placements</b>	344	228	69

The ICPC workers stationed in local offices continue to utilize virtual methods for many of the home study interviews, and they wear masks and employ physical distancing to the degree possible when visiting homes for safety inspections.

To keep the team connected, the ICPC program has implemented an optional weekly huddle and a mandatory monthly unit meeting conducted via Teams. The result is increased team collaboration and cohesion compared to the past when the full team met only twice per year. The more frequent meetings provide an opportunity for the team to brainstorm better ways of accomplishing the work.

The ICPC program collaborates with The Contingent, which refers inquiries from Oregon residents who are seeking placement of their relative children from other states. Central Office ICPC program staff contacts the persons referred by The Contingent, providing an orientation to the ICPC process and occasionally acting as a liaison with the sending state.

## Update to Plan for Enacting Oregon’s Vision

### Revisions to Goals, Objectives, and Interventions

Over the last year, Child Welfare gathered information and feedback through collaborative discussions with Oregon Tribal Nations, our community partners, and our workforce to create the Vision for Transformation; a final version was introduced in November 2020. The Vision for Transformation is centered around three Guiding Principles: 1) Supporting families and promoting prevention, 2) Enhancing our staff and infrastructure, and 3) Enhancing the structure of our systems by using data with continuous quality improvement (CQI). The Vision for Transformation focuses Child Welfare’s improvement efforts with a racial equity and anti-racist framework. Each new improvement effort must fall under the Guiding Principles to ensure we are being strategic with our efforts and resources. For example, the Fundamentals Map was realigned to ensure the metrics reflect the Vision for Transformation w to connect the priority data points with intentional work driven by the Guiding Principles.

### Implementation and Program Supports

Oregon provided substantial and ongoing implementation and program supports to our residential treatment providers, both to support their transitions to QRTP and to support them throughout COVID-19. (Attachment 32).

Oregon is also collaborating with Chapin Hall in the creation and implementation of a Prevention Program.

Oregon engaged in the CBC-States assessment and workplan development process. The attached Executive Summary (Attachment 37) and Work Plan (Attachment 38) detail Oregon’s involvement and plans going forward.

### Update on Progress Made to Improve Outcomes

#### Progress Measures and Benchmarks

#### Engagement

*Strategy 1: Build processes that better support relevant collaboration with partners in the development of the CFSP and APSR.*

The Child Welfare Executive Leadership Team has built a strong relationship with the Child Welfare Advisory Council over the last year. Clarity on the advisory committee’s goals for the upcoming year align with the Department’s Vision for Transformation. We are still working to broaden representation.

#### Workforce Development

*Strategy 1: Foster parent retention*

Please see pages 120-121 for a detailed description of our progress and goals regarding resource parent retention.

#### Prevention

*Strategy 1: Build a cross-system and collaborative decision-making structure for developing and implementing a comprehensive prevention plan in Oregon.*

Oregon has developed a collaborative governance structure for developing and implementing a comprehensive prevention plan in Oregon. The plan was approved in April, the quickest approved plan



to date. The workgroup continues to meet and include community partners, providers, and persons with lived experience as they finalize implementation.

#### *Strategy 2: Implement Prevention Program*

As mentioned previously, the plan was approved in April 2021. This was the launching point for a phased approach in implementation.

*Strategy #3: Develop a kinship navigator program to assist kinship caregivers with finding and using programs and services to meet the needs of children they are raising and their own needs.*

See discussion of the Kinship Navigator program on pp. 76-78.

#### CQI

*Strategy 1: Engage in strategic planning processes to target improvement efforts.*

Providing quarterly PIP progress reports complete with data analysis and recommendations for continual improvement have continued. In the future, the PIP work will be under the new CQI program.

*Strategy 2: Develop secure and quality child welfare data and achieve CCWIS compliance.*

The Department receives CCWIS updates during the monthly systems meeting. The project manager provides updates during these meetings to identify success, decision-points, and barriers.

*Strategy 3: Facilitate data-informed decision making with the use of dashboards.*

Continued creation and utilization of dashboards adds to the data literacy of Child Welfare. As reported in the last update, data validation and accuracy both remain priorities. Several programs, including Federal Policy & Resources and Treatment Services have management dashboards in progress, nearing completion. These management dashboards will provide real-time data necessary to make informed decisions.

#### Feedback Loops

We have intentionally included community partners, providers (as applicable), Tribal partners, persons with foster care lived experience, and workforce in Family First Prevention Services Act Implementation workgroups. Feedback is provided on objectives directly impacting the outcome of the workgroup. See page 81 (Family First Prevention Grants).

## Quality Assurance Program

### Progress in Planned Enhancements to CQI/QA System

Using Guiding Principle 3 to direct our program improvements, the last year has been centered on compiling all data sources and coordinating data requests and reports. This was the first step in understanding Child Welfare's current state and it will provide insight on how the CQI structure should be organized.

In the Oregon 2021 legislative session, Child Welfare requested a continuous quality improvement package to build plans to create CQI unit. When the legislative session ended, the package was approved, giving the Department the fiscal authority to hire positions with key responsibilities focused on providing support to program on concerted improvement efforts using CQI methodologies and analyzing data. Having a dedicated CQI team will provide the programs the support necessary to carry out the programmatic improvements on a continuous level.

## How CQI/QA System Used to Measure Progress

The data management systems steering committee continues to provide program support and allocate time to discuss Child Welfare metrics during the Quarterly Target Reviews. Since June 2020, Quarterly Target Reviews Programs have been integral to building data literacy and culture shift towards being responsible for monitoring these metrics and leading open discussions on how to improve if the metric(s) is not meeting targets. These quarterly reviews are presented to field and central office programs.

## How Feedback Loops are Used as Part of CQI/QA System

As part of the statewide assessment to build a continuous quality improvement structure, the CFSR case review process is being evaluated to identify opportunities for build in a feedback loop to provide program supports to better address areas needing improvements found in each review. This assessment will provide the steps essential to building a sustainable continuous quality improvement program.

## Oregon's Current Case Review Instrument

Oregon continues to use the federal onsite review instrument with an Oregon-created ICWA Addendum. As well as, the CFSR team continues to collaborate with the ICWA Advisory Council. The Quality Control Manager and Team Lead of the CFSR team attend the quarterly Advisory Council meetings and present CFSR data and data from the ICWA Addendum. The ICWA Addendum was created in partnership with the ICWA Advisory Council and captures ICWA-specific information which is not included in the CFSR tool. The CFSR team completes five additional case reviews each month that are ICWA cases managed by Child Welfare. The additional case data is used to identify patterns and areas of practice that need attention, and the Advisory Council uses the data to discuss potential practice initiatives. The CFSR team has also met (or offered to meet) with almost all federally recognized Tribes in Oregon. Due to COVID-19, these meetings have been put on hold. Child Welfare plans to restart this collaboration now that restrictions are being lifted. During those meetings, Tribe-specific CFSR data is shared, in addition to general information about the CFSR process and tool. Additionally, if the CFSR team reviews an ICWA case where the target child or a family member is a member of an Oregon Tribe, the team schedules an individual debrief to bring together the Tribal worker, caseworker, and supervisor to go over the results.

## Sustaining a State Case Review Process for CFSR Purposes

Oregon conducts state led CFSRs. The team that does these reviews is in the Office of Program Integrity, which is a shared service between ODHS and OHA. Each district is reviewed once a year and the CFSR team provides a debrief six weeks after the onsite review week. Over the past year, the CFSR team has been working to enhance the debrief meetings—to change the role of data from that of a tool for discipline or consequences to a way to illuminate practice and identify opportunities for demonstrating excellent practices as well as to identify areas for improvement. To that end, the CFSR team has added a facilitation role to the debriefs, intentionally drawing in permanency and safety consultants and other staff (i.e., Active Efforts Specialists) into the review and debrief of practice. These additional participants are asked to discuss the results of their fidelity reviews and other data, such as ROM reports as they relate to the CFSR findings and branch/district practice. This provides an opportunity to discuss differences in the CFSR data and other data show. This enhancement to debriefs is going well. The CFSR team continues to do root cause analysis discussions and include all Central Office consultants who work with the local offices.

## Update on the Service Description

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

#### Services

Title IV-B, subpart 1 resources supported the following services during the past year:

*Addiction Recovery Teams (ART teams)* - ART Teams provide coordinated multi-disciplinary services to families needing substance use services referred to child protective services using a short-term crisis intervention model. Each team consists of an alcohol and drug counselor, an outreach worker, and a social service specialist. They are also linked with resource providers in local communities and other ODHS agencies. The ART teams focus on family strengths and building the clean and sober support networks of clients to assist them with their efforts to sustain recovery from addiction to alcohol and other drugs. Team members assist clients with the initial response to their addiction, assessment, and referral to treatment as well as relapse prevention.

*Family Preservation Funds* - Title IV-B, subpart 1 funds were used to preserve families in the child welfare system. Specifically, the funds paid for basic needs (including food, clothing, and home repairs) and for communication services. Local child welfare offices use family preservation funds to purchase services to safely support children in their own homes and support family stability. Services are identified and planned for through family engagement and involvement in case planning.

*Tribal Programs* - Four Oregon Tribes received Title IV-B, subpart 1 funds to build local capacity to prevent abuse and neglect, and to support families so that children can remain safely at home or be reunified with their families. These awards were made to Tribes who were not eligible to receive funds through the Title IV-B, subpart 1 Disaster Relief grant.

*Child Welfare Training* – Through Child Welfare’s contract with Portland State University, Title IV-B, subpart 1 funds provided training for staff, supervisors, and caregivers to better meet the needs of families. Specific training subjects supported by Title IV-B, subpart 1 included *Family Conditions*, *Child Well Being* and *Caregiver Training*.

See the CFS-101, Part II form for the estimated number of individuals and families to be served in FY 2022, the population to be served, and the geographic areas where the services will be available.

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

Oregon does not provide services for children adopted from other countries.

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

##### *Reducing Length of Time in Foster Care without a Permanent Family*

ODHS has been working in partnership with the Early Learning Division and the Relief Nurseries to disburse COVID Governor’s Emergency Education Relief (GEER) funding to support dedicated spots for children 0 – 5 and their siblings who are recently returned home or will be returning home at Relief Nurseries. This provides concrete support and connections for children and families and supports timely reunification. We hope to see an impact with this pilot program so we can partner to move it forward.

Permanency consultants provide expertise and creative problem solving for cases at key decision points and guides a case by case basis when requested by caseworkers or supervisors.

Group supervision provides an opportunity to review fidelity to the practice model, case planning decisions, conditions for return, and engage in creative group case planning to address the individualized issues in a case that may be barriers to permanency.

The statewide transfer protocol strengthens cooperation and collaboration between the protective services and permanency caseworkers and has improved each worker's understanding of the practice model. Early and frequent collaboration ensures that case planning and engagement continues to move forward through the transfer process and that the family and workers are all clear on the safety threats, conditions for return, and expected outcomes.

The new Family Report focuses on case planning on engagement with parents, primary caregivers, and children, where appropriate.

#### *Addressing Developmental Needs*

Children age five and under in the care and custody of ODHS receive services from Child Welfare as well as county and local community providers. The following are descriptions of the types of services:

**ODHS Child Welfare Comprehensive intake nursing assessment:** As a result of these assessments, which occur shortly after a child comes into foster care, children under five are being identified and referred to personal care services much sooner. Of 2,395 intake nursing assessments during FFY20, 1,250 were completed on children age five and under. Of those, 247 infants were identified as drug exposed.

**ODHS Child Welfare In-home Nursing Assessment:** ODHS field nurses provide comprehensive nursing assessments to children placed in trial reunification. In addition to the nursing assessment, they provide Adverse Childhood Experiences (ACE's) education and a trauma informed wellness toolkit to each family, and referrals to community services and home nursing programs. In 2020, ODHS field nurses conducted 1,212 trial reunification in-home assessments; 458 of those assessments were for children age five and under.

**ODHS Child Welfare Personal Care Services:** Of the 485 children with medical needs who received personal care services in 2020, 274 are under age five. When appropriate and where available, these children are referred to the community health nursing program CaCoon. ODHS provides in-home nursing supports for three medically fragile children under the age of five.

**Child and Adolescent Needs and Strengths screenings (CANS):** There were 1,159 children under age five who received this screening in 2020.

**Early Intervention Screening:** Child Welfare refers all children under age three for screening for early intervention services using the CPS Early Intervention Referral Form (CF 0323). The districts throughout the state have interagency agreements outlining the referral process for the areas covered by the Educational Service District. Infants and toddlers who are eligible for early intervention services receive services that are tailored to the child's specific needs and may include:

- Assistive technology (devices a child might need)
- Audiology or hearing services
- Speech and language services
- Counseling and training for a family
- Medical services
- Nursing services

- Nutrition services
- Occupational therapy
- Physical therapy
- Psychological services

#### Parent Child Interaction Therapy

Parent Child Interaction Therapy (PCIT) is a therapeutic intervention intended for children ages two through six years, and their parents. It is nationally recognized as one of the most effective treatments for young children experiencing significant social, emotional, or behavioral problems. Eighty-five percent of Oregon families who participate in four or more PCIT therapy sessions demonstrate improvement in child behavior, positive communication, and positive parenting skills. The average length of treatment is 16 sessions, though PCIT is not time limited.

In PCIT, caregivers are taught specific skills to establish or strengthen a nurturing and secure relationship with their child, while encouraging pro-social behavior and decreasing maladaptive behavior. Ideally, during coaching sessions, the therapist observes the interaction from behind a one-way mirror and provides guidance to the parent through a wireless communication system. The Oregon Health Authority (OHA) has made a significant investment in PCIT in recent years. This expansion of services throughout Oregon has increased accessibility of PCIT to families and resource families who care for young children with behavioral health needs.

#### Efforts to Track and Prevent Child Maltreatment Deaths

Child Fatality Prevention and Review Program (CFPRP) focuses on systemic issues in the broader Child Welfare system that may be related to child maltreatment fatalities. The mission of our program is to improve child safety by identifying determinants of child maltreatment fatalities and collaborating with child and family serving systems to employ equitable, innovative, and data-informed strategies for systemic change. This occurs through gathering and evaluating data from all child fatalities reported to Child Welfare, in-depth review of cases assigned a Critical Incident Review Team, and Safe System Analysis. Safe systems analysis employs the Safe Systems Improvement Tool (SSIT) and human factor debriefs to gain a deeper understanding of the factors influencing improvement opportunities (case-specific actions or inactions relevant to the outcome or industry standards) identified through critical incident reviews. (Attachment 27)

CFPRP seeks diverse perspectives and engagement with child welfare staff and programs, Tribal Nations, children and young adults, children and adults currently or formerly receiving services from Child Welfare, public and private family serving agencies and others in the community to consult, listen to and focus on being more responsive to the needs of families. We have initiated outreach and engagement with community to find resources where families naturally go when needing assistance and we have created new and meaningful partnerships with other prevention entities to support systemic change related to child safety and well-being.

#### *Compiling Complete and Accurate Information*

##### Sources of Data on Child Maltreatment Deaths

Child maltreatment death information in Oregon is gathered from multiple sources including:

- Sensitive Issue Report data
- Child abuse reports from mandatory and voluntary reporters

- Child Protective Services assessments (including observations and interviews of parents, children, and others familiar with the family)
- Child Welfare electronic case record
- Critical Incident Review Team (CIRT) data
- Safe Systems Improvement Tool data
- Law enforcement investigations (collaboration and reports)
- Medical examiner reports and toxicology
- Medical and mental health records
- Vital records
- Oregon Health Authority, Division of Public Health data
- State Child Fatality Review Team data (a multi-disciplinary team of state-level representation)
- Local Child Fatality Review Team data (a multi-disciplinary team including local representation from the community where the death occurred)
- National Fatality Review Case Reporting System data

CFPRP has been a program in Oregon's Child Welfare Division since February 2020 with the mission to improve child safety by identifying determinants of child maltreatment fatalities and collaborating with child and family serving systems to employ equitable, innovative and data informed strategies for systemic change. The work of this program is inter-related and includes coordinating CIRTs, co-chairing the State Child Fatality Review Team with Public Health, gathering and reporting child fatality data, safe systems analysis and promotion of safety culture, making recommendations for system level improvements and implementing prevention efforts such as suicide awareness, safe sleep, and assessing chronic neglect.

A CIRT is a designated committee assigned by the ODHS Director to conduct an executive review of an incident that resulted in a child fatality when abuse is suspected and criteria are met related to contact with Child Welfare, as outlined in ORS 418.806 to 418.816. The statute further details who must and who may be members of the CIRT. A typical CIRT includes the ODHS Director, ODHS Chief Administrative Officer, a Child Welfare Deputy Director, an ODHS communications representative, ORCAH continuous quality improvement and training program manager, DOJ representative, the Child Fatality Prevention and Review Program manager, CIRT coordinator and Safe Systems coordinator, Child Safety Program Manager and Assistant Manager, Permanency Program Manager, Reunification Program Manager, Child Safety and Permanency consultants assigned to the district and representatives from the local office where the CPS assessment is occurring and, if applicable, where prior Child Welfare contact has occurred. In addition to the typical members, depending on the specific circumstances, a CIRT may include ODHS experts (for example the Alcohol and Drug coordinator, Domestic and Sexual Violence coordinator, or Suicide Prevention coordinator), ODHS Self Sufficiency Program, or external partners with specific information related to the family or the larger family serving system (for example, law enforcement, medical providers or service providers).

All the work surrounding the CIRT (for example engaging and preparing CIRT members, facilitating meetings, completing case reviews, drafting public reports, developing recommendations, and tracking data) is the responsibility of the CFPRP.

In early 2020, the CFPRP joined the National Partnership for Child Safety (NPCS) Collaborative focused on applying safety science and sharing data to develop strategies in child welfare to improve safety and prevent child maltreatment fatalities. (Attachment 28) This work happens through safe systems analysis.

Safe systems analysis is a critical extension of Oregon's child fatality review process. Through file review, participation in the CIRT, and follow-up supportive inquiry, the CFPRP can gather important information about what influences casework problems identified through critical incident reviews. In some cases, the safe systems analysis includes human factor debriefs. Debriefs are the mechanism for gathering the "second story" from those who experienced the outcome in the field. While human factor debriefs are not completed in every case, they lend important detail and reliability to the overall information gathered and rated in the Safe Systems Improvement Tool (SSIT). These debriefs are voluntary, trauma responsive and use supportive inquiry to support field level staff in sharing their experiences.

The aim of CFPRP is to establish a robust critical incident review process that builds safety and trust with the field and opens the door to true introspection and learning. Through safe systems analysis, an accurate story is provided, common casework problems identified, and more meaningful solutions that improve conditions for the workforce and improve outcomes for children and families. The technical assistance from Dr. Michael Cull and Dr. Tiffany Lindsey with the University of Kentucky Center for Innovation in Population Health, through the support of Casey Family Programs, has been integral to the CFPRP's safe systems work.

#### [Documentation of Data on Child Maltreatment Deaths](#)

Oregon has data on maltreatment deaths documented in multiple places. Besides maintaining family specific data in the Child Welfare case record, the broader data is entered in a system designed to maintain sensitive issue information, including data on child maltreatment deaths and critical incident response team data. While this system continues to be tested, child maltreatment death data is also maintained in the CFPRP shared drive. Additionally, beginning in 2021, in cases reviewed through safe systems analysis, the National Partnership for Child Safety (NPCS) Data Dictionary will be completed and stored in Oregon's REDCap database.

#### [Review of Child Maltreatment Death Data](#)

All child maltreatment death data gathered by Child Welfare from the sources listed above is comprehensively reviewed within the CFPRP. The review process separates maltreatment fatalities from non-maltreatment fatalities and to do so includes (1) an analysis of the data to identify inconsistencies across sources and (2) an analysis of the dispositional findings to ensure the determinations are consistent with Oregon Administrative Rule definitions of abuse. Deaths by suicide are counted in the maltreatment data only when the information gathered meets the definition of abuse, just like all other child deaths. The abuse type when the child died by suicide is likely to be mental injury or neglect because parental or caregiver actions or inactions reasonably could have contributed to, or resulted in, the death. The review further identifies trends, risk factors and system improvement opportunities, including continuous quality improvement related to the review of the death data.

The NCANDS guidance is used as a reference tool and outreach to the NCANDS contact is initiated as needed.

### Use of Child Maltreatment Death Data

Oregon uses the data to learn from these tragic outcomes. The identification of findings, trends, and systemic improvement opportunities informs practice, legislation, training, service gaps, and child abuse prevention efforts across Oregon's child and family serving systems.

Please see the attached Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities. (Attachment 23).

### Supplemental Appropriations for Disaster Relief Act

Child Welfare allocated the Disaster Relief funds to five Oregon Tribes located in the counties affected by the fires. Child Welfare used percentage of tribal population as an equitable allocation methodology.

The following five Oregon Tribes received the Disaster Relief funds:

- Confederated Tribes of Coos, Lower Umpqua, Siuslaw
- Confederated Tribes of Umatilla Indian Reservation
- Confederated Tribes of Warm Springs Reservation
- Coquille Indian Tribe
- Cow Creek Band of Umpqua Indians

The goal is for the Tribes to use these funds to build local capacity to prevent abuse and neglect, and to support families so that children can remain safely at home or be reunified with their families.

### Supplemental Funding to Prevent, Prepare for, or Respond to Coronavirus Disease 2020 (COVID-19)

Child Welfare was pleased to receive supplemental funding under Title IV-B, subpart 1 through the Coronavirus Aid, Relief, and Economic Security Act (CARES Act). Child Welfare received approval of this award mid-summer 2020 and immediately took action to provide children, families, and community organizations some needed assistance and relief.

Child Welfare focused on three core areas of need: direct support to birth and resource families (58%), support for parenting organizations (26%), and a focus on young people in transition (16%).

#### *Direct Support to Birth and Resource Families*

Direct support to families has been provided through My NeighbOR who have reached every county in Oregon and have collaborated with local resources to leverage and provide goods and services to families in need. Throughout this year the most often identified or requested needs for families has been groceries, cleaning supplies, furniture, educational materials and activities, clothing, and technology assistance. As of January 2021, over 1300 families were served, meeting approximately 2500 needs for service or supports. The My NeighbOR program strategy for local collaboration has leveraged approximately \$223,000 additional support through in-kind donations.

#### *Parenting Organizations*

Parenting support organizations in Oregon have provided relief to parents through the assistance of five different organizations who serve at the local and statewide level for outreach to parents: Oregon Association of Relief Nurseries, Transformation and Wellness Center, Parent Mentor Program, Native American Youth and Family Center, and Prevent Child Abuse Oregon.



Each of the organizations have responded with modifications of their parenting education and support models to meet the local health and safety needs during this pandemic. Most have moved their programming to providing parent mentoring, education and support through virtual adaptations, limited home-visiting opportunities, modifying strategies for outreach and engagement and increased online resources provided to the parents.

### *Young People in Transition*

Young people in transition is a community with a clear, identified need in Oregon and we sought to provide support at the local level with a community organization based on a locally identified need. Often the more traditional youth services were supported by funding support through health or educational systems. Child Welfare developed a strategy to provide mini-grant opportunities to reach a narrower community of teens and young adults who may be overlooked by some of the more wide-reaching traditional support during the pandemic.

These mini-grants were awarded to fund:

- organizations providing outreach and support with health and hygiene kits to children and young adults identifying as LGBTQIA2S+
- early opening of a day drop-in center for young people to get connected
- extended outreach and engagement for youth employment and housing support
- access to technology for connections, access to education, and employment opportunities

### *Summary*

Overall, the assistance of this federal supplemental grant has made a difference to children, youth, families, and communities in Oregon during the pandemic. The broad scope of allowable activities has provided unique opportunities to engage at the statewide and local community level and has provided Child Welfare the opportunity to consider how a future state of IV-B subpart 1 funds might best utilized in Oregon.

### *MaryLee Allen Promoting Safe and Stable Families (PSSF) (Title IV-B, subpart 2)*

#### *Services*

Title IV-B, subpart 2 resources supported services in the following categories during the past year:

#### *Family Support*

- *Early Learning Division* – Please see the Early Learning Division’s Title IV-B, subpart 2 annual report for 2020 (Attachment 26).
- *Tribal Programs* – Oregon Tribes used Title IV-B, subpart 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, poverty, kindergarten readiness, parent engagement and foster care reduction. Tribes also use these funds for transportation to alleviate barriers to accessing services, improving family management and life skills.

#### *Family Preservation*

- *Early Learning Division* – Please see the Early Learning Division’s Title IV-B, subpart 2 annual report for 2020 (Attachment 26).

- *Family Preservation Funds* – These funds were used to stabilize families at risk or in crisis, primarily by assisting with housing and utility payments. Local child welfare offices use family preservation funds to purchase services to safely support children in their own homes and support family stability. Services are identified and planned for through family engagement and involvement in case planning.

#### *Family Reunification*

- *Family Reunification Funds* - Title IV-B, subpart 2 funds were used to facilitate family reunification. A variety of services were provided, including family counseling, parent training/mentoring, therapeutic visitation, and transportation for visits. As with Family Preservation Funds, local child welfare staff identify and plan for services through family engagement and involvement in case planning.
- *Recovering Families Mutual Homes* – These homes served young parents, with their children, coming out of residential alcohol and drug treatment with no community-based housing. The program provides up to one year of monitored, alcohol and drug free housing, and tracks both parent and child participation in other programs and services that will support their reintegration into the community. These services include alcohol, drug and mental health counseling attendance, 12-step attendance, and completion of formalized plans that may be in place with treatment, ODHS, and the Department of Corrections. There are two homes in Oregon, one is in Clackamas County and the other is in Lane County.

#### *Adoption Promotion and Support Services*

- *Adoption Mediation* – This mediation is for families entering permanency via adoption or guardianship. Parents, siblings, and relatives of each child entering permanency through adoption or guardianship are offered mediation to legally negotiate a long-term plan for contact.
- *Oregon Post Adoption Resource Center* – Child Welfare contracted with Northwest Resource Associates to operate the Oregon Post Adoption Resource Center (ORPARC). ORPARC provided services to adoptive and guardianship families who provide permanent homes for ODHS 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, advocacy, response to imminent family crises, support groups, and training.

See the CFS-101, Part II form for the estimated number of individuals and families to be served in FY 2022, the population to be served, the geographic areas where the services will be available.

#### *Supplemental Funding through PSSF*

Oregon Department of Human Services appreciates the Supplemental Funding available through the MaryLee Allen Promoting Safe and Stable Families Program awarded in the Spring 2021 and understand

the funding must be utilized by September 30, 2022. We have not started to use these funds at this time but plan to use them in the following manner.

ODHS plans to use these funds to further implement the Child Welfare Vision for Transformation and building of prevention and support services to families, children, and young adults. This will include building peer-to-peer supports for both parents and youth, support for Tribal partners, and services that are responsive to community and family needs.

### Service Decision-Making Process for Family Support Services

Family Support and Connections (FS&C) is an integral component of the state continuum of supports to prevent child abuse and neglect and is funded in part with the CBCAP state allocation. Implementation of these programs is by contracted providers within each Self-Sufficiency Program (SSP) district statewide and continues to collaborate with numerous local and state operated informal and formal prevention services and activities. Local FS&C teams continue as co-managed by a core team that includes the FS&C contractor, TANF staff and Child Welfare staff, particularly as a component of these initiatives. At the state level, the CBCAP State Lead is the lead in collaboration and coordination. The following is a list of agencies or systems that the CBCAP State Lead collaborates with on an ongoing basis:

- ODHS Child Welfare
- Public health/maternal and child health
- Education and special education
- State and local early childhood systems
- State and local substance abuse programs
- State and local mental health systems
- State and local domestic violence treatment and prevention systems
- Head Start/Early Head Start
- Relief Nurseries
- Child Care, Employment Related Day Care
- Inclusive Child Care Program
- TANF and public assistance
- Tribal programs
- ICWA
- Micronesian Islander Community
- Fatherhood programs
- Maternal Infant and Early Childhood Home Visiting Program (MIECHV) state advisory member
- Teen parent (special populations) state advisory committee
- Governor's Juvenile Re-entry Advisory Council
- Attorney General's Sexual Assault Task Force; chair of the prevention and education committee

### TANF

The CBCAP State Lead has been involved in the TANF program and policy development activities as an active team member. The FS&C State Coordinator has also kept current on domestic violence issues by responding to Domestic Violence inquiries from TANF workers.

### *Oregon Attorney General Sexual Assault Task Force*

The CBCAP State Lead is reappointed to the Attorney General's sexual assault task force and serves as the Chair of the prevention and education sub-committee.

### *Child Welfare*

Self Sufficiency and Child Welfare are both within ODHS. The CBCAP State Lead continues to work closely with Child Welfare providing ongoing collaboration. In addition, Self-Sufficiency and Child Welfare are collaborating on a Family Stability Committee that focuses on coordinating services between the two populations.

### *Early Learning Council*

The CBCAP State Lead continues to serve on the state advisory for Maternal Infant and Early Childhood Home Visiting Program (MIECHV) committees and is a partner with the Early Learning Commission, which advises the governor and legislature on early learning issues and initiatives.

### *Oregon Parenting Education Collaborative Hubs (OPEC)*

The CBCAP State Lead has participated in the Parenting Education Collaborative, which is a multi-year initiative led by The Oregon Community Foundation (OCF), The Ford Family Foundation, and Oregon State University. Financial supporters include the Meyer Memorial Trust, the Collins Foundation and OCF Donor Advised Funds. The initiative's partners believe that parents are their children's first and most important teachers, and that investments in strong parenting are a critical strategy for ensuring that all children are ready to learn.

Regional parenting education "hubs" work with community partners to deliver parenting education services while building stronger and more coordinated parenting education systems in their regions. Organizations build their region's parenting education infrastructure and expand offerings of best practice parenting education programs for parents of children prenatal to age six. Hubs also develop a regional framework for parenting education in their first year, identifying needs and gaps, and short- and longer-term strategies to address them.

During this reporting period, ODHS has entered a contractual relationship through Oregon State University and the OPEC parenting hubs to increase access to evidence-based culturally responsive parenting programs and supports for families with school-age children. A component of the agreement includes training facilitators in facilitation skills along with evidence-based curricula specific to the TANF/Child Welfare population of parents. This funding also supports implementation of these programs by subsidizing the classroom experience to minimize cost to participants.

### *Percentage of Title IV-B, subpart 2 Funds Oregon will Expend on Service Delivery*

See the CFS-101, Part I form for the specific percentages of Title IV-B, subpart 2 funds Child Welfare will expend on actual service delivery for each Title IV-B, subpart 2 service category. Each category is 20% or more of the total. The distribution between categories is simply mathematical: the total was divided by four, with a small percentage dedicated to administrative costs. As required, the amounts allocated to each of the service categories includes only funds for service delivery.

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

Child Welfare is devoting resources to researching and responding to the most common and critical types of maltreatment. See the discussion under the heading “Efforts to Track and Prevent Child Maltreatment Deaths” beginning on page 69.

Child Welfare is just beginning the work of analyzing maltreatment data to determine what disproportionality may exist and how to appropriately address it. The Vision for Transformation, and its focus on addressing traditionally overrepresented and underserved populations in Oregon, drives this work. Progress and findings will be reported in the 2023 APSR.

### Kinship Navigator Funding (title IV-B, subpart 2)

Through the assistance of the federal grant award, the Oregon Kinship Navigator program is in its second year of operation and continues to find its way in the myriad of family services, systems and supports throughout Oregon. Oregon Kinship Navigator is grounded in supporting families and promoting prevention which is also one of Child Welfare’s Guiding Principles in our Vision for Transformation.

Oregon took the opportunity afforded by the federal program instruction to broaden the scope of kinship to be inclusive of all kinship families in Oregon and not just those already involved with the public Child Welfare system. This allows Oregon to move upstream into the prevention area where trauma-informed, family and community-centered and culturally responsive programs and services focused on engagement, equity, safety, well-being, and prevention will be obtained.

During the past year the pandemic has impacted kinship families in many ways and the Oregon Kinship Navigator program has navigated this pandemic with commitment during this time. The Kinship Navigator grant program focus is on core programming, evaluation, new opportunities, and future state of Kinship Navigator models.

### *Oregon Kinship Navigator (OKN)*

<https://oregonkinshipnavigator.org/>

The core programming for OKN has operated through a community provider with statewide outreach based on the initial recommendations from kinship families and advocates to have a non-governmental organization provide this level of support, outreach, and engagement.

The primary function of OKN is to support kinship families with opportunities to learn about programs and services to assist them in meeting the needs of the child(ren) in their care. This is done through a statewide website which provides information, referral, resource, and legal guides.

To operationalize this model a Kinship Advisory Committee comprised of kinship caregivers, public and private organizations, and advocates guide the OKN model. During the pandemic, some kinship caregivers are finding they have limited time and energy to participate in the advisory committee. OKN will begin to recruit an over-representation of kinship providers to ensure there is always an adequate representation of kin caregivers.

*KEEP for Kin* was initiated during the fall 2020 to provide kinship caregivers specific educational support in a virtual format. (See <https://www.keepfostering.org/>) The four cohorts quickly filled up, so a spring

session was added for an additional four cohorts. With spring sessions now also full, planning is underway for additional cohorts in fall 2021.

Additionally, during fall 2020 OKN instituted a time-limited Kinship Support Project for tangible goods and services. The response was overwhelming in both the numbers of requests and in the type of requests. Requests were made to access technology assistance when the child was not provided adequate support through their educational system for learning from home, or to increase high speed internet. Families were also experiencing shortages as other safety-net service providers, such as food banks and utility supports, were overwhelmed with requests. In a two-month window with limited distribution of the information, 117 families made requests and 81 families had their requests filled, ultimately impacting 148 children. If funding can be obtained the Kinship Support Fund would be a welcome addition to the Kinship Navigator model.

### *Evaluation*

Child Welfare has maintained a focus on Evaluation of Oregon Kinship Navigator model and looking for opportunities to participate. Oregon remains committed to evaluation and has closely monitored the Prevention Service Clearinghouse for their determination of successful programs. To date no program has been approved.

Oregon was actively involved for over eight months with representatives from Chapin Hall at the University of Chicago and The Urban Institute in support of the **Supporting Evidence Building in Child Welfare Project**. The evaluation explored the opportunity to evaluate KEEP for Kin as a part of the Oregon Kinship Navigator model. After several months of consideration Oregon decided not to continue discussions because the evaluation design was going to be limited to only evaluate KEEP for Kin as a training and would not include the Oregon Kinship Navigator model as previous anticipated. In addition, the financial costs to the state and the limitation to withhold services from some kinship families for 16-20 months were two other barriers to continue the evaluation process.

A second opportunity that presented an evaluative approach started in October 2020 as the **Kinship Navigator Program Cross Site Collaboration** sponsored by Generations United, Casey Family Program and University of Washington. Oregon actively participated in these meetings, sought outside clarification, and considered applying to participate. Ultimately, after 5-6 months of conversations and planning, Oregon chose not to move forward with this Collaboration because there was not a model or firm scope to agree to. The Oregon Kinship Navigator work has been grounded in a codesign with Oregon kinship families and support systems from the beginning. The Cross-Site Collaboration did not appear to have space for this codesign work at the local level.

### *New Opportunities*

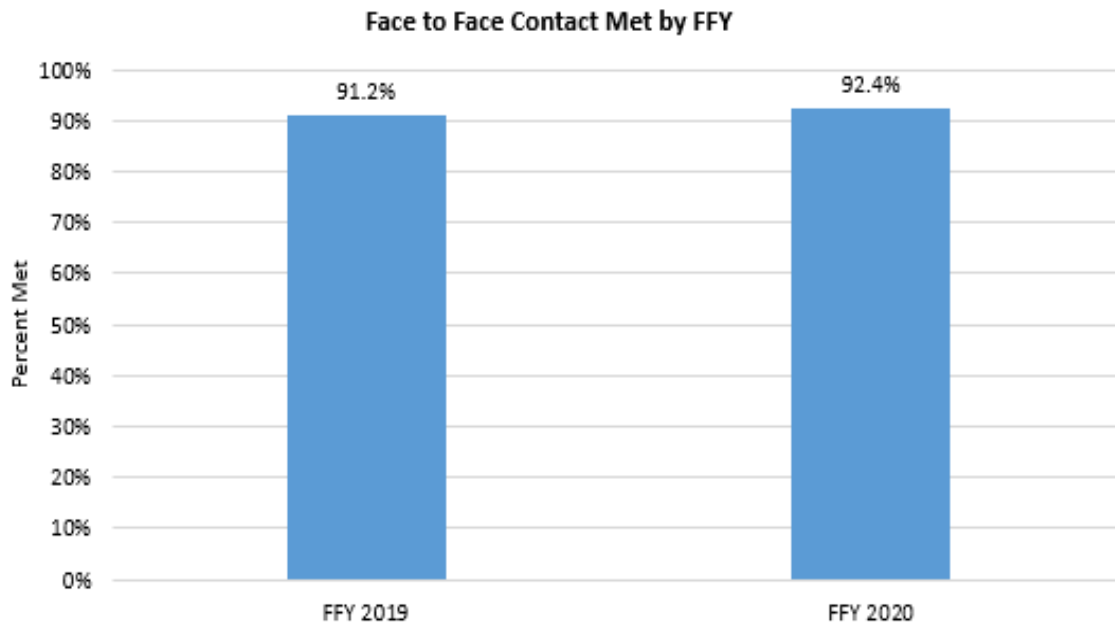
Child Welfare has been in discussion about how to best utilize the unique opportunity afforded in Federal Program Instruction ACYF-CB-PI-21-05 issued in March 2021 to provide Temporary Flexibilities for Participating in the Title IV-E Kinship Navigator Program. The Oregon Kinship Navigator program director will be presenting ideas to the Kinship Advisory Committee in the coming weeks to gain feedback on programs, services and designs they would recommend moving forward.

Once the Advisory committee provides this input, Child Welfare will assess the short-term and long-term impact of the projects, assess sustainability of these projects, and make an application to the Administrative for Children and Families for funding.

### Future State

Child Welfare anticipates making an application for the funds made available by Federal Fiscal Year 2021 Title IV-B, Subpart 2 Funding Available to Develop and Enhance or to Evaluate Kinship Navigator Programs: ACYF-CB-PI-21-06, but will need to make some significant changes to the Oregon Kinship Program or obtain additional funding from another resource. The current ACYF-CB-PI-21-06 allocation moves Oregon to a minimally funded program which is a 31% reduction from this current year. This will have a significant impact on the program's ability to support kinship caregivers in Oregon.

### Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits



Source: RDM CV.01 Caseworker Face to Face Contact of months child in care entire month, and under age 18 at contact. Data pulled 3/19/21.

Oregon requires monthly face-to-face contact with a child or young adult be completed by the primary caseworker, the caseworker's supervisor, or a designee of the supervisor. During the contact, the caseworker must ensure the safety, permanency, and well-being needs of the child or young adult are being met, address issues pertinent to case planning and service delivery, notify a supervisor if they determine that additional action is required to ensure safety, and notify a certifier when the well-being needs of a child or young adult are not being met. The contact must be documented in OR-Kids. Every other month, the contact must occur in the child or young adult's placement setting.

During this past year, because of COVID, caseworkers were allowed to complete their monthly face to face visits via video. While our face to face contacts slightly increased during FFY20, this time frame only captures a portion of the pandemic year. We do not yet know what the data will show for the rest of the pandemic. Child Welfare did see an uptick in turnover in some of the larger districts, as well as extended COVID leave that was granted to our employees. Staff were allowed to take up to 80 hours of COVID leave in order to meet the needs of their own families. This sometimes resulted in coverage issues. These and other workforce and staffing issues that arose due to the pandemic may offset the benefits of doing video visits.

Child Welfare policy regarding allowing video visits ended in March 2021. Due to the Delta variant of COVID-19, Child Welfare began requiring masks for contact indoors in state offices again in August 2021. In the second week of August 2021, two residential providers (one substance use disorder residential facility and one juvenile detention center) closed their doors to visitors temporarily to stop the spread of the Delta variant. As a result, visits with children in those settings must be virtual during the temporary period of closure.

The MCV Grant was used this year to contract with Alia Innovations. Alia is working with 31 of our Permanency Supervisors to increase their clinical supervision skills. These 31 supervisors are broken into three cohorts that meet monthly for intensive learning circles.

The purpose of the permanency learning circle is to cultivate a safe environment for front-line supervisors to build capacity to share, and express knowledge through a process of open dialogue, deep reflection, and exploration of trauma informed permanency focused practice. The circles address permanence in a trauma informed way by obtaining a shared understanding that all young people need a permanent, stable, and loving connection to adults.

In addition to the learning circles, each cohort has two case consultations per month, which are geared to providing an effective strategy for gaining insight into case-specific responses. The cases selected included young people with complex trauma, young people who are not demonstrating progress in their case plans, and young people without sustainable permanency options.

Finally, Alia will provide five statewide trainings open to all Child Welfare employees. The goal of the five trainings is to create a thorough understanding of the knowledge and insights needed for Child Welfare staff. The first two trainings have been delivered and set the foundation for working with families and children so that child welfare workers can better understand the impact of grief, loss and trauma, the impact of trauma, and how to better connect with young people during face to face contacts.

The goals of the learning circles and statewide trainings are to ultimately improve the percent of face-to-face contacts by improving the support caseworkers receive from their supervisors and educating caseworkers about the importance quality face-to-face contacts in serving families and keeping children safe.

## [Additional Services Information](#)

### [Adoption and Legal Guardianship Incentive Payments](#)

Oregon spent \$577,374.00 in Adoption Incentive Grant funds during FFY 2020.

The award continues to be utilized on extending contracts with mediation vendors to establish post-guardianship communication agreements between guardians and birth parents. This year, the award was also used to provide additional training to mediators specific of the passage of ORICWA (Oregon Indian Child Welfare Act) which added the requirement of Cultural Agreements between tribes and guardianship families with the goal of strengthening the child's relationship with their tribes and cultural tribal heritage. Anticipated outcomes for the use of the grant award include increasing the number of cases achieving permanency, increasing timeliness to permanency, and, most importantly, minimizing the child's loss of relationships and connections to their family, history, and culture. The award is also utilized to support the Intercept program, which offers services and support to post-adoption families.



Oregon continues to invest in Bridge Meadows. Bridge Meadows is an organization currently serving the greater Portland metropolitan area, across three counties in Oregon, with plans to expand to other places in the state. Bridge Meadows develops and sustains intergenerational neighborhoods for adoptive families of youth formerly in foster care that promote permanency, community, and caring relationships while offering safety and meaningful purpose in the daily lives of older adults.

Finally, this grant has continued to support Independent Living Services, specifically for Chafee ETV Grants.

## Adoption Savings

### *Services Provided Using Adoption Savings*

States are required to spend 30% of Adoption Savings for post-adoption/post-guardianship services or services to support positive permanent outcomes for children at risk of entering foster care. Child Welfare continued to use these funds for the following post-adoption/post-guardianship services:

- Intercept is a service provided to families who have finalized a guardianship or adoption through our agency, if needed. Intercept currently serves families in the tri-county area, Marion, Klamath, and Deschutes counties.
- The Oregon Post Adoption Resource Center (ORPARC) screens and makes referrals to Intercept when a family who needs the service comes to their attention. Intercept provides twice weekly in-home counseling for parents and children and is also available 24/7 for crisis support and response.
- Adoption Therapy Certificate Program is a series of advanced, evidence-based courses on specialized theories and practices for treating adopted and foster children and their families. The program is relevant for those mental health professionals and Child Welfare caseworkers working with children and families impacted by adoption, foster care, and relative care, and by child abuse, trauma, and neglect.

States may spend the remaining 70% of Adoption Savings for any service allowable under IV-B or IV-E. Child Welfare used these funds to provide reimbursement to certified foster parents and relative caregivers for childcare. The reimbursement is currently limited to \$375 per child per month. Initially, the reimbursement was for foster parents for children ages 0 through age five. Beginning August 2019, Child Welfare expanded the reimbursement support to foster parents for children over the age of five. In addition, Child Welfare began reimbursing foster parents for supervision needs outside of traditional work or school due to work and school changes during the COVID-19 pandemic (Alternative Care).

During the next year, Child Welfare expects to provide the same services as described above, except that the COVID-19 Alternative Care may not continue to be charged to Adoption Savings after the public health emergency is over.

### *Spending Unused Savings*

Previously, Child Welfare projected that by the 2023-25 biennium we would no longer have an unexpended savings balance. We plan to update our projection later this year, as requested by the Department's Budget Office.

### *Challenges in Accessing or Spending the Funds*

The Adoption Applicable Child Savings Fund, established by the 2011 Oregon Legislature, allows Child Welfare to carry over unspent Adoption Savings to the following biennium, rather than having the General Fund dollars revert to the State. That means the Adoption Savings continue to be available for spending.

Any significant program expansion using the Adoption Savings must follow the usual process for approval by the Department of Administrative Services and the Legislature. The only challenge is that it can be difficult to scale new programs to the exact amount of the Savings, and to meet the requirement to spend at least 30% on post-adoption/post-guardianship services or services to support positive permanent outcomes for children at risk of entering foster care .

### *Methodology Changes*

Child Welfare is using the same Adoption Savings calculation method and procedures for the current FFY as used in its latest FFY report period submission, and so does not need to complete the Adoption Savings Methodology form.

### *Family First Prevention Services Act Transition Grants*

Child Welfare will be using this grant to support Family First Prevention Services Act implementation. We are considering the following options for the funding:

- Culturally specific services
  - Support specific services for start-up, remodeled for delivery, repurposed for culture, language, and peer implementation
  - Develop more structure around evidence-based practice for the services
- Develop a more defined runway for Phase II and III of Oregon's FFPSA Prevention Plan
  - Consider assisting in obtaining evaluations completed for Oregon programs
  - Capacity-building in Tribal Nations to deliver or create evidence-based services
  - Consider having Tribal Nations join the Department's contracts to expand services
- Formalized workgroups to help plan and create future directions
- Information technology improvement/enhancements for Indian Child Welfare Act
- Information technology improvement/enhancements for Child Welfare

Oregon is not using these funds to support the LIFE program or the Strengthening, Preserving, and Reunifying Families (SPRF) program, previously our IV-E Waiver activities. The LIFE program is fully funded through the Oregon legislature. SPRF is currently funded by the legislature at about 70% of the level during the IV-E Waiver.

### *Family First Transition Act Funding Certainty Grants*

HHS provided states the final allocation amount for these funds in April 2021. Child Welfare will be using this grant to support the FFPSA implementation. The focus of these funds will be similar to what is described above in the FFPSA Transition Grants. Oregon is not using these funds to support the LIFE program or the Strengthening, Preserving, and Reunifying Families (SPRF) program, previously our IV-E Waiver activities. The LIFE program is fully funded through the Oregon legislature. SPRF is currently funded by the legislature at about 70% of the level during the IV-E Waiver.

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

### Collaboration

Families, children, young people, Tribal Nations, courts, and other partners were provided the opportunity to assess strengths, areas needing improvement, and to provide feedback on the Chafee goals, objectives, and interventions through the following means:

- Tuesday Calls with ILP provider staff/coaches are continuing. The calls have shifted to once a month (from every two-weeks). The Youth Transitions Program (YTP) staff provide updates, receive feedback, and allow the ILP Providers to problem-solve with YTP staff and their peers from across the state.
- Independent Living Program (ILP) Manager Meetings (virtual) – Meetings held periodically to inform contractor’s independent living program managers and supervisors of any needed contract amendments and program changes, and to gain feedback regarding any identified programmatic needs to enhance services to young people.
- Quarterly calls with ODHS Child Welfare caseworkers and supervisors were implemented in November to bring ongoing information and training to caseworkers and supervisors working with youth and young adults.
- Regular youth specific consultation with ILP Providers, caseworkers, supervisors, staff from other ODHS agencies and departments, resource parents, Court-Appointed Special Advocates (CASAs), attorneys, FosterClub, Oregon Foster Youth Connect (OFYC) regarding resources and services available for young people with complex and/or urgent needs.
- FosterClub – collaboration with their youth needs surveys, youth Meet Up sessions and ongoing resources available to help young people navigate through the pandemic. We check-in with staff to gain insight on intent of the Consolidated Appropriations Act (CAA) provisions and ideas for providing funding to young people affected by the pandemic. FosterClub assisted with reaching out to their Oregon members/former foster youth to inform them of Oregon’s implementation of the CAA expansions.
- Oregon Foster Youth Connection (OFYC) – Regular meetings are held to allow young people to speak directly with the Child Welfare Director. OFYC has been invited to participate in multiple workgroups over the past year (Vision for Transformation, 18+, FSS, Chafee expansions including ILP, ETV, and discretionary funds, as well as the Foster Care Re-Entry workgroup.)
- Social Media – While the Oregon ILP Facebook page has been experiencing technical difficulties over the six months, this has prompted an opportunity to collaborate with OFYC and FosterClub differently. OFYC and FosterClub are helping to reach more young people by including the notices, information and opportunities on their Facebook pages as well as other forms of social media such as Tik Tok, Instagram, and Twitter.
- Consulted with Transitional Living Program (TLP) managers regarding best practice and resources available to provide young people accessing their services.
- Strategic Planning – Collaboration with FosterClub, OFYC, young people in/from foster care, internal agencies (within Child Welfare – Permanency, Treatment Services, teen unit supervisors, and Self-Sufficiency Program, Vocational Rehabilitative Services, Intellectual/Developmental Disabilities) and external agency partners to develop strategic plans and communication/outreach plans related to service expansions allowed under the Consolidated Appropriations Act.

- Higher Education Coordination Commission (HECC), Office of Student Access and Completion (OSAC) – participated on the Chafee ETV workgroups to help draft a strategic plan and outreach/communications plan. Their insight and ongoing support have been invaluable.

#### Narrative Report on Planned and Actual Use of Additional Chafee/ETV Funding

Per the requirement in ACYF-CB-PI 21-04, the following describes the types of assistance being provide to youth and young adults, and the strategies Child Welfare is using to engage youth and young adults. It also describes Child Welfare’s outreach efforts to resource families, providers, schools, colleges, and the community to inform them of the additional funding and supports available.

#### *Outreach and Collaboration Efforts*

- The Department gathered a group including Youth Transitions Program staff, Self-Sufficiency’s Runaway and Homeless Program Coordinator, FosterClub, OSAC, the Policy Unit, young adults with lived experience, the Permanency Program, and a Foster Care Coordinator to discuss the CAA Division X rules . A Project Manager was assigned when the scope of the work became clear. Three project charters were created: ETV, ILP, and Foster Care Re-Entry. The charters provide a focused, strategic plan, including a comprehensive communication plan for each project. The Project Charters and Communication Plans are working documents and continue to be updated.
- Tuesday calls with ILP provider staff/coaches
- Independent Living Program (ILP) manager meetings with contractors’ managers and supervisors
- Quarterly calls with Child Welfare caseworkers and supervisors
- Regular consultation with ILP providers, caseworkers, supervisors, resource families, CASAs, attorneys, FosterClub, and Oregon Foster Youth Connect (OFYC) that is specific to an individual young person, especially regarding resources and services available to meet complex and/or urgent needs
- Collaborating with FosterClub’s youth need surveys, youth Meet Up sessions, and ongoing resources to assist young people in navigating COVID-19. FosterClub also helped reach out to their Oregon members and young people who experienced foster care to inform them of Oregon’s implementation of the CAA expansions.
- Oregon Foster Youth Connection has been invited to participate in multiple workgroups
- OFYC and FosterClub are helping Child Welfare reach more young people by including notices, information, and opportunities on their Facebook pages and other social media platforms (TikTok, Instagram, Twitter)
- Consulted with Transitional Living Program (TLP) managers
- OSAC participated in Chafee workgroups and helped draft a strategic plan and outreach/communications plan.

#### *Services and Assistance*

The following services are described in more detail throughout the Chafee section. These services are expanding due to additional CAA funding.

- Chafee ETV – all flexibilities allowed under the CAA have been implemented
- Direct cash assistance to young people ages 14-26 negatively impacted by COVID-19 implemented May 2021

- Independent Living Housing Subsidy was expanded beginning in October 2020
- Chafee housing was expanded
- The Oregon Legislature provided additional funds to double the normal allocation of ILP discretionary funds to assist youth and young adults
- Contracted Life Skills Training (tiered program)
- Summer ILP events

#### Services and Aligning with Oregon's Vision

Child Welfare is planning to implement the ILP tiered model of contracted services by July 1, 2021. With the additional funding under the CAA and from the Oregon legislature (appropriated in July 2020), Child Welfare was able to expand services and supports to assist with the negative impacts of COVID. With Oregon HB 2340 likely to provide additional funding for transitional living services (including CAA funds anticipated to be carried over to the new fiscal year), Child Welfare is moving to pilot all levels of the tiered Independent Living Program (ILP) model. Service expansions were implemented to assist young people ages 14 – 26 during the COVID-19 pandemic. The following outlines changes, as well as on-going services and supports available:

- Chafee ETV – as allowed under the Consolidated Appropriations Act (CAA), the maximum award amount was increased to \$12,000 for academic years 2020-2021 and 2021-2022. All flexibilities allowed under the CAA; Division X rules have been implemented.
- Young Adult Transitional Supports – allows for young adults who exited foster care during the COVID pandemic the option to return to Child Welfare for housing stabilization and other supportive services, including ILP services, effective April 2021.
- Direct cash assistance to young people ages 14 – 26 negatively affected by COVID was implemented in May 2021.
- Independent Living Housing Subsidy – the following service updates were implemented in October 2020 to assist those young people who have been adversely affected by COVID:
  - Maximum rate was increased to \$1,000 per month,
  - 30-month cap was waived, and
  - Youth in the step-down portion of the program could receive up to the maximum monthly rate for as long as necessary
- Chafee Housing – the following service updates occurred to assist those young people who have been adversely affected by COVID:
  - ODHS continued to waive the \$7,000 maximum amount a youth may access implemented in May 2020,
  - ODHS continued the increase of the maximum amount available to \$1,000 per month, implemented in May 2020,
  - The procedure prohibiting young adults from residing with a parent while accessing Chafee Housing has been permanently removed as of May 2021, and
  - The eligibility for ILP Services, including Chafee Housing, was extended through age 23 as of May 2021, resulting in an increase of slots for this age range being added to the ILP Contracts effective July 1, 2021 through September 30, 2023.

- ILP Discretionary Funds – The Oregon Legislature provided additional funds to allow double the normal allocation (from \$100,000 to \$200,000) to assist children and young adults during COVID.
- Driver’s Education Course Fees – While the funds are still available for this service, there was a significant decline in the number of young people completing a driver’s education course during the closures caused by COVID.
- Tuition and Fee Waiver – continues to be available
- Contracted Life Skills Training –
  - Tier 1, ages 14-15: This is a new contracted service.
    - Pilots are starting in six districts (1, 2, 3, 4, 9, 11) effective July 1, 2021
    - Implementing statewide effective July 1, 2022
  - Tier 2, ages 16-20:
    - Increase in rate for all providers through September 30, 2023.
  - Tier 2a, ages 16-20: Note, the young people served are a subset of Tier 2 above.
    - Intensive services for youth and young adults engaged in multiple systems (IEP team, juvenile justice, WRAP services), who have developmental disabilities or behavioral issues.
    - Youth are dually enrolled in Tier 2 and Tier 2a.
    - Pilots starting in five districts (2, 3, 5, 15, 16) effective July 1, 2021
    - Implementing statewide effective July 1, 2022.
  - Tier 3, ages 21-23: Increased slots available from 50 to 200 statewide.
- Summer ILP Events –ILP continues to sponsor the Annual Teen Retreat, DREAM Conference, and Native Teen Gathering. These events occurred virtually last year and are being planned to occur virtually again this year due to the pandemic. OFYC, using other Child Welfare contracted funds, successfully hosted a virtual Policy Summit last summer.

*Chafee Services & Oregon PIP Goals*

The above expanded services align with the state’s vision and support Oregon’s CFSR and PIP goals, specifically: Goal 2, Improving Child Permanency, and Goal 3, Improving Child Well-Being, as listed below. The Chafee baselines have been updated based on current data.

*Goal 3 – Improving Child Well-Being*

**Well-Being Outcome 1:**

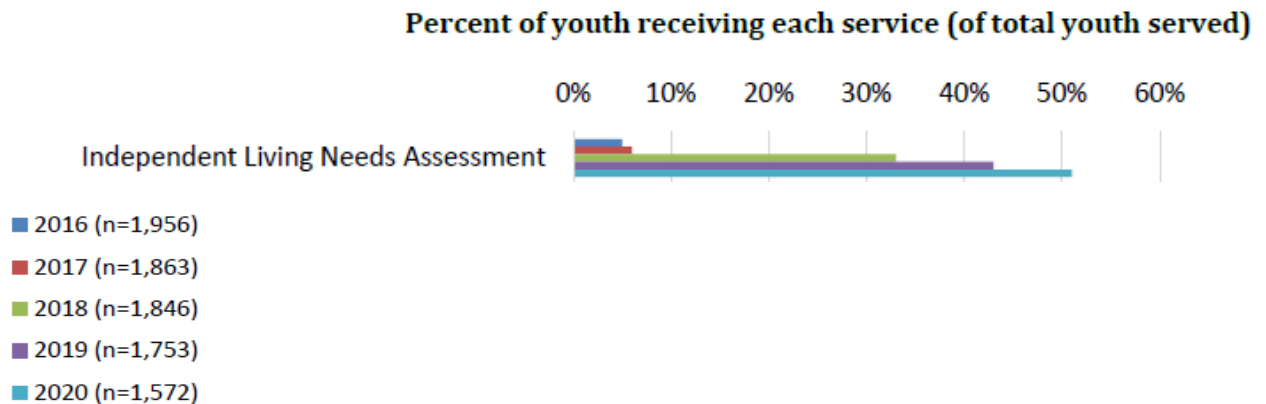
**Item 12A:** Needs assessment and services to children. (Current rating: 71% Strength)

Key Activity/Intervention 1: Improve youth engagement in the transition planning process.

Measure 1: Increase the percentage of youth, age 14 – 20, who participate in life skills assessments each year.

*Benchmark 1: 80%, the current baseline of 43% was set using the FFY2019 NYTD Data Snapshot for Oregon (see Attachment 15).*

## Type of services received (FY 16-20)



Based on the FFY2020 NYTD Data Snapshot, Oregon continues to make gains in providing foster youth with life skills assessments.

Key Activity/Intervention 2: Ensure appropriate services are available.

Measure 2a: Increase the number of eligible children and young adults receiving independent living type services (both paid and non-paid IL type services).

*Benchmark 2a: (as reported by the Oregon NYTD Data Snapshot – Attachment 15)*

*Foster Youth: 75%, Baseline is currently 62.6% served (regress)*

*Former Foster Youth: 40%, Baseline is currently 15.4% serve. (progress)*

The following is a breakdown of the ILP eligible and served populations as reported in the NYTD Oregon Data Snapshot FFY 2016-2020 and the OR-Kids BU-8013-D, ILP Eligibility History report:

### Eligible versus Served; All “IL Type” Services

Population Type	Eligible (ages 14 - 23)	Served	% of Population Served
In Foster Care	2059	1289	62.60%
Out of Foster Care	1526*	263	17.23%
Total	3585	1552	45.5%

### Eligible versus Served; Contracted ILP Services Only

Population Type	Eligible (ages 16-22)	Served	% of Population Served
In Foster Care	1231	1114	90.50%
Out of Foster Care	1406*	108	7.68%
Total	2637	1222	46.34%

*\* To be consider eligible for ILP services as a former foster youth, youth must exit substitute care at age 16 or older, with at least 180 days of substitute care after 14<sup>th</sup> birthday. New eligibility for contracted services does not go into effect until 7/1/2021.*

The above data adds some clarity to the NYTD Oregon Data Snapshot. The Data Snapshot indicates of those who received at least one “IL Type” service, 82% are young people in foster care. However, when we take a closer look at Oregon’s overall eligible population (3,585 children and young adults, ages 14 – 23), of those who received at least one “IL Type” service, only 62.6% are young people in foster care. The Snapshot also does not track, as a subset, those eligible to be served by an ILP contractor (2,637 children and young adults, ages 16 – 22). Per the above chart, ILP contractors served 1,114 (90.5%) of the eligible young people in foster care and 108 (7.68%) eligible former foster youth.

The following data shows the total Chafee population for children and young people still in ODHS care:

Age Range	FFY 2016	FFY 2017	FFY 2018	FFY 2019	FFY 2020	5-year + / -	5-Year % of Change
14 - 15	603	815	783	762	659	56	9.29%
16 - 17	727	766	745	721	660	-67	-9.22%
18 - 20	613	496	505	492	503	-110	-17.94%
Totals	1943	2077	2033	1975	1822	-207	-6.23%

Comparison of past 5 years data on Children eligible for a Youth Transitions Plan FFY2020 by Age Group

The decline of older teens and young adults in care has slowed slightly. The above data of those in care by age group continues to reflect a pattern of decreasing older teens (-9.22%) and young adults (-17.94%) remaining in foster care over the past five years. The number of young people ages 14 – 15 years old has increased 9.29% over the past five years. However, for the most recent year, the data reflects a decrease for 14 – 15-year-olds of 103 young people (or -13.52%), and a slight increase for the 18 – 20-year-olds of 11 young adults or 2.24%, remaining in foster care.

With Child Welfare’s focus on family preservation, permanency, and prevention services, we anticipate those who remain in foster care as older teens and young adults may have higher service needs. The above data supports the need for implementation of the tiered ILP model. Tier 1, IL Prep will provide services to the 14 – 15-year-old population, concentrating on soft skills such as healthy relationships, understanding social capital, and building self-esteem, with an introduction to goal setting. The IL Prep services aims to fill in the knowledge gaps young people in foster care often exhibit due to the trauma they have endured, and to prepare teens for the more tangible life skills attainment provided in Tier 2, ILP services. The Tier 2a, IL Plus model incorporates elements used in the evidence-supported My Life model developed at Portland State University, which is listed on the California Evidence-Based Clearinghouse for Child Welfare. The My Life Model focuses on building self-determination skills of children and young adults in care, such as youth-driven goal identification, problem-solving, and stress management. The evidence-supported model was specifically designed for young people involved in multiple systems and includes accommodation for needs such as developmental disability, and emotional or behavioral issues. Tier 3, IL Supports will allow ILP Providers to continue serving young adults (ages 21 – 23) who no longer have access to other Child Welfare services. Tier 3 provides young adults the ability to access ILP supports as needed, with fewer documentation requirements and contact to be directed by the young adult. By starting ILP services at a younger age, providing more intensive services for a subset of 16 – 20-year-olds, and supporting the 21 – 23-year-olds with accessing adult resources (when necessary), the tiered ILP model is intended to increase successful transitions to adulthood.



Youth Exiting Foster Care on/after Turning 18, by Age					
Federal Fiscal Year	Age 18	Age 19	Age 20	Age 21	Total
FFY 2019	131	45	43	75	294
FFY 2020	86	47	39	88	260
<b>Total 2 year Change</b>	-45	2	-4	13	<b>-34</b>

Source: ROM OR07 Youth Exiting Foster Care on/after Turning 18, data pulled 3/22/21

Of the young adult population (18 – 21-year-olds), the number of 21-year-olds and 18-year-olds exiting care are nearly identical during FFY2020. However, the number of 18-year-olds exiting foster care has declined significantly (-34.35%). The number of 19-year-olds exiting foster care during FFY2020 is nearly identical to FFY 2019 (4.44% increase). The data reflects a slight decrease of 20-year-olds exiting foster care (-9.3%). It appears young adults who remain in care at age 18 are more likely to remain in foster care until they must exit care at age 21. This shift in young adults exiting care may be a result of the pandemic, causing young adults to remain in foster care until the economy and housing stabilize. The data reflect the need for continued supports after age 20. At age 21, young people begin to lose child welfare supports, and need assistance transitioning over to the adult resources in their local communities and through the adult welfare system. Allowing ILP Providers to continue service through age 23 will fill this need for young adults.

#### FFY 2020 Youth Served in ILP by Race

Primary Race Label	Number	Percent	% of Change
African American	114	9.3%	-8.1%
Asian/Pacific Islander	27	2.2%	8.0%
Caucasian	789	64.6%	-6.5%
Hispanic (Any Race)	213	17.4%	0.5%
Native American	70	5.7%	-2.8%
Unable to Determine	9	0.7%	0%
<b>Total</b>	<b>1,222</b>	<b>100.0%</b>	<b>-5.0%</b>

#### FFY 2020 Total Children Served in Foster Care by Race

Primary Race Label	Number	Percent	% of Change
African American	612	6.2%	--1.4%
Asian/ Pacific Islander	149	1.5%	-16.3%
Caucasian	6,422	65.3%	--11.7%
Hispanic (any race)	1,790	18.2%	-6.7%
Native American	478	4.3%	-2.8%
Unable to determine	387	3.9%	-3.7%
<b>Total</b>	<b>9,838</b>	<b>100.0%</b>	<b>-9.6%</b>

ILP providers served 5% fewer young people in FFY20 than the prior year. The largest shifts in service provision by race to children age 14 and older occurred with African Americans, with a decrease of 8.1% (10 fewer children), and Caucasians with a decrease of -6.5% (55 fewer children). While both the number of young African American and young Caucasians in foster care decreased, the decrease of young African American served by ILP Providers is higher than the overall decrease of African Americans in the foster care system. There was also a slight decrease of young Native Americans (-2 youth or - 2.8%). This decrease is in line with the overall decrease of Native American children in foster care. Hispanic youth were nearly identical with an increase of one youth. The population with the largest percentage of increase in young people served were Asian and Pacific Islanders, with an increase of 8% (2 more children). ILP still served Native American youth at a slightly higher rate than all Native American children in foster care. Possible contributors to the 5% decline of young people served by ILP Providers may be:

- Virtual Services and reduction of in-person services due to COVID restrictions.
- The decrease is in line with the overall decrease (-9.6%) of children and youth in foster care.

Additional research is necessary to determine the specific reasons for the decline of both African American and Caucasian youth served by ILP Providers.

Measure 2b: Increase the number of foster youth and young adults receiving mentoring services.

**Benchmark 2b: 25%, current baseline is 15.2% of youth in care received mentoring service. (regress)**

<b>Children Age 14 and over Receiving Mentoring Services</b>	<b>FFY 2019</b>	<b>FFY 2020</b>
Children in Foster Care age 14 or older at start of FFY period and served by one or more Mentoring Services during the period	340	249
Total Children in Foster Care age 14 or older at start of FFY period	2,240	2,104
Percent of Children in Foster Care age 14 or older at start of FFY period and served by one or more Mentoring Services during the period	15.2%	11.8%

FFY2019 Data downloaded 4/22/2020; FFY2020 Data downloaded 3/19/2021

In FFY 2020, the number of children in foster care age 14 or older receiving mentoring services has decreased by 91 or by 26.8% compared to FFY 2019. Closures caused by COVID-19 and distancing requirements may have played a role in the decline of mentoring services provided. The number of children receiving mentoring services is anticipated to increase next FFY as more people get COVID-19 vaccinations and there is a gradual return to normal activities

Measure 2c: Increase the number of foster youths who participate in Supervised Independent Living Placements.

**Benchmark 2c: 20%, Baseline is 14.1% based on foster youth who accessed the IL Housing Subsidy Program during FFY2019. (regress)**

Subsidy Housing Service	FFY2019 Count of Children	FFY2020 Count of Children	% of Change	2020 Amount Expended	Total Amount Expended
One-time Housing - Subsidy	10	10	0%	\$7,634.15	
Subsidy Emergency/Start-Up	60	45	-25%	\$36,732.93	
Youth on Housing Subsidy - Monthly Payment	171	154	-9.9%	\$589,955.52	\$622,679.60

The Subsidy Housing program saw a 9.9% decrease over the last year. There are multiple factors contributing to the decline:

- Fewer children served by ILP providers.
- Lack of affordable housing options.
- More children remaining in their foster care placements during the pandemic.

The monthly funding available to cover housing expenses has increased over the past year. Based on the rate of the amount of payments issued during the first half of FFY 2021, the amount of subsidy funds that will be issued during FFY 2021 will exceed the amount issued in FFY2020 by at least \$220,000. In addition, Oregon increased the monthly maximum available to young people during the pandemic to \$1,000 per month which is \$205 more than the previous maximum rate of \$795 per month. Due to the pandemic, young people on the “step down” portion of the program (begins at month 13) also continue to receive the new maximum rate if needed.

Measure 2d: Increase the number of young adults who participate in the Chafee Housing Program.

*Benchmark 2d: 15%, Baseline is 6% based on young adults who left custody at age 18 or older, who accessed the Chafee Housing Program and are not yet age 23. (progress)*

Chafee Housing Service	FFY2019 Count of Children	FFY2020 Count of Children	% of Change	2020 Amount Expended	Total Chafee amount Expended
Chafee Housing - Monthly	26	23	- 11.5%	\$ 67,544.21	
Chafee Housing – C-19	8	18	125%	\$50,787.00	
CHAFEE Housing Emergency/Start-Up	9	7	-22.2%	\$ 5,890.33	
One-time Housing - Chafee	3	1	-66.7%	795.00	
TLP – Chafee Housing		11	--	\$ 40,592.00	\$165,608.54

There were 50 young adults who accessed Chafee Housing during FFY2020 which is an increase of 42.9% compared to FFY2019. The CAA Division X regulations expanded eligibility up to age 23 for on-going support and up to age 26 for one-time support. As a result, Oregon is seeing more young adults requesting on-going support (43 people) and one-time funding (6 people). Oregon has supported young adults with \$134,000 of Chafee Housing funds during FFY2021. The increase Chafee Housing funding may reflect the income decrease young adults are experiencing due to the pandemic. For example, young people who work at front line jobs were more likely to be laid off or were unable to find work

during governmental shutdown mandates. Oregon anticipates using \$1 million of Chafee Housing funds in FFY2021 to support young people affected by the pandemic. Factors driving the increase in Chafee Housing funding include:

- Increased financial instability faced by young people during the pandemic.
- Additional Consolidated Appropriations Act funds.
- Oregon’s implement of Young Adult Transitional Supports and Aftercare services.

Young people up to age 23 who have experienced foster care may request housing stabilization supports from Child Welfare. This is Oregon’s version of foster care re-entry. Aftercare services will provide young adults the ability to access ILP Providers and Chafee Housing funds without needing to go through a caseworker or have a child welfare case. Young people will be able to self-refer to their local ILP Provider. Feedback from current and former young people who have experienced foster care have led to the removal of the following barriers:

1. Requirement to open an FSS-ILP case – Young people will be able to self-refer to their local ILP provider eliminating the barrier for those who prefer not to go through the Oregon Child Abuse Hotline (ORCAH) or engage with an ODHS Child Welfare caseworker. Feedback from former young people who experienced foster care said the requirement to call ORCAH to open an FSS-ILP case was not trauma-informed.
2. Upper age limitation – Allows ILP Providers to serve young adults through age 23 was recommended by young people, particularly during the pandemic. Child Welfare is adding an additional 150 slots for young adults ages 21 to 23 to be served by the ILP Providers for a total of 200 slots statewide.
3. Young Adult Navigators and Peer Leaders – Contract being implemented to provide access to trained Young Adult Navigators. These are near-peer leaders with lived experience in foster care. The Young Adult Navigators will assist a young person in completing the applications to access the CAA Division X funds and host workshops and virtual “hang outs” for young people needing support who are not able or eligible to access contracted ILP services. Funds are also being added to the ILP Contracts to allow each ILP Contractor to hire or provide stipends to peer leaders.

Progress and outcomes of these measures will be reported next year.

Measure 2e: Create an appropriate array of housing options to meet the needs of the young adults, ages 18 – 20, remaining in ODHS custody and accessing a formal transitional living program (TLP).

*Benchmark 2e: 30%, Baseline is currently 6% based on youth who have accessed a TLP in FFY 2019. (progress)*

Budget constraints prevented implementation of additional Transitional Living Programs (TLPs) this year. CAA funding could assist with expansion of the TLPs, but Chafee funding cannot sustain the TLPs beyond the CAA time limits. Foster Care Program and Treatment Services unit are determining if there is funding to sustain the higher rates of pay associated with TLPs. The following chart outlines the number of young adults served by the TLPs.

Transitional Living Program	FY2020 Count of Children Served	FY2020 Amount Expended
TLP – Chafee Housing	11	\$40,592.00
TLP – Basic (FC budget)	35	\$215,818.80
Contract Capacity Payments (FC budget)	n/a	\$80,469.20
TLP - Basic (BRS budget)	36	\$622,694.00
TLP - Plus (BRS budget)	15	\$168,480.00
Unduplicated count of youth served	89	\$1,128,054.00

OR-Kids data pull on 5/24/2021\_RI

Out of 503 young adults in foster care ages 18 to 20 years, 89 young adults accessed TLP placements during FFY2020. This reflects 17.7% of the eligible population accessed TLP services. This is a significant increase of 11.7% compared to 2019. A new program is beginning in Klamath Falls (District 11). Child Welfare may be able to achieve the benchmark of 30% in FFY2021 with housing programs staying close to capacity for most of the pandemic and one new TLP option being created with local funding.

The Grants Program Manager continues to be the lead at Child Welfare for the Foster Youth Independence (FYI) Voucher Program at this time. The following provides an update on accessing the Foster Youth Independence (FYI) Vouchers:

- **Coordination and Collaboration** with Housing and Urban Develop (HUD).
  - Developed and delivered a statewide HUD orientation to Child Welfare resource staff.
  - Assisted in the development of HUD Resource Map – an internal map for Public Housing Authority (PHA) by adding Child Welfare resource contacts.
  - Created a key contact list between local Child Welfare and Public Housing Authority staff to increase communication and connection at the local level.
- **Collaboration with multiple Public Housing Authorities** in Oregon to review, consider and apply for FYI vouchers and to reassess utilization with Family Unification Programs (FUP) in Oregon.
- Attend Annual **Statewide Conference** in November: Neighborhood Partnership Conference sponsored by Oregon Housing and Community.
- **District Updates:**
  - Currently, there are eight counties involved and able to access the Foster Youth to Independence Vouchers: Clackamas, Washington, Klamath, Lake, La Grande, Baker, Wallowa, and Grant.
  - Activities occurring in the remaining counties are as follows:
    - D2, Multnomah: Home Forward is open to discussing the new opportunity for FYI now that they are eligible. They are currently focused on the FUP program and trying to meet their 90% leased up capacity requirement.
    - D3, Marion/Polk/Yamhill: PHA (excluding Salem Housing Authority, city limits) started last spring with good momentum. Unfortunately, the momentum stalled, and the key partner has moved to a different agency. There are efforts to re-engage with local partners.
    - D4, Linn/Benton: The Housing Authority and ODHS have completed the paperwork and applied.

- D4, Lincoln: The Grants Program Manager is working with the Child Welfare local lead for the FYI housing services to clarify and implement the FYI voucher program.
- D5, Lane: Homes for Good has been meeting with the local ODHS office and has completed the application.
- D12, Umatilla/Morrow (PHA includes Gilliam and Wheeler counties): Housing Authority discussions are continuing. The housing authority currently has available Housing Vouchers, so adding FYI vouchers would not necessarily add value at this time.
- Districts who have shown interested and some movement but have not yet accessed the FYI Vouchers: District 1 (Clatsop/Columbia/Tillamook), District 6 (Douglas), District 7 (Coos/Curry) and District 8 (Jackson/Josephine).
- Work with districts to identify a housing liaison moving forward. Once all 16 districts have identified a housing liaison, a quarterly meeting will be arranged to provide training on services and supports available and problem-solve issues.

It has been a challenge to meet the FYI voucher's requirement for on-going supportive services. Child Welfare and Self Sufficiency Programs have created a memorandum of understanding (MOU) to allow ILP providers and other Child Welfare resources to assist with the supportive services until the young person is no longer eligible for those services. Self Sufficiency Programs will be the entity responsible for supportive services once a young person is 24 or is not engaged in Child Welfare or ILP services. Expanding the eligibility age range for ILP providers will help young people accessing FYI vouchers have options for supportive services as required under the program.

The Grants Program Manager is also working closely with counties who are receiving the Family Unity Program (FUP) Youth Vouchers. The lack of affordable housing and lack of landlords who are willing to accept the vouchers continues to be a barrier.

These collaborations have highlighted the need for a dedicated position: Housing Coordinator Specialist. The primary purpose of a Housing Coordinator Specialist will be to research, identify, and connect to housing services within Oregon and become the primary point of contact with housing expertise for Child Welfare. This position will be responsible for coordinating efforts and developing strategies in housing services for Child Welfare families and young adults in transition. The position may create contracted services for housing or housing supports, provide direct liaison support, guidance, and information to each district and local office regarding housing resources and assist them when needed to engage local housing service opportunities. The position is still being considered for approval but prioritizing this position and ensuring there is sustainable funding remains a challenge.

**Item 13: Child involvement in case planning. (Current rating: 61% Strength)**

**Key Activity/Intervention: Improve youth engagement in the transition planning process.**

Measure: Youth are involved in transition activities which are documented in the case record.

*Benchmark: 75%, current baseline of 33.3% was set using FFY2019 data. (OR-Kids Transition Tab.)*

***Regress***

**Children with Completed Youth Transitions on the Permanency Plan FFY 2020 by Age Group**

	Age Group 14-15	Age Group 16-17	Age Group 18-20	Total Age 14 to 20
Number of children in foster care age 14 or over on last day of FFY	659	660	503	1,822
Number of children in foster care age 14 or over on last day of FFY with at least one entry on the Youth Transitions tab of their Permanency Plan	34	160	323	517
Percent of children with at least one entry on Youth Transitions tab	5.2%	24.2%	64.2%	28.4%

Data Source: OR-Kids and Administrative Data. Data downloaded 3/22/21.

The absolute rates of transition plan completion in OR-Kids continue to decline. Child Welfare is working to improve the way we currently pull data for this report. In FFY 2020, there were 153 fewer teens or young adults in care (a 7.75% decline from FFY2019) and the rate of transition plan completion declined overall by 5%. However, when the data is pulled using an unduplicated count of payments issued for the Youth Engagement services (payment issued when an ILP Provider submits a completed life skill assessment and transition plan on behalf of a young person) the number of transition plans completed increases to 837. The Youth Engagement services data are incomplete, however, because they do not include 14 – 15 year-olds. When data for the 14-15 year-old population is included, the overall total is 871 transition plans for the 14 – 20 year-olds, or 47.8%, which reflects a 4.2% increase over the same time period last year. This is still shy of the 75% benchmark.

As Oregon moves toward compliance, implementation of the tiered ILP model will increase completed transition plans for 14-15 year-olds, a group with fewest number of plans completed. There will be seven pilot sites serving younger teens. A review of transition plan completion rates for pilot sites will be compared to the Districts where no Tier1/IL Prep services were provided. Depending on funding, the plan is to expand Tier 1/IL Prep services statewide effective July 1, 2022.

**Well-Being Outcome 2**

**Item 16:** Education needs of the child. (Current rating: 87.4% Strength)

Key Activity/Intervention: Improve foster youth preparation for high school completion and pre-college/career readiness.

Measure 1: Increase access to academic supports and career preparation programs.

*Benchmark 1a (Academic supports): 70%, the current baseline of 43% was set using the FFY2019 NYTD Data Snapshot for Oregon (see attachment 15).*

*Benchmark 1b (Career Preparation): 65%, the current baseline of 45% was set using the FFY2019 NYTD Data Snapshot for Oregon (see attachment 15).*

Measure 2: Increase percentage of foster youth participating in paid employment

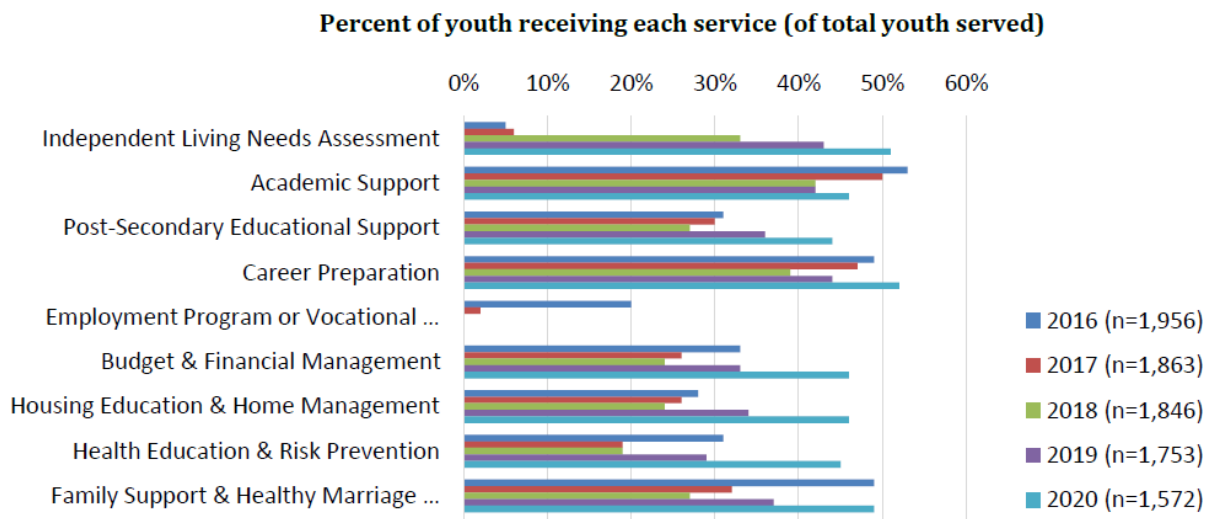
*Benchmark 2: 40% The current baseline is 27% for the 17-year-olds*

*60% The current baseline is 38% for 19-year-olds*

*75% The current baseline is 53% for 21-year-olds*

Intervention 1, Measure 1:

**Type of services received (FY 16-20)**



Academic Supports: The NYTD Oregon Snapshot for FFY2020 indicates a slight increase (approximately 3%) in the number of youths receiving services in the past year for secondary academic supports. The pandemic hindered our ability to host the 2020 DREAM Conference in-person. The virtual event was able to draw 36 young people for the 2-day event (10 a.m. – 2 p.m.). Three “swag” boxes were mailed to youth, two prior to the virtual event and one after. Youth who attend the full two-day event were provided a gift card. Child Welfare plans to host the event virtually again in summer 2021. Lessons learned last year are:

- Break up the day (versus one long day).
- Make sure swag boxes are shipped on time.
- Help problem-solve system/equipment issues/access early on.

The event will be another important opportunity to reach out to young people to explain the new award amount available during academic year 2021-2022.

Career Preparation: the number of young people employed at age 17 decreased by 3% during FFY2020, an expected consequence of the pandemic.

Intervention 1, Measure 2 Increase youth in paid employment

NYTD Reported Employment (Full or Part-time) Rates

NYTD	Age 17	Age 19	Age 21
Cohort1	10% or 11 youth	41% or 35 youth	65% or 48 youth
Cohort 2	12% or 28 youth	38% or 65 youth	53% or 95 youth
Cohort 3	26% or 48 youth	16% or 28 youth	Not available
Cohort 4	23% or 43 youth	Not available	Not available
Outcome	13% increase	25% decrease	12% decrease



During FFY2020, the NYTD Data Snapshot reflects a slight decrease in employment for the Cohort 4 Baseline Population (17-year-olds) from the prior year. However, if you compare the percent of young people employed in FFY2020 to Cohort 1 Baseline, there is a 13% increase over a span of 10 years. We expect the employment rates will be negatively affected by the pandemic. Child Welfare plans to use approximately \$300,000 of the CAA funding for summer jobs or career training programs for young people between the ages of 16 to 26.

#### Systemic Factors

##### **Item 26: Initial Staff Training. (Current rating: Not in substantial conformity)**

##### **Key Activity/Intervention: Improve attendance of new workers at introductory trainings related to youth services and transition planning.**

Measure: Increase the percentage of caseworkers attending training on basic level transition planning and ILP services (100 series of youth trainings).

*Note: we track the actual number of participants versus a percentage, as the number of workers with teens on their caseload fluctuates. It is also difficult to know if those attending are “new” staff or existing staff and community partners. Therefore, the data will simply be tracking those who attend the training.*

##### **Progress and Activities Planned:**

Due to the pandemic, all training switched to an online format. Training unit vacancies have delayed computer-based trainings (CBT) development. The goal is to continue creating more specific CBTs, including the Housing CBT which is in development. Additional CBTs to be created are:

- Education and Training Voucher
- ILP Discretionary Funds and Housing Start-Up costs
- Health Care Representative/Proxy and OHP for Former Foster Youth
- Credit Reports (draft recording created by Credit Builders Alliance)

The Youth Transition Specialist and one of the Mobile Certification Foundation trainers, have provided several Youth Thrive trainings online between January and June 2021. The Youth Thrive training focuses on adolescent brain development as the foundation, incorporating positive youth development principles, and covers topics such as youth resilience, social connections, social-emotional competency, and protective and promotive factors to assist resource and caseworkers. In addition, the Youth Transition Specialist and ILP/Chafee Program Coordinator have provided training on Youth Transition Planning 101 for resource families, Transition Planning for new permanency caseworkers and Independent Living Services 101 for resource families. We updated trainings created specifically for resource parents to include additional information about the upcoming changes in ILP eligibility and services under the Consolidated Appropriations Act. The Youth Transition Specialist and ILP/ Chafee Program Coordinator have also provided training and updates on Youth Transition Planning, ILP Services, Specific Housing Services and Eligibility criteria at several ODHS unit meetings, permanency quarterlies and to staff as requested or needed. They have also assisted new ILP contracted staff with one-on-one and provider group trainings on Youth Transition Planning, ILP Services, and Housing Services as indicated in the charts below.

Course Title	CW Staff Completions 10/01/2019 - 09/30/2020	CW Staff Completions 10/01/2020 - 04/15/2020
DHS - CW - ILP Services	54	12
DHS - CW - Comprehensive Transition Plan	64	17
DHS - CW - Transition Planning & ILP Services (D3)	30	0

ILP Services			
Training Year (Calendar Year)	2019	2020	Outcome
Participants	17	54	218%
Youth Transition Planning			
Training Year (Calendar Year)	2019	2020	Outcome
Participants	20	64	220%

The number of staff attending the computer-based training (CBT) shows a significant increase of 200% over the prior year for both the ILP and Transition Planning CBTs. Over the past year, the Youth Transitions team provided periodic reminders to staff and Child Welfare Program Managers via emails with links to the two CBTs. This strategy is working. The Interim Youth Transitions Manager and ILP/Chafee Program Coordinator are currently conducting Learning Sessions to help ODHS staff understand the temporary expansion of services and funding available to help children and young adults from foster care during the pandemic. A request for staff to complete the ILP and Transition Planning CBTs as a prerequisite to the Learning Sessions was included with the session invitations. There were 244 ODHS staff who attended the Learning Sessions. If all participants completed the prerequisite trainings, we anticipate another significant increase during FFY2021.

In addition to the CBTs, the Youth Transition Specialist and ILP/Chafee Program Coordinator are available to conduct specialized training upon request. The following trainings were provided in FFY2020 and are not included in the charts above. The list below includes training arranged for the ILP contractors.

- New ILP Manger – Provided contract and ILP Services training to the Looking Glass ILP manager.
- New Staff Training – Integral Youth Services.
- ILP Provider Convening.
- Polk and Yamhill Counties Child Welfare Youth Transitions and ILP Training.
- CW Paralegal Quarterly ILP Services Presentation.
- Youth Line – presented resources available for struggling young people to ILP Providers during a monthly call.

For additional details and information on ODHS staff and resource parent training, please refer to the training section of the report on pp. 46-55.

**Item 27: Ongoing Staff Training. (Current rating: Area needing improvement)**

**Key Activity/Intervention: Improve attendance of caseworkers at advanced level youth related trainings.**

Measure: Increase the percentage of caseworkers attending training on the 200 series of transition planning and ILP services.

*Benchmark: 100 staff, current baseline is 76 staff based on FFY2019 data (new benchmark set)*

With many competing projects, the Training Unit is attempting to implement, the “200 series” of ILP trainings have not yet been created. The Youth Transitions Specialist and ILP/Chafee Program Coordinator are working to create a new training for caregivers, which could be offered to caseworkers as well. The following trainings, targeted at caregivers, were completed with the assistance of the Youth Transitions Program staff.

Course	Date	Time	Participants
Youth Thrive: Social Connection and Cognitive Social-Emotional Competencies	2/10/2021	9AM-12PM	8
Youth Thrive: Social Connection and Cognitive Social-Emotional Competencies	2/10/2021	6-9PM	2
Youth Transition Planning 101 for Caregivers	2/24/2021	6-7:30PM	20
Youth Thrive: Adolescent Development and Youth Resilience	3/10/2021	9am-12pm	5
Youth Thrive: Adolescent Development and Youth Resilience *With Simultaneous Spanish Interpretation	3/10/2021	6-9pm	15
Independent Living Program Services	3/31/2021	6-8:30pm	10

**Item 31: Agency Responsiveness to the Community, State engagement and consultation with stakeholders pursuant to CFSP and APSR. (Current rating: Strength)**

**Key Activity/Intervention: Include youth, providers, and other community stakeholders on policy committees, workgroups, and advisories.**

Measure: Youth members are included on Rule Advisory Committees (RAC) and assist with updating or creating policies and forms related to teens and young adults in foster care.

*Benchmark: 100%, Number of RACs in which youth are members is currently 80%.*

A new RAC process has been implemented. The Policy Unit will track the number of RACs in which youth are members. One RAC had youth involved during FFY2020. Youth Transitions Program (YTP) and the Policy Unit are collaborating to promote youth voice in RACs. This goal supports the Vision for Transformations’ value of fairness, equity, inclusion, accessibility, diversity, and transparency in our

work, as well as the voices, experiences, cultures, intellect and uniqueness of the children and families we serve. The following list are examples of the various ways the Youth Transitions Program staff have supported youth voice and helped Child Welfare workforce better understand the needs of young people.

- YTP held three listening sessions with Oregon foster/former foster youth to gain feedback regarding programming and usage of CAA Pandemic Relief funding. We used their input to create the temporary rule and procedure changes implemented in May and create a “caps” list for funding supports.
- We have included youth voice in various workgroups looking at policy and procedure changes for enhanced and equitable outcomes for transition aged young people. (18+/Foster Care Re-Entry, Family Support Services, ILP, ETV).
- Oregon Child Abuse Hotline and FSS Cases: young people voiced a need to receive Oregon supportive services while residing out-of-state and the ability to have supportive adults assist with calling the hotline to request services. The ILP/Chafee Program Coordinator worked with ORCAH to implement a more youth friendly process for accessing services.
  - Young people were notified of these changes during various workgroups, written communication and focus groups.
- Federal FYI Call: young people discussed the importance and helpfulness of FYI Program and ongoing housing struggles for youth aging out of foster care. Youth feedback was used to inform the Child Welfare workforce, community partners, and contracted IL providers about the importance of utilizing FYI Vouchers to alleviate housing insecurities for young people.
- The virtual Native Teen Gathering allowed Native American youth to provide feedback regarding needs and wants to be more connected to each other and their culture. Feedback is used to inform future events.
- APHSA – Transition Age Foster Youth Roundtables: heard feedback from young people across the nation for themes present and looked at Oregon’s service delivery to identify needed changes and enhancements. We are currently considering rule revisions as a result of this feedback.
- Requested youth feedback via Oregon Foster Youth Connection on policy and procedure manual changes used to inform service delivery.
- Think of Us – Federal Town Halls: youth discussions regarding new funding through CAA and supports for older foster youth. Listened to national themes regarding youth feedback on how to meet their needs using the CAA funding and brought feedback to Oregon youth in focus sessions to inform services needs and changes.
- FosterClub: check-in with former foster youth gathering information regarding Oregon’s implementation of the CAA provisions and providing funding to young people affected by the pandemic. Gained feedback for the need to get funding to young people quickly.
- Youth Survey Follow Up: youth who participated in the initial COVID-19 needs survey were contacted six months later with an invitation to provide feedback about the survey and follow up services received. Young people who voiced a need for ongoing support were provided resource referrals and connected with youth transition services based upon need and eligibility.
- District 15 Project Collaboration: District 15 is in the planning stage of creating a Foster Youth to Independence Project with the goal of creating a youth driven process to establish a supportive system of resources for youth ages 16-24. The project goal is to assist young people transitioning out of foster care to have the knowledge of and access to the services they need.

This project utilizes a human center design approach to gather youth voice throughout the project. The project will include outreach efforts and focus groups to inform future programmatic steps and support for this population.

### General Services and Progress

In addition to these specific interventions and measures to ensure appropriate services are available to youth, Child Welfare also provides the services listed below on a statewide basis. In August 2020, the Oregon legislature provided Child Welfare an additional \$510,555 to help support young people in foster care and who recently exited foster care during the pandemic. Housing supports were reported above. Additional supports are identified below:

- ILP Discretionary Funds – \$200,000 has been allocated to the districts and Tribes to allow youth to access items or participate in activities. This is double the amount normally allocated. The legislature provided an extra \$100,000 to support young people negatively affected by COVID-19.
  - Oregon anticipates spending \$3 million to assist young people who have been negatively affected by COVID-19 over the next year. The process to access funding will be like ILP Discretionary Funds. Payments may be issued to vendors on behalf of the young person, or as direct cash payments to young people.
  - If there is no current connection to a young person, they will be issued a one-time payment. A “scale” has been drafted based on age and ability to re-engage with Child Welfare for other ongoing services and funding. All payments will be based on need.
  - Payments to young people over the age of 23 will cease on Sept. 30, 2021, once the CAA eligibility criteria expansions cease. Oregon will continue to serve young adults who returned to Child Welfare for housing stabilization and other supportive services through age 23 (not yet age 24). As of October 1, 2021, services for young adults age 23, and any other non-Chafee eligible young person served, will be paid for using State General Funds (not to be claimed as a match for the program).
- Driver’s Education Course fees – up to \$50,000 (\$25,000 annually) is available through an Oregon Department of Transportation (ODOT) grant. ILP has also set aside \$25,000 per year for youth who do not meet the ODOT eligibility criteria (age 18+). Participation has slowed significantly due to the closures caused by the pandemic. Courses are currently offered virtually.
- Oregon Foster Youth Connection (OFYC) – ODHS has extended the grant to OFYC for one year. The current grant expires June 30, 2022. This will allow time to reimagine how Child Welfare and OFYC can improve collaboration to include a more diverse population of children and young adults in Child Welfare’s decision-making processes.

### Number of Youth Who Obtained Credit Reports

Age Group of Youth	FFY2019	FFY2020
14-15 years old	560	554
16-17 years old	604	538
18-20 years old	120	--*
<b>Individual Request</b>	90	219

\*Data was included in the "Individual Request" line for FFY2020.

### Progress Made Toward Program Goals

As previously mentioned, the additional funding provided by the legislature (see outlined below) and the additional funds provided under the Consolidated Appropriations Act, Division X, were instrumental in assisting ODHS to move the needle on several goal areas.

Increased Funding Provided by Oregon's Legislature (Aug. 2020)	
Subsidy monthly maximum increased to \$1,000, youth on step-down able to access maximum, extend Subsidy past 30 months if necessary.	\$228,060.00
Expand our Contracted ILP Life Skills Training eligibility criteria to youth as old as 22 (ends on 23rd birthday) (has been expanded through age 23)	\$ 45,000.00
Increasing the ILP Discretionary Funds so workers and ILP Staff can assist youth through declared emergency with additional funding if necessary	\$100,003.00
Allowing young adults in a foster care placement to remain in care past their 21st birthday if necessary due to job loss or being houseless related to COVID-19.	\$137,492.03

Child Welfare is implementing the tiered ILP model, which is a major change. This will allow age and developmentally appropriate life skills training services to be provided to the following age groups:

- **Tier 1, ages 14-15:** Pilots are starting in seven districts, going statewide effective July 1, 2022. Training and provider planning/outreach will occur during July and August 2021; group sessions with young people begin in September.
- **Tier 2, ages 16-20:** Extending for all providers through September 30, 2023. Increase in rate of pay for services. Adding a focus on building a youth's social capital and permanence.
- **Tier 2a, ages 16-20:** Pilots starting in five districts, going statewide effective July 1, 2022. Youth served are a subset of Tier 2. Provides more intensive ILP services for multisystem involved youth. For example, young people who are involved with Child Welfare and other programs like Oregon Youth Authority, I/DD services, IEP/education, etc.

- **Tier 3, ages 21-23:** Increase in number of slots for young adults for all providers effective July 1, 2021. This includes a slight decrease in the monthly rate paid.

The funding provided by the legislature allowed Child Welfare to implement Tier 3 services in October 2020 for ages 21 to 22. The CAA funding is allowing an expansion of the number of youths to be served, from 50 to 200 statewide, and to an expanded age range of 21 – 23.

#### Update on Collection and Integration of NYTD Data

The NYTD Data Snapshot is a key data source for monitoring the Chafee goals listed above. The NYTD Data Snapshot is also shared via an email blast annually to ODHS staff, community partners, resource parents, ILP Providers, Tribal Nations, CRB, CASA, FosterClub, OFYC, and JCIP members. The Data Snapshots are posted on the [ODHS-ILP website](#).

Element 18, Educational Level continues to be an area needing improvement. Data reported is within compliance and hovers at a 92% accuracy rate.

Minimal work has occurred within ODHS to move the reports and steps outlined last year forward. This area will be a focus the next six months, per the Vision for Transformation’s third guiding principle of data-informed practice and continuous quality improvement. A workgroup will move forward the work outlined below.

1. Monitor response rate for follow-up populations in a timely manner.
2. Create an annual report that displays the youth served per year by service type and basic demographics.
3. For survey responses:
  - a. Create survey response report for the cohorts reported to NYTD.
  - b. Create interim management report using same survey data collected for non-mandated population.
4. Use survey responses to inform about needed outreach and training to IL providers, caseworkers, foster parents, and community partners. (i.e. if youth don’t understand they are covered by Medicaid, we need to help them know they have health insurance.)
5. Research how services provided to youth are related to better outcomes based on the follow-up populations.
6. Research relationship between the Permanent Connections survey responses of youth to performance in Education or Employment.

In consultation with youth and other stakeholders, the Youth Transitions team is using the NYTD data and other available data to improve service delivery and refine program goals. However, a more robust reporting model would allow for clear and uniform metrics. Timely, accurate, useful, and easy to understand data helps highlight progress, identify gaps, and support policies and strategies for change.

#### Update on Involving the Public and Private Sectors in Helping Youth Achieve Independence

Child Welfare has met with the directors of the following community-based programs to discuss independent living (IL) services and programs and to determine strategies for improved collaborations.

- Baker Technical Institute: employment and training programs.

- Project Lemonade: foster youth internships, clothing shopping sprees, Wish program, and providing care packages for college students.
- FosterClub: to locate and connect with youth for NYTD surveys and for State All-Star selection and planning of the Teen Retreat and DREAM Conference and Young Adult Navigators (peer leaders). Young Adult Navigators to assist young adults with COVID-19 funding application and locating resources and supports in their local community.
- The Contingent – My NeighbOR: this is a program developed in response to the COVID-19 pandemic to invite and coordinate community assistance for foster parents and children, particularly those families that were unable to obtain supplies during the Stay Home, Stay Safe order. Supports continue to be provided by My NeighbOR.
- College Housing Northwest: affordable housing for students.
- Youth Development Division: various children and youth serving programs.
- Various non-profits across the state to provide ILP services and transitional living programs for current and former foster children and young adults.

## Coordinating Services with Other Programs for Youth

### *Federal and State Programs*

The Youth Transitions Program continues to maintain partnerships with the following groups to provide perspective on the unique needs of transitioning aged youth and young adults.

- Unhoused Oregonians Response & Recovery Network for COVID-19 and Wildfires.
- Portland State University --
  - Group for Support Network Enhancement.
  - My Life training and implementation evaluation.
- FosterClub –
  - UpChafee Oregon Conversation.
  - Oregon Connect – to locate and connect with youth for NYTD surveys.
  - All-Star selection.
  - Event planning for Teen Retreat and DREAM Policy Team to create flyers for young people notifying them of assistance available through the Consolidated Appropriations Act.
- ODHS – Family First Prevention Services Team Leads and Implementation Team.
- Homeless Youth Advisory Committee.
- Foster Care Ombuds Advisory Committee.
- ODHS PRIDE Employee Resource Group – continue to gain knowledge and share information to ensure contracts and services to young people are equitable and LGBTQ+ inclusive.
- Native Wellness Institute – coordinate Native Teen Gathering.
- ODHS Child Welfare Serving the 18+ Population Workgroup.
- ODHS-SSP JOBS Plus Diversity Workgroup – advocate for better wages, culturally diverse placements, equity, non-traditional sites, guidance for contractors, best practice.
- ODHS-SSP Workforce Roundtables.
- ODHS Unaccompanied Minor Policy and Placement Development Workgroups.
- ODHS Youth Decision Meeting Workgroup.
- Foster Care Re-Entry/Young Adult Transitions Workgroup.



Child Welfare has collaborated as follows with our federal partners regarding Chafee services.

- Juvenile Law Center – IL Coordinator’s Focus Group – Older Youth Policy Reform.
- Federal, Tribal Nations, and Chafee peer-to-peer phone calls related to COVID-19 and enacting the provisions of the Consolidate Appropriations Act to share steps Oregon has been making to implement changes. Learning what other states are doing to implement the provisions and asking federal partners clarifying questions with interpretation of the act.
- Continued monitoring listserv messages and emails from other states and tribes to enhance best practices.
- Continued monitoring of federal guidelines, laws, expectations, and recommendation regarding practice.
- Federal Regional Interagency Council on Homelessness (FRICH) – Region 10 – Quarterly Meetings by U.S Department of Housing and Urban Development regarding FYI/FUP Housing Vouchers.
- Capacity Building Center for States: peer to peer calls to discuss NYTD CQI efforts.

The Youth Transitions Program team coordinates with other States to ensure young adults residing in Oregon from that other state are aware of Oregon’s eligibility criteria and able to connect to ILP services if interested.

#### *FYI Vouchers*

Detailed information regarding the Foster Youth Independence (FYI) Vouchers is included above in the Chafee Well-Being Outcome 1, Item 12A, Key Activity/Intervention 2, Measure 2e.

#### *Education and Training Vouchers (ETV) Program*

##### *Services Provided*

There have not been any changes to the administration of the ETV program. Oregon continues to partner with the Higher Education Coordination Commission’s (HECC) Office of Student Access and Completion (OSAC) to process applications and issue awards. For the unduplicated number of youths served, see Federal ETV Attachment D.

Initially, the award amount for the 2020-2021 academic year was \$2,500. With the added funding available through the Consolidated Appropriations Act, Division X, the award provided through the schools is \$5,000 (the normal federal maximum allowed). Youth were informed of the increase, as well as how to apply for any additional funds needed, up to a maximum of \$7,000 (total of \$12,000 per student, per year). This change will remain in effect through September 30, 2022.

The below measures have been addressed previously in the Chafee section of this report. However, additional postsecondary related information on activities and progress specific to Measure 1, including details on awards issued during the past federal fiscal year is listed below. Also listed are any changes or additions in services or program design for FY 2021 and how the services assisted or will assist in establishing, expanding, or strengthening program goals (45 CFR 1357.16(a)(4)).

Well-Being Outcome 2

**Item 16: Education needs of the child. (Current rating: 87.4% Strength)**

**Key Activity/Intervention: Improve foster youth preparation for high school completion and pre-college/career readiness.**

Measure 1: Increase access to academic supports and career preparation programs.

*Benchmark 1a (Academic supports): 70%, the current baseline of 43% was set using the FFY2019 NYTD Data Snapshot for Oregon (see attachment 15).*

*Benchmark 1b (Career Preparation): 65%, the current baseline of 45% was set using the FFY2019 NYTD Data Snapshot for Oregon (see attachment 15).*

FFY 2020 Service Type	Total Count of Children	TOTAL Amount Funded
Chafee ED/TRAINING Grant OSAC AI	40	\$98,667.00
Chafee ED/TRAINING Grant OSAC ETV	154	\$367,409.00
Chafee Ed/Training Voucher	7	\$14,197.00
OSAC Admin Fees - AI		\$14,306.72
OSAC Admin Fees - ETV		\$53,274.31
<b>TOTAL: AI &amp; ETV funds issued</b>	<b>194</b>	<b>\$547,854.02</b>

*Total payments of services that had a transaction date and service date between 10/1/2019 and 9/30/2020*

The number of new ETV recipients has declined by 28% and the overall number of youths accessing Chafee ETV awards declined by 16.4%. The declining numbers appear to be the result of the pandemic. For the most part, courses were held virtually. Many young people indicated they do not learn well when taking courses virtually. The Youth Transitions Program purchased 16 laptops for postsecondary use during FFY2020. In contrast, for FFY2021 to-date, the YTP has purchased 21 laptops for postsecondary use. The award amount was to remain at \$2,500 for the 2020-2021 academic year. However, with the added funds from the Consolidated Appropriations Act (CAA), the base award for all students was set at \$5,000. Youth are to submit a separate application if they require more than the \$5,000 available. Additional funds up to \$7,000 may be accessed, based on need.

Oregon received a “reallocation award” of \$800,000 in addition to the regular \$724,000 grant award. Given the higher award amount allowed for FFY2021 and 2022, Oregon anticipates using the full amount each year. In addition to the flexibilities allowed under the CAA, Oregon also shifted back to a rolling deadline for the Chafee ETV application. This allows students who missed an earlier deadline to still receive at least a portion of ETV funds if funding is available.

Per the chart below, the number of first time ETV recipients' completion rates continue to fluctuate. For a full report of completion rates, see Attachment 16.

### Graduation Rates of First Time Chafee Recipients by Academic Year

Year	Community Colleges			Proprietary			4-Year Public (OUS)			4-Year Private			Total All Sectors		
	# 1st Time	# Degrees	%	# 1st Time	# Degrees	%	# 1st Time	# Degrees	%	# 1st Time	# Degrees	%	# 1st Time	# Degrees	%
2005-06	63	3	4.73	19	0	0	14	3	21.43	8	3	37.5	104	9	8.65
2006-07	65	8	12.31	10	0	0	24	15	62.5	4	4	100	103	28	27.18
2007-08	88	8	9.09	13	0	0	22	11	50	10	7	70	133	26	19.55
2008-09	138	10	7.25	24	1	4.17	26	13	50	6	2	33.3	194	26	13.40
2009-10	166	7	4.2	34	1	2.9	35	6	17	3	2	67	238	16	6.7
2010-11	149	7	4.7	9	1	.11	30	14	46.7	6	5	83.3	194	27	13.91
2011-12	131	12	9.2	13	1	.08	29	16	55.17	7	6	85.71	180	35	19.44
2012-13	138	3	2	14	1	.07	6	1	16.67	1	0	0	159	5	3.14
2013-14	104	10	9.6	10	0	0	29	4	13.79	4	2	50	147	16	10.88
2014-15	110	14	12.73	3	1	33.33	26	0	0	9	0	0	148	17	11.49
2015-16	93	13	13.98	2	0	0	Na	Na	Na	Na	Na	Na	Na	Na	Na
2016-17	86	2	2.33	7	0	0	Na	Na	Na	Na	Na	Na	Na	Na	Na
2017-18	88	4	4.55	7	0	0	NA	Na	Na	Na	Na	Na	Na	Na	Na

#### Changes to Administration

There have been no changes to the administration of ETVs.

#### ETVs Awarded

The below information provides a summary of the 2020-2021 ETV awards issued. Please note, Oregon uses adoption incentive funds to allow otherwise ineligible adopted or guardianship youth to receive an ETV award.

- Total Awards to-date: 335
- Chafee Funded Awards: 292
- Adoption Incentive Awards: 43
- “Additional Funds” awarded: 144

See the above charts and Federal Attachment D, Annual Reporting of Education and Training Vouchers Awarded. The initial data for academic year 2020-2021 show a significant increase in awardees and new participants. This is a result of a good communication plan and outreach efforts. In addition to the pandemic as a barrier to attending college, the once a year application deadline Oregon had implemented seemed to penalize many students who did not plan at least six months in advance. Child Welfare removed that barrier by implementing a rolling deadline, allowing students to apply throughout the year. Fund availability has made a big difference as well. It has prompted OSAC and ODHS to search for potentially eligible youth and close the gap in awareness of ETV availability. Numerous eligible students had submitted a FAFSA and attended college, but many of those same students did not submit a Chafee ETV application. OSAC staff noticed the oddity and began reaching out to those eligible young

people. Oregon is on track to fully expend the FFY2020 award, the reallocated funds, and a portion of the CAA FFY 2021 funds by September 30, 2021.

### Chafee Training

See the training details listed above under the Chafee Systemic Factors, Item 26 on pp. 96-98.

### Consultation with Tribes

Consultation with Tribal Nations in Oregon happens on both an individual and collective level. Child Welfare holds monthly ICWA calls and holds quarterly ICWA Advisory Council meetings. The Youth Transitions team participates in these calls (when invited) to ask for opinions, solicit participation, and report on the status of programs and services. The Youth Transitions Program is evaluating how it can participate more in these meetings.

Of the 1,222 youth served by the ILP Contractors during FFY 2020, 70 or 5.7% of youth were Native American. The Independent Living Program is serving Native American youth at a slightly higher rate (1.4%) than the overall rate of Native American children in foster care. ILP continues to support the Native Teen Gathering. Last year the Native Teen Gathering was held virtually in August 2020. The participation rate was low. However, the activities were well received, and young people enjoyed the evening storytelling activity.

The Youth Transitions Program (YTP) has worked with the Tribal Affairs Unit Director to promote information sharing with the Tribal Nations, related to the communications regarding the expanded Chafee eligibility criteria. The Youth Transitions Program will arrange a Learning Session for the Tribal Nations. It is anticipated that more Native American youth will be eligible for ILP services and supports as eligibility is expanded to youth as young as 14. YTP staff are making a conscious effort to set eligibility criteria which will promote increased access for Native American youth.

The Youth Transitions Program staff continue to provide technical assistance to Tribal Nations regarding service eligibility, accessing ILP Discretionary funds, the Native Teen Gathering, and supports for Native American youth in ODHS Custody. The shift to telecommuting has limited progress on the following recommendations for improvements:

- Native Teen Gathering and other ILP summer events:
  - What is the plan to increase participation and engagement of Native American youth at the various summer events?
  - Can we open the Gathering to non-foster youth (prevention youth or guardianship youth)?
    - Update: With the anticipated increase of State General Funds, this request could be implemented as a pilot to determine if there is an interest among non-foster youth to participate in the Native Teen Gathering. The hope is to host an in-person event in August. However, with the precautions the Tribal Nations are taking to protect their elders, an in-person event may not be possible. The Native Wellness Institute is reaching out to the Tribal Nations to determine their interests in attending the event in person.
- ILP Services/Providers:
  - Is it possible to have an on-line referral process?

- What type of training do ILP Providers receive related to cultural competencies?
- Is it possible to provide Chemawa Indian School with an ILP Contract for all eligible youth?

The ILP does serve Native American youth at a slightly higher rate than all Native American youth in foster care. The ILP/Chafee Program Coordinator will work with ILP Providers to identify ways to increase culturally appropriate services.

## Consultation and Coordination with Oregon’s Nine Federally Recognized Tribes

### Tribal Engagement

Child Welfare partners with Oregon’s Nine Tribal Nations and ODHS Tribal Affairs to prevent unwarranted removals and reduce the number of American Indian/Alaska Native children placed into state custody. The working relationship between ODHS and Oregon’s Nine Tribes are outlined within each Tribal/State agreement. ODHS directly engages and works with the Nine Tribes through the Indian Child Welfare Act (ICWA) Advisory Council, which meets quarterly and holds an annual conference. Since the pandemic, meetings and engagements have been administered through virtual platforms that includes hosting the Tribal/State ICWA Conference virtually in October 2020. The Oregon ICWA Advisory Council receives virtual, email, and phone invitations to review and contribute to the APSR each year at the ICWA Advisory Council. Standing agenda items are federal reporting updates and federal policy information sharing.

With the pandemic creating in person communications barriers, Child Welfare and Tribal Affairs have increased virtual and phone communication to ensure needs are met. This intentional outreach and engagement have remained consistent with the rise of other emergency situations such as wildfires and ice storms. ODHS recently hired a Tribal Emergency Coordinator that will work with Tribal Affairs to ensure Oregon’s Nine Tribes receive programmatic support during emergency situations.

The Oregon Nine Tribes and ODHS are actively engaged in strengthening and improving ODHS Indian Child Welfare practice that includes revising Child Welfare policy, practice, and procedure specific to ICWA case management and partnership. ODHS has an established Tribal Affairs Unit that includes a full-time Tribal Affairs Director, Senior ICWA Manager, two ICWA Consultants and an Executive Assistant. The Tribal Affairs Unit recently added 10 Active Efforts Specialists positions to its team. The Active Efforts Specialists facilitate statewide ICWA trainings, attend Child Welfare staffings, and support Child Welfare staff to ensure ICWA is appropriately followed and implemented in Oregon while honoring the government to government relationship with the child’s tribe throughout the case.

Child Welfare leadership has done well in partnering with Tribal Affairs and Oregon Tribal Partners to build an inclusive Vision for Transformation. Child Welfare was able to solicit input and feedback from Oregon Tribal Partners and Tribal Affairs. Although the document is finished, Tribal Affairs will continue working with Child Welfare to strengthen the Vision for Transformation to reflect Oregon Tribal needs, values, and culture.

## Tribal Representatives

### *Burns Paiute Tribe*

Karen Hunsucker Email: Karen.Hunsucker@burnspaiute-nsn.gov

Phone: 541-573-8043 Fax: 541-573-4217

P.O. Box HC71 Burns, Oregon 97720

Consultation and Guidance: Co-Chair of ICWA advisory 2016-17

### *Confederated Tribes of Coos, Lower Umpqua and Siuslaw*

Shayne Platz Email: splatz@ctclusi.org

Phone: 541-744-1334 Fax: 541-888-1027

1245 Fulton Avenue, Coos Bay, Oregon 97420

Consultation and Guidance: ICWA QEW committee member

### *Confederated Tribes of Grand Ronde*

Kristi Petite Email: kristi.petite@grandronde.org

Phone: 503-879-2045 Fax: 503-879-2142

9615 Grand Ronde Road, Grand Ronde, OR 97347

Consultation and Guidance: Co chair ICWA advisory 2017-2018

### *Cow Creek Band of Umpqua Indians*

Michelle Moore E: mmoore@cowcreek.com

Phone: 541-677-5575 Fax: 541-677-5575

2371 NE Stephens St Ste. 100 Roseburg, OR 97470

Consultation and Guidance: ICWA procedural manual 2017-18

### *Confederated Tribes of Siletz Indians*

Anita Bailor Email: anitab@ctsi.nsn.us

Phone: 541-444-8210 Fax: 541-444-9613

201 S.E. Swan Avenue P.O. Box 549 Siletz, OR 97380

Consultation and Guidance: 2017 Oregon ICWA conference host tribe

### *Coquille Tribe*

Roni Jackson E: ronijackson@coquilletribe.org

P: 541-444-8236

PO Box 3190, Coos Bay, OR 97420-0407

Consultation and Guidance: ICWA QEW Subcommittee

### *Klamath Tribes*

George Lopez E: george.lopez@klamathtribes.com

Aryel Harrington E: aryel.harrington@klamathtribes.com

Lisa Ruiz E: lisa.ruiz@klamathtribes.com

P: 541-783-2219

PO Box 436 Chiloquin OR 97624

Consultation and Guidance: ICWA QEW committee

### *Confederated Tribes of Umatilla Indian Reservation*

Julie Taylor E: julietaylor@ctuir.org  
P: 541-429-7315 F: 541-278-5385  
46411 Ti' Mine Way Pendleton, Oregon 97801  
Consultation and Guidance: 2018 Oregon ICWA conference host tribe

### *Confederated Tribes of Warm Springs*

Cecilia Collins E: Cecilia.collins@wstribes.org  
P: 541-553-3209 F: 541-553-1894  
PO Box C Warm Springs, Oregon 97761  
Consultation and Guidance: ICWA Conference host 2016  
Consultation and Guidance: ICWA procedures

### Plan for Ongoing Coordination and Collaboration

Over the past year Child Welfare has gained more stability in leadership, vision, trust, and guidance moving forward. With a more balanced Department, Tribal Affairs has experienced increased partnership and inclusiveness that supports coordinated efforts from all directions. Using this momentum Tribal Affairs is strengthening its team cohesion, outlining team roles/responsibilities, and creating a tribal consultation policy to further guide Child Welfare in its work with Tribal Affairs and Oregon Tribal Partners.

### Update on Provision of Child Welfare Services for Tribal Children

Tribal Affairs continues to partner with Child Welfare and its leadership in assessing and evaluating areas where Child Welfare can improve, strengthen, or redesign policy, practice, and procedures to increase positive outcomes for tribal children and families. With the planning and implementation of the Family First Act, Child Welfare has been meeting with Oregon Tribes that have a Title IV-E Agreement to align vision and services to tribal partners. Child Welfare and Tribal Affairs are also planning how Family First implementation will look for Oregon Tribes who do not have Title IV-E Agreements. With Oregon's Family First Prevention Plan recognizing and upholding Oregon's Tribal Best Practices modalities, Child Welfare is planning how to fund these services and coordinate how they will be delivered to tribal children and families.

### Complying with ICWA

#### ICWA Compliance Committee

The ICWA Compliance Committee is an initiative staffed and guided by Tribal Affairs and Oregon Tribal representatives focused on tracking and evaluating ICWA compliance across the State of Oregon and how it translates to tribal children and families thriving. The committee continues to reevaluate ICWA training, practice, policy, and state legislative efforts. The committee's overall goals are addressing disproportionality and improving the Child Welfare's application of ICWA, so the spirit of the act is embedded throughout practice. As we move forward Tribal Affairs plans to replace the phrase compliance and focus more on a strengths-based philosophy.

The ICWA Compliance Committee work is divided into subcommittees. Below are the initiatives Tribal Affairs is acting on:

### *Oregon ICWA- Legislative Efforts*

In June 2020, the Oregon State Legislature passed the Oregon Indian Child Welfare Act (ICWA). Oregon ICWA codifies ICWA into state law, therefore enhancing protections for tribal children and families should the national ICWA ever be repealed. It also offers additional guidance on engaging with tribal children and families. In December 2020, Tribal Affairs in partnership with Child Welfare and the Department of Justice offered introductory trainings on ORICWA. In January 2021, the official implementation rollout plan was announced to all Child Welfare staff highlighting events such as monthly webinars, peer to peer learning opportunities, and staff community conversations. In March 2021, Tribal Affairs activated the implementation plan, which will carry into August 2021. Tribal Affairs recently offered ORICWA Training in April 2021 to Oregon's Nine Tribes to ensure our tribal partners are well informed on the new law. Following the initial rollout, Tribal Affairs will be planning more workforce development opportunities on ORICWA.

### *Microsoft Tracking and Evaluation Tool – Evaluation Efforts*

With the passage of the Oregon Indian Child Welfare Act, one of the requirements to the Oregon State Legislature is reporting on the compliance and outcomes of ORICWA. Given the current ODHS data system, there is no efficient way to capture all of the information needed for the report; therefore, Child Welfare has proposed to contract with Microsoft and other vendors to create and implement a new ICWA data tracking system that will work with ORKIDS that includes building a new application to help record and report on the required metrics for the legislature.

### *Statewide ICWA Search Protocol- Practice Efforts*

In 2020, Tribal Affairs identified an area of improvement when determining if Child Welfare is working with an ICWA child. In collaboration with ODHS branch staff, Tribal Affairs developed a Statewide ICWA Search Protocol to standardize protocol across the state and improve the process identifying ICWA children early in the engagement process. In December 2020, Tribal Affairs identified three pilot sites across the state to begin testing the protocol. The pilot is going well and will be ending in summer 2021. After the pilot, Tribal Affairs will evaluate the findings and work with Child Welfare on how we might scale up the new protocol statewide.

### *ICWA Quarterly Meetings – Outreach Efforts*

The Regional ICWA Quarterly meetings bring together Child Welfare staff and the Nine Tribes of Oregon to build relationships, learn about best practice, and share tribal culture. The regional meetings have assisted in the partnership between Tribal Affairs, ODHS branch offices, and Oregon Tribes. The meetings have also served to troubleshoot challenges in the field and strengthen the commitment to the spirit of ICWA. Within the last four months the meetings have focused on sharing information and guidance on ORICWA.

### *Tribal Affairs Trainings*

Child Welfare has worked in collaboration with the Oregon Tribes to create an ICWA curriculum for all new supervisors, which was not previously established, as well as a training for ORCAH supervisors and screeners. The ORCAH training for supervisors happened in December 2019 and the screener training occurred in June 2020 via distance learning.

Tribal Affairs offered a Foster Care Certifier Training via their triannual trainings that focused on the foundations of ICWA, tribal culture, and how to best serve tribal families. Multiple certifier trainings were organized and occurred during May 2020. With the addition of Active Efforts Specialists (AES) to



Tribal affairs, we hosted several trainings across the state around the Indian Child Welfare Act, working with Oregon Tribes, and submitting forms for the ICWA search process.

In cooperation with JCIP, Child Welfare and Oregon Tribes held a virtual conference in August 2020 to highlight ICWA with a focus on active efforts and family engagement.

#### Hiring of Staff

To assist with the fulfillment of ICWA/ORICWA law, Tribal Affairs hired a Senior ICWA manager in August 2020. The Senior ICWA manager supervises all 10 Active Efforts Specialists in the field that works to bring consistency to statewide ICWA practice, address Child Welfare disproportionality, and strengthen partnerships with ODHS branches offices.

#### Chafee & ETV Benefits for Tribal Youth

See section on pp. 104-106.

#### Exchange of State and Tribal APSRs

Child Welfare will provide a draft of the Annual Progress and Services Report to Tribal Nations prior to the June 30, 2021 submission to Children's Bureau. A copy of the final Annual Progress and Services Report (APSR) will be provided to Tribal Nations once approved by Children's Bureau. Federal Policy and Resources Unit will ensure each Tribal Nation that is required to complete an APSR provides a copy of the report to the title IV-E agency as required by the Tribal Nation's IV-E intergovernmental agreements.

## CAPTA State Plan Requirements and Updates

### Changes

#### Substantive Changes to State Law Affecting CAPTA Eligibility

There have been no substantive changes to state law or regulations that affect Oregon's eligibility for the CAPTA State Grant.

#### Significant Changes to Proposed Use of CAPTA Funds

No changes have been made to the existing CAPTA Plan.

#### Use of Funds since June 30, 2020

CAPTA funds are used primarily to fund the position described below. A small portion funds the Citizen Review Panels. Oregon does not use CAPTA funds to improve legal preparation and representation; those activities are funded through cost allocation and Title IV-E foster care administrative reimbursement.

#### Child Protective Services Coordinator Position

##### *Summary of Activities from July 1, 2020 through June 30, 2021*

- Provided technical advice and assistance to OCWP field managers, ODHS and OCWP managers and executives in support of the Child Fatality Prevention and Review Program (CFPRP).
- Educated and prepared CPS consultants on changes to practice, to enable them to successfully support CPS and permanency staff in local offices.
- Evaluated Child Welfare and Oregon child fatality data and identified trends to enhance child abuse prevention and intervention efforts.

- Collaborated in the development and implementation of an equity tool for use in CFPRP work.
- Survey Child Welfare professionals through interview to inform continuous safety culture improvement efforts.
- Developed procedures to guide staff in operationalizing child fatality requirements in local offices and ensure statewide consistency.
- Facilitated workgroups to support a staff led revision of the process for notifying Central Office of sensitive issues, including modifications to the notice itself.
- Prepared reports summarizing research and review findings for OCWP management and ODHS executives.
- Drafted amendments to Oregon Administrative Rules (OAR) to support the Child Safety Program and Oregon Child Abuse Hotline efforts.
- Drafted testimony to support Oregon House Bill 3379 (2021) pertaining to a ban on crib bumper pads in further support of Oregon safe sleep efforts.
- Developed communications and training materials to support implementation of OAR and procedure changes.
- Applied sound, current social work practice to enhance program operations and mitigate operational risk.
- Reviews, consults, and provides guidance on sensitive, high profile and or high-risk child abuse cases.
- Identified gaps in cross program or cross agency collaboration and established mechanisms for inter-agency and inter-program problem solving to ensure the CPS system is functioning effectively and efficiently.
- Simplified complex policy material for non-specialists, such as citizens, community partners, non-CPS managers and administrators from other state agencies, to ensure stakeholders and others have enough understanding of the material.
- Engaged family serving systems to inform change.
- Created opportunities for Child Welfare professionals to provide input.
- Responded to verbal and written concerns and requests for information from legislators, Governor's Advocacy Office and constituents.
- Worked collaboratively across program areas, across divisions, and across agencies to ensure a child safety focus. Significant efforts to partner with Child Welfare programs.
- Served as ODHS expert and point of contact on data for child fatalities resulting from maltreatment. This includes:
  - Maintaining a database of Oregon child fatality data.
  - Recommending improvements to the system for collecting and using ODHS child fatality data.
  - Analyzing child fatality data to identify trends and opportunities for reducing child fatalities.
  - Gathering, documenting, and providing annual data for federal and state reports on child abuse and neglect fatalities in Oregon.
  - Providing data to assist in the fulfillment of records requests including from the media.
  - Deciding which fatalities meet the OAR definitions of abuse or neglect for inclusion in Oregon's child fatality statistics.

- Serving as co-chair and ODHS representative, on statutorily required, multi- disciplinary State Child Fatality Review Team. Assisting State Child Fatality Review Team by reviewing and analyzing information on child fatalities related to injury prevention, suicide, and maltreatment to improve prevention of, and response to, child fatalities.
  - Facilitating changes to ensure equity in fatality review.
  - Researching and interviewing to learn best practices in other states.
  - Modified needs assessment tool from Massachusetts for Oregon’s needs assessment of county teams.
  - Coordinated efforts to reduce length of time to get child fatality toxicology results.
  - Coordinating efforts to ensure timely autopsy information sharing to CPS workers.
  - Implemented county team support program.
- Collaborated to enhance database for sensitive issue information.
- Maintained web pages highlighting Child Welfare suicide, chronic neglect, and safe sleep prevention efforts.
- Serving as ODHS expert and point of contact on Child Welfare safe sleep efforts. This includes:
  - Training. Safe Sleep for Oregon’s Infants self-study training materials were developed. While the safe sleep guidance is the same for all professionals, multiple versions have been and are being developed to emphasize areas and use language relevant for a specific role. All versions include information on traditional tribal sleep practices. The training, including activities, a professional action plan and a ten-question quiz, takes approximately an hour to complete and can be done independently.
  - Modification and implementation of safe sleep checklist from another state to meet Oregon’s needs.
  - Supplying safe sleep tools to Child Welfare field offices to support families in safe sleep practices.
  - Promoted SIDS awareness month in coordination with the ODHS communication team, through effort to educate and engage parents and providers via social media using the toolkit provided by the National Institute of Health (NIH).
  - Coordinating community led safe sleep efforts in the Black community to impact the disproportionate outcomes for Black infants.
- Serving as ODHS expert and point of contact on the Comprehensive Addiction and Recovery Act (CARA). This includes:
  - Collaborating with Oregon Health Authority to coordinate the statewide effort to implement the Comprehensive Addition and Recovery Act in Oregon. This includes developing an infrastructure for implementation.
  - Member of the Core Nurture Oregon Team. Nurture Oregon is being implemented in six Oregon counties and is an innovative care model integrating maternity care, substance use treatment, and social service coordination. Within this program designing and implementing a safe sleep pilot to educate the professionals, provide safe sleep care packages (Cribette, sleep sack, book, brochure), facilitate education and documented sleep plans with pregnant women.

This position works on a variety of workgroups and committees, including:

- Administrative Rule Advisory Committees

- Rule writing workgroups
- CPS Assessment Disposition Review Committee
- Peer Advisory Review Committee
- State Child Fatality Review Team and sub work groups
- Legislative meetings
- Cross Department Information Sharing meetings
- Nurture Oregon Expansion Core Team
- Plan of Care Core Team
- Comprehensive Addiction and Recovery Act weekly meetings
- Sensitive Issue Workgroup
- Safe Sleep Cross Agency Workgroup
- Safe Sleep Curriculum Workgroups
- Child Fatality Prevention and Review Program meetings
- Fatality Review Health Equity Learning Collaborative
- Western Region Child Death Review calls

***CB reminds states that all states receiving the CAPTA State grant must provide assurance that the state has “provisions and procedures requiring that in every case involving a victim of child abuse or neglect which results in a judicial proceeding, a guardian ad litem who has received training appropriate to the role, including training in early childhood, child, and adolescent development, and who may be an attorney or a court appointed special advocate who has received training appropriate to that role (or both), shall be appointed to represent the child in such proceedings— to obtain first-hand, a clear understanding of the situation and needs of the child; and to make recommendations to the court concerning the best interests of the child” (section 106(b)(2)(B)(xxiii)).***

Oregon Revised Statute (ORS) 419B.112 is in place to ensure the court shall appoint a court appointed special advocate, which in turn can be guardian ad litem. For the purpose of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.) grant to this state under P.L. 93-247, or any related state or federal legislation, a court appointed special advocate or other person appointed is deemed a guardian ad litem to represent the interests of the child or ward in proceedings before the court. In addition, all children and wards of the court receive a court appointed attorney in Oregon. ORS 149B.234 outlines the qualifications for any person appointed as guardian ad litem.

### [Annual Citizen Review Panel Report](#)

Attached is the Annual Citizen Review Panel Report. (Attachment 17). The report makes five recommendations specific to Child Welfare. Child Welfare responds to the recommendations as follows.

### [ODHS clarify expectations around concurrent planning in the first six months of the case](#)

Within the last year there has been concerted efforts to implement 90-day staffings, utilizing the 90-day staffing guide. This guide lays out very specific areas to review every time a staffing occurs, including the concurrent plan. We have seen an increase in this practice across the state. By the six-month mark, a supervisor should have had two of these comprehensive staffings per case, and a solid concurrent plan should be identified.

In addition to continuing the message that 90-day staffings are vital, the Permanency Consultants will renew their focus on the need for concurrent plan development at every group supervision and case consultation staffing.

One of the requirements of Family Engagement meetings is the discussion of ASFA timeliness and the need for an identified concurrent plan. Family Engagement meetings were recently implemented, and we anticipate they will positively impact concurrent planning.

ODHS ensure workers continue to reach out to relatives throughout the life of the case

A workgroup has just been formed led by a Permanency Consultant and including staff from across the state in a variety of positions to review Child Welfare's relative search policy and procedure. Currently, there is only a requirement for relative searches at the time the child is removed. We anticipate the workgroup will result in a more robust process which will include family engagement throughout the life of the case.

Child Welfare is building a software program specifically to assist in relative searches in ICWA cases.

The Vision for Transformation brings agency-wide awareness to the need for increased relative engagement and is leading the change in our practice.

ODHS ensure workers come to CRB reviews knowing the details of relative searches and absent parent searches

As described above, a workgroup has been formed to address Child Welfare's relative searches. The result will enhance the way both relative searches and absent parent searches are done. The workgroup will consider system enhancements for OR-Kids, which will allow workers easier access to the details of each search. The importance of workers attending CRB reviews prepared to fully discuss this information will be highlighted in training, consultation, and coaching.

ODHS address service gaps in transition planning. ODHS ensure appropriate and timely plans for transitional services to ensure the long-term success of the child.

Currently two workgroups have been formed to address FSS (Family Support Service) cases and young adults (age 18+) we serve. These workgroups will be provided this recommendation so they can assess the service gap needs and make recommendations about meeting those gaps. Not all young adults in foster care desire to continue receiving services once they turn 18.

ODHS create clear guidelines for filing a dependency petition in a case that starts as a voluntary placement.

As indicated in the previous recommendation, a workgroup is underway focused on Family Support Services cases, which includes the process of filing dependency petitions. This group will be making recommendations about the process and will work to clarify procedure. Child Welfare policy plays a role but is not the sole decision maker for filing petitions; the Department of Justice represents Child Welfare and, in consultation with Child Welfare staff, makes determinations regarding legal sufficiency of petitions.

## Oregon's Efforts to Address Substance-Affected or Exposed Infants

### Plans to Use CAPTA Funding for Substance-Exposed Infants

Child Welfare made the decision to use some CARA funding for two positions related to enhance CARA implementation and safe sleep efforts:

- Two CARA coordinator positions were approved for recruitment and hired in April 2021 to continue efforts to develop, implement and monitor plans of care that were previously coordinated by the CAPTA funded position: CPS Program Coordinator (see pp. 112-115). The newly hired CARA coordinators are in the process of being onboarded and transitioning into their roles.
- Safe sleep is a critical component of a plan of care for substance affected infants and their caregivers because sharing an infant's sleep surface when the adult is impaired is an extremely high-risk sleep practice.
  - To address this component of care for substance affected infants and their caregivers, funding has been used to make Cribettes available in Oregon's communities through a partnership with Cribs for Kids. These firm, flat sleep surfaces create a safe and separate place for an infant to sleep near, but not with, their caregiver.
  - Additionally, some funding will be used to provide safe sleep care packages to pregnant people receiving substance use disorder treatment as part of a 'plan of care pilot' rolling out in six of Oregon's counties, with a focus on rural and underserved communities.
  - As the CARA implementation continues in Child Welfare practice, funding will be made available for all 16 districts to ensure families with substance exposed and affected infants and their families' concrete needs can be met as outlined in their plan of care.

### Changes to Policy or Practice & Lessons Learned from Implementation

The barriers to moving forward with statewide implementation have been addressed. Collaboration with Oregon Health Authority (OHA) restarted at the end of summer 2020. In coordination, Child Welfare and OHA, are implementing a 'plan of care pilot' in six Oregon counties as part of the Oregon Nurture expansion. Oregon Nurture is a care model that combines maternity care, substance use disorder treatment, peer/doula support, and social services in a single setting. Care is delivered in a culturally sensitive, non-judgmental, strengths based and trauma-informed manner. The 'plan of care pilot' will gather data on what works and what does not work for pregnant and parenting people, as well as the different members of the care team, including Child Welfare professionals. Identification of plan of care best practices will inform statewide education, support for notification by healthcare providers, and all aspects of plan development and monitoring. The kick-off meeting for the Oregon Nurture expansion was in March 2021 and community response to the plan of care component has been very positive.

Pilot changes in practice include:

- Asking pregnant or parenting people to identify who coordinates the plan of care. Child Welfare procedures identify the health care provider or Child Welfare as taking the lead, but an important pivot is occurring to ensure the approach elevates the voice of pregnant and parenting person.

- Broadening the definition of substance affected infant from the initial definition in Child Welfare procedure. Now that Oregon can provide non-identifying data for substance affected infant notifications when maltreatment is not alleged (notification vs. report), the CARA advisory committee members are supportive of including those infants who were substance affected as a result of pre-natal exposure as a result of medication assisted treatment. Data gathered from the pilot will further inform the change in this definition and others.

With the data gathered from the ‘plan of care pilot’ additional policy and practice changes are expected.

#### Multi-Disciplinary Outreach, Consultation, or Coordination

Child Welfare continues to collaborate with Oregon Health Authority (OHA) in efforts to move all aspects of implementation forward. Within Child Welfare, continued education, support, training, and mutual learning through feedback has occurred with CPS and permanency consultants and Child Welfare professionals in local offices (screeners, caseworkers, MAPS, addiction and recovery teams, supervisors, management).

As discussed above, a ‘plan of care pilot’ is being developed within the Project Nurture expansion project in six of Oregon’s counties. This ‘pilot’ is being coordinated with OHA Behavioral Health, Public Health (Maternal and Child Health) and Child Welfare as well as through contracts with entities providing support and research. The pilot is a collaboration among pregnant and parenting people with substance use disorders, healthcare providers (doctors, nurses), substance use disorder treatment providers, county Public Health home visiting nurses, peer mentors, social services, including Child Welfare, hospital staff and OHA. Information will be gathered from each of the pilot participants about what works and what doesn’t. The feedback will shape best practices for the statewide rollout.

We are making efforts to educate Oregon’s family serving professionals on safe sleep practices and how to engage families with infants in safe sleep conversations. When developing a plan of care, safe infant sleep is not only a part of the plan, many of these professionals will be part of the care team: home visiting nurses, substance use disorder treatment providers, healthcare providers, Oregon Parenting Education Collaborative parenting coordinators and instructors, Self Sufficiency Program, co-located domestic violence advocates, Oregon Coalition Against Domestic and Sexual Violence, Oregon’s domestic and sexual violence shelters, Office of Child Care and pregnant and parenting people in substance use disorder treatment.

We have also reached out to the Oregon Justice Department and those involved with treatment courts to further engage in education and outreach regarding how safe sleep and substance use disorder can be intertwined. Efforts to better understand where the work overlaps and how to collaborate are underway. Children and Family Futures (CFF) is also helping Oregon get connected to a grant related to the treatment courts and Child Welfare has reached out to CFF to ask for joint in-depth technical assistance to support learning where the opportunities for collaboration exist.

The advisory committee as it exists continues to include a variety of health care providers involved in the delivery and care of infants, hospital social workers, substance use treatment disorder providers and Child Welfare professionals. The Oregon Hospitals and Health Systems Association (OHHS) has declined to be a member, though supported hospital representatives already serving as members provide Oregon hospital data as needed.

Outreach to the Oregon Medical Board, Oregon Nursing Board and the Oregon Naturopathic Board has been key to identifying methods of communication and education of healthcare providers and exploring how to implement a notification requirement.

Aside from technical assistance provided by Children and Family Futures, we have sought other assistance through outreach to multiple other states to dialogue about implementation and learn from each other's efforts.

#### Current Monitoring Process of Plans of Care

There have been no changes to the monitoring process as outlined previously and detailed in Oregon's Child Welfare Procedure Manual, however there are continued limitations to the data in the absence of statewide expectations and education of healthcare providers.

Recently the Child Welfare electronic information system, OR-Kids, released the changes that allow a screener to identify whether information from a call to the Oregon Child Abuse Hotline (ORCAH) includes a report of a substance affected infant, whether a plan of care was developed and whether service referrals were made. Additionally, the system allows us to record if service referrals were not made, whether it was because needed services were not available in the community.

The 'plan of care pilot' seeks to gather data from care team members on what works and does not work for the ongoing monitoring and updating of plans of care through the infant's first year of life. This includes what roles are most successful at oversight and what process is most effective to:

- Ensure service referrals were made.
- Determine if needs of the substance affected infant and their caregivers are being met by the plan.
- Assess if needs have changed with time.

In order to provide accurate data regarding the extent to which ORCAH takes reports regarding infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. A radio button was added in December of 2020 in our SACWIS system (OR-Kids) to the screening report. The screener clicks the button if the child meets the criteria and documents information regarding whether a plan of care has been developed, and if the child/family was referred to services, or if services were unavailable in the family's community. ORCAH Training Program included a refresher on this topic for screeners in February 2021.

#### Challenges and Technical Assistance

With strong partnership with OHA in place and approval to recruit two new CARA coordinator positions, additional technical assistance in the form of in-depth technical assistance from Child and Family Futures (CFF) was requested. CFF met with us and outlined the types of support available. Child Welfare has accessed some of those supports and plans to access more in the future. Additionally, the Plan of Safe Care five modules has been a tremendous resource.

Oregon still has not determined the best path forward for requiring notification of substance affected infants. The information gathered from healthcare providers providing notification in the 'plan of care pilot' is likely to inform a statewide decision.



## Site Visit Update

Oregon's site visit in September 2018 offered an opportunity to dialogue about challenges. The CARA advisory committee attended and was able to discuss how providing identifying data at the time of notification significantly narrowed the initial definition of substance affected infants in Oregon. The substance use disorder treatment providers and health care providers explained potential negative impacts to trusted relationships with pregnant and parenting people and to their treatment and/or recovery. In late spring 2019 the approval to move forward with non-identifying data in notification was granted. Technical assistance in how to move forward with notification and definitions considering the approval has been provided by Child and Family Futures. As a result, the definition of substance affected infant has been broadened for the 'plan of care pilot'. A preferred process for notification has been identified and specific notification questions have been selected for piloting.

## Narrative Report on Planned and Actual Use of CAPTA Funding

*As part of the annual report on CAPTA submitted as part of the APSR due June 30, 2021, grantees must submit a brief narrative describing the agency's planned use of the supplemental CAPTA State Grant funds provided through the American Rescue Plan.*

## Child Abuse and Neglect Prevention Grants Supplemental Funding – American Rescue Plan Act of 2021

Oregon received notification of this award very recently. Child Fatality Prevention and Review Program is working with Child Safety Program to determine how this supplemental funding can support improvements in the Child Protective Services system to produce better outcomes for children and families. CFPRP has gathered qualitative and quantitative over the past 1.5 years and taken a close look at systemic factors proximal to poor outcomes. The analysis points to a need to prioritize improvement opportunities surrounding the assessment of parental substance disorder and its impact on children. Collaboration and shared funding between Child Welfare and other systems, such as OHA, will be critical in addressing:

- Lack of available substance use disorder (SUD) treatment options, particularly in rural areas.
- Shortage of skilled contracted clinicians available to provide expert consultation in child welfare cases.
- extremely limited and inconsistent SUD training around the state.
- Service gap in respite resources for parents/caregivers.

In addition, CFPRP and Child Safety Program are committed to reaching out to families and community-based agencies to plan for the use of these funds and increase supports for preventing child maltreatment in underserved communities. Child Welfare recognizes there are opportunities to collaborate with other ODHS programs that are receiving ARPA funding so we can improve the links between primary prevention (CBCAP), secondary prevention, and intervention services.

## CAPTA State Liaison Officer

Tami Kane-Suleiman, M.S.W. (*she, her, hers*)

Child Fatality Prevention and Review Program Manager

Oregon Department of Human Services, Child Welfare

Tami.j.kane-suleiman@dhsosha.state.or.us

Cell: 503.931.6153

## Updates to Targeted Plans within the 2020-2024 CFSP

### Foster and Adoptive Parent Diligent Recruitment Plan

In 2020, ODHS hired 13 Resource Family Retention Recruitment Champions (Champions) that make up a team of 15 district designated positions, one Central Office lead position and one manager position. The Champions primarily serve as the lead role to improve retention and recruitment outcomes for resource families in local communities. They are responsible for managing, planning, organizing and leading assigned projects, programs, and activities to enhance the retention, recruitment, support and engagement of resource families. They are using proven, data-informed and customer service focused strategies for a community-wide, family-centered approach to caring for the unique needs and characteristics of children and young people in care. Champions actively participate in both district and Central Office Foster Care Program's leadership teams as well as committees and workgroups within their designated counties. This team also leads efforts to research, develop, train, and establish a customer service approach, culture and framework for the Child Welfare workforce and achieve the Vision for Transformation.

In April 2021 Champions completed localized district specific recruitment plans and began implementing strategies and actions steps to meet measurable goals. In May 2021, in collaboration with District Program Managers, Central Office Program Managers, and Executive Leadership Team, the Champions began building district retention plans. The updated statewide retention and recruitment summaries are included in Attachment 2.

Across Oregon, Champions are building community action teams, building networks of individuals and organizations within communities who have a shared vision for supporting resource families and children and young people in foster care. There have been several events hosted across the state due to these partnerships that have focused on efforts to recruit for respite, mentorship, LGBTQIA2S+ – affirming families, and culturally specific families to care for children in their communities.

We have a strong partnership with The Contingent who focus on targeting diverse populations, particularly African American communities, Tribal communities, and LGBTQIA2S+-affirming families in their recruitment efforts. The Contingent has hired a diverse staff to lead those recruitment efforts. They are collecting some data in this area, but it is not yet available. We expect it to be available in the near future, and intend to use this data to determine, with The Contingent, if their recruitment efforts focusing on BIPOC and LGBTQIA2S+ families is successful and yielding resource family inquiries that reflect the demographics which are the area of focus, or whether recruitment efforts/targets needs to shift. During the pandemic, The Contingent stood up a rapid response initiative that partnered local faith-based and community organizations, and individuals to offer tangible support to resource and adoptive families across the state.

We continue to contract with 211 to provide 24-hour foster parent support and resource sharing. Champions work closely with 211 staff to ensure that 211 has updated material, information, and contacts to be able to answer inquiring families' questions and the ability to forward inquiring families on to the appropriate resource in the child welfare office.

In alignment with the Vision for Transformation, local retention and recruitment plans reflect the agency strategy to maintain connections to family, culture, and community when temporary substitute care is needed. In March 2021 we made a shift in terminology: where we previously used "foster parent, foster

family and relative caregiver”, we are now using “resource parent, resource family and relative resource family”. This change in terminology reflects a core strategy in our Vision for Transformation, to ensure foster care is family based, time-limited, culturally responsive and stabilizes families rather than just serving as a placement for children. This speaks to the concept of caregivers for children in foster care as a family-centered resource since the primary goal in Child Welfare is reunification, when possible. This aligns with the Assistant Secretary’s ALL-IN Foster/Adoption Call to Action.

## Health Care Oversight and Coordination Plan

### Health, Mental Health and Dental Care

ODHS continues to partner with the Oregon Health Authority (OHA) and its contracted Coordinated Care Organizations (CCOs) to assure timely physical, dental, and mental health assessments are obtained for children in care. OHA has included incentive measures in their contracts with CCOs to hold them accountable for providing timely assessments for children in foster care. The CCO incentive measure reports whether a child in foster care received the required assessments *within 60 days* of enrollment into the CCO. Performance over the lifespan of the incentive measure metric has steadily improved, except for 2020 as a result of the restrictions put in place in Oregon in the early months of the pandemic to conserve PPE in healthcare settings.

Year	% of children in care receiving timely assessment
2014	27.9%
2015	58.4%
2016	74.4%
2017	82.8%
2018	86.7%
2019	87.8%
2020 (thru 3 <sup>rd</sup> qtr)	80.3%

As discussed in the 2020-2024 CFSP, the incentive measure metrics do not align with the timelines established by ODHS policy and the American Academy of Pediatrics (AAP). ODHS policy and AAP guidelines require all children entering foster care receive physical and dental assessments within 30 days of coming into care, and a mental health assessment within 60 days of entering foster care. This misalignment of incentives and timeliness measures has been a barrier in ensuring that all children receive assessments within ODHS-required timelines.

Efforts are underway throughout the state to strengthen a collaborative relationship between Child Welfare local offices and local CCOs to ensure that all children are being seen for their assessments within the timelines established by Child Welfare policy and the AAP. In 2018, Health and Wellness Services successfully petitioned the Oregon Health Authority Metrics and Scoring Committee to redefine the CCO incentive measure to better align with Child Welfare policy and procedure and AAP recommended timelines (30 days for physical and dental health assessments and 60 days for mental health assessments). In the CFSP, Oregon predicted measures would be aligned beginning in 2020. However, the process has proved more complex and difficult than anticipated. In early May 2020, the workgroup paused because of a systems barrier. The initiative was centered around the ability to provide a new daily report for CCOs, but the data warehouse critical to this daily report only updates weekly. The new and improved weekly enrollment report rolled out statewide in September 2020. However, all remaining work to align the incentive measure with ODHS policy was placed on hold as key

members were reassigned to the OHA COVID-19 response team. Child Welfare anticipates a return to this work in late 2021.

One example of successful collaborative effort is Health Share, which serves Multnomah, Clackamas, and Washington counties. Health Share has embedded medical liaisons in local offices to improve communication with providers and improve care coordination. Health Share also established “Every Step” clinics in each county to provide coordinated trauma informed health and mental health care to children in Oregon foster care. Services available from Every Step clinic include:

- Coordinating with case workers and tracking children’s appointments.
- Transitional support for youth aging out of foster care.
- Personalized care plans for each child.
- Coordination between different agencies.
- Support for biological and adoptive families.
- Coordination of medical, dental, and mental health services.
- In-house behavioral health support.
- All staff and providers are trained in trauma-informed care.
- Care techniques that promote resilience.
- Trauma workshop for resource parents.

Similarly, the “FEARsome Clinic” is a collaboration in Coos and Curry counties that provides initial health assessments to children coming into foster care and works with resource parents to coordinate future healthcare.

Samaritan Health Services, which serves Linn, Benton, and Lincoln counties has established the “Encompass” program that provides care coordination to foster children enrolled in Pacific Source CCO. Care coordinators make home visits and provide resource parents with a notebook that follows the child containing scheduled appointments, referrals, resources, and other important information. The program continues to follow the child after reunification and remains a resource for the family.

The Integrated Care for Kids (InCK) Model is a cooperative agreement that OHA received from the Centers for Medicare and Medicaid Innovation (CMMI) at the Centers for Medicare & Medicaid Services (CMS).

Oregon’s InCK Model builds on Coordinated Care Organization (CCO) key goals, regional partnerships, and existing infrastructure with the following goals:

- Improve health outcomes of children and youth ages 0-21.
- Reduce out of home placements, e.g., foster care, juvenile justice, residential behavior health.
- Reduce costs associated with unnecessary emergency department visits and inpatient stays.

OHA (awardee) and the Oregon Pediatric Improvement Partnership (OPIP; sub-awardee and “Lead Organization”) jointly applied for InCK Model funding to be implemented in partnership with regional core child service partners and CCOs in Oregon. Oregon is one of eight InCK cooperative agreement recipients.

ODHS has dedicated staff time to ensure partnership and coordination in InCK planning and implementation. This position provides child and family system subject matter expertise, fosters alignment in ODHS and InCK initiatives and acts as an ODHS contact point for coordination efforts across

ODHS program areas that play a role in InCK. The program is in the pre-implementation phase and is set to implement in Crook, Deschutes, Jefferson, Marion, and Polk counties in 2022.

### Medication Oversight

Continued efforts to improve medication oversight have included:

- Nursing education on the importance of medication log provided to resource parents during the intake nursing assessment.
- Adding a field for medication log review in the clinical supervision tool.
- Asking caseworkers to provide copies of recent medication logs for review as part of the annual psychotropic medication review process to create accountability.

Health and Wellness Services continues to explore ways to improve in this area. Currently, there are plans to create a monthly electronic campaign for caseworkers as a reminder to collect, review and sign medication logs – this was planned for implementation in March 2020 but was delayed due to COVID-19. It is anticipated that Health and Wellness services will begin this work by July 2021.

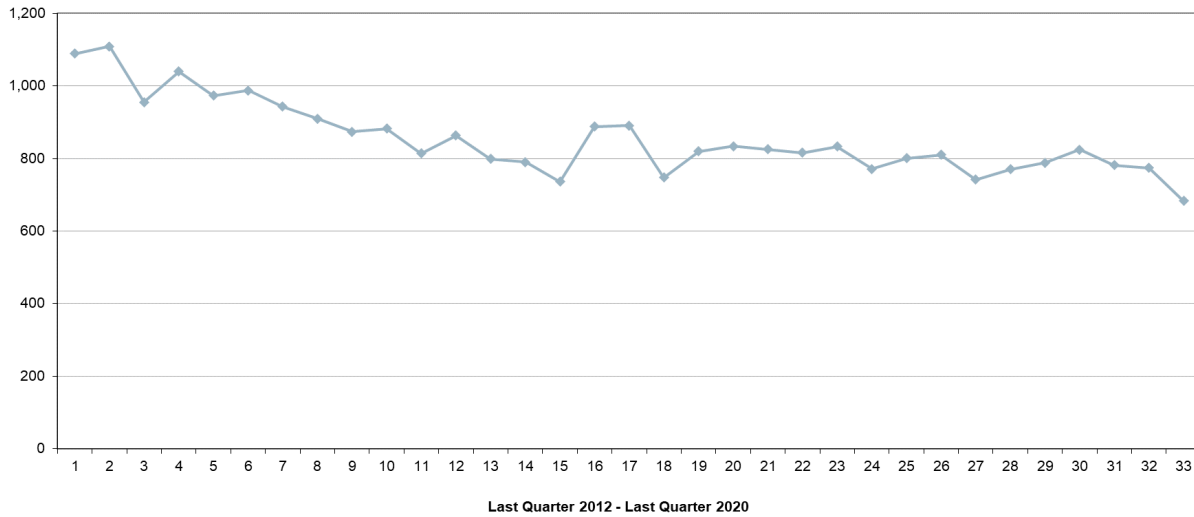
As part of psychotropic medication oversight, Health and Wellness Services provides an extensive annual review process for every child in ODHS custody ages 0-20 who is prescribed any medication classified as a psychotropic medication. The review process involves a pharmacist, nurse consultant, and a team of child psychiatrists when needed. In 2020, the nurse consultant conducted 877 annual psychotropic medication reviews and referred 19 cases to the Oregon Psychiatric Access Line for Kids (OPAL-K) child psychiatrist for review and consultation with the prescribing clinicians.

By policy, psychotropic medications require ODHS approval prior to their administration. This approval had historically been provided by a field supervisor or branch program manager, who may or may not have consulted with a nurse consultant before approval.

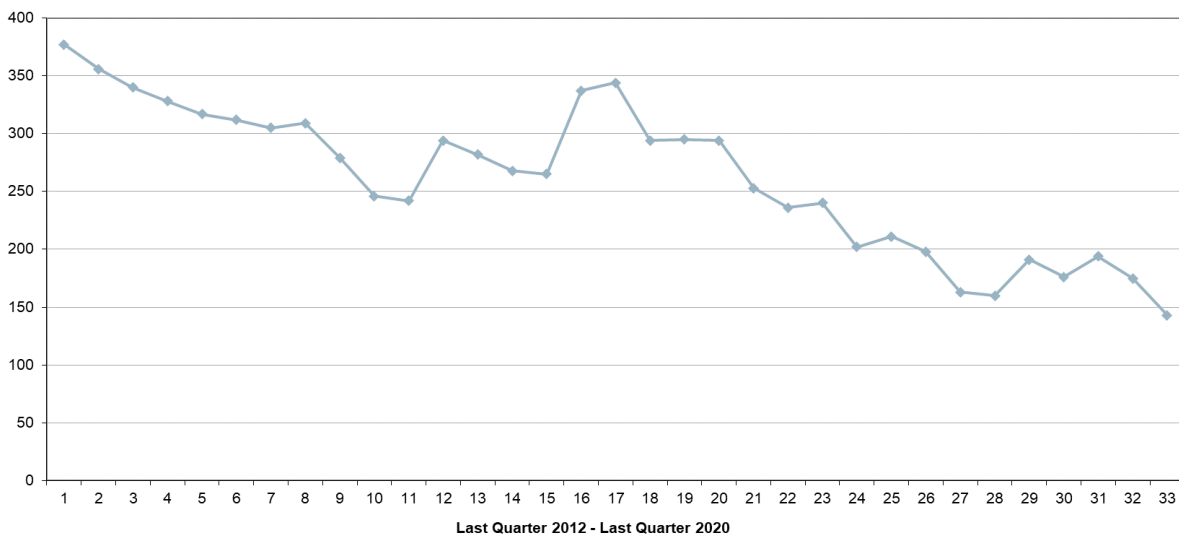
To further improve psychotropic medication oversight, Health and Wellness Services centralized the authorization of psychotropic medications so that each medication request is reviewed and approved by a registered nurse and a child psychiatrist when needed, rather than a caseworker and supervisor. It was fully centralized as of January 1, 2020. In 2020, the nurse consultant reviewed and approved 1,109 requests for authorization and conducted 877 annual psychotropic medication reviews. Per policy, the caseworker is still required to provide monthly review of medication logs and oversight of medications prescribed to children and youth on their caseload. The caseworker can also access the medication information via the Medicaid Management Information System (MMIS) claims data section in the child's OR-Kids file for the most current information on an ongoing basis. The caseworker is required to provide all notifications to appropriate parties as per policy and communicate directly with health and mental health providers to provide the most current child information and receive updated treatment plans.

As a result of the work to provide oversight of psychotropic medication prescribed to children in foster care in 2012, Child Welfare has seen a steady decline in the number of children prescribed psychotropic medication and a decline in polypharmacy. Currently fewer than 10% of children in Oregon foster care are being prescribed psychotropic medications.

**Youth in Foster Care  
On any Psychotropic Medication**



**Youth in Foster Care  
With 3 or more Psychotropics Concurrently for 90 Days**



### Standardization and Oversight of Medical Resource Homes

While Oregon CCOs are required by statute and by OHA contract to provide Patient-Centered Primary Care Homes (PCPCH or medical homes) to their members to improve healthcare coordination and collaboration between disciplines, there is a gap identified for medically complex and medically fragile children in Oregon foster care. The PCPCH is often not involved in coordinating in-home services or providing oversight for the in-home care, and communication between the PCPCH and in-home service providers is inconsistent.

Currently, Child Welfare does not have resource homes that are specifically certified as “medical resource homes” to care for our medically fragile/medically complex children in our care. We rely on resource parents who have volunteered to care for these children and have received child specific

training from healthcare professionals with ODHS Field Nurses providing nursing delegation and supervision in the home. Certifiers decide where these children with medical needs are placed often without consultation with Health & Wellness Services, who can determine whether needed in-home services are available in the area to serve the needs of the child. In collaboration with the Foster Care Program, Health & Wellness Services will consider a structured process for resource parents to become a designated “medical resource home”. These homes will be screened to determine resource parent skill level, what level of medical needs the home can serve, available in-home support services available in the area, and additional or ongoing training needs. In 2020, Health and Wellness Services served 485 children with medical needs significant enough to require nursing intervention and supervision. There are 33 children who are considered medically complex or medically fragile. Health and Wellness Services coordinates in-home caregiver supports for eight homes who care for these children. Work on the “Medical Resource Home” project was placed on hold so that the Health and Wellness nursing team could be responsive to the ongoing needs in the field during the pandemic. Work on this project is expected to resume in fall of 2021.

#### Health and Wellness Web Page

Health and Wellness Services is modernizing how it provides health-related information and resources the families and resource families we serve through the creation of a Health and Wellness specific webpage on the ODHS website. The page will include information regarding Adverse Childhood Experiences (ACEs), healthy lifestyles, nutrition, resiliency tools, and links to national campaigns and other health-related topics. Medication logs and other needed forms will also be available to resource parents eliminating the need to ask for and wait to receive them from caseworkers and certifiers. ODHS field nurses would provide web page information to direct resource parents and young people to the site during in-home visits to find needed resources. This project was placed on hold during the pandemic. We anticipate restarting this project in summer 2021.

#### Ensuring appropriate diagnoses and placements for medically fragile children, and children with emotional or behavioral disorders.

The state of Oregon does not operate medical group homes. Currently, all children who are medically fragile or medically involved are placed in a family resource home with caregivers trained to meet the specific needs of the child. In 2020, ODHS field nurses conducted 2,395 intake nursing assessments. All medically fragile and medically involved children are assessed by an ODHS field nurse upon coming into care as part of the Personal Care Program and are reassessed at periodic intervals established by the nurse to provide ongoing training and supervision in the home, coordinate in-home services, and review any changes to care. Those assessments are then reviewed and approved by the Nurse Consultant in Central Office to ensure the accuracy and appropriateness of the Service Care Plan. ODHS field nurses conducted 485 personal care assessments and service plans in 2020.

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

The Nurse Consultant must also approve all children entering a Behavioral Rehabilitation Services (BRS) placement through Treatment Services. As part of the review and approval process, the nurse coordinator reviews all available medical and mental health records, medication logs, and case notes to ensure that the referral is appropriate. When necessary, consultation with the ODHS consulting

psychiatrist occurs to determine the most appropriate and least restrictive placement required to meet the needs of the child. In 2020, the nurse consultant conducted 770 BRS placement reviews.

### Health Components of the Youth Transition Plan

Current policy requires that health matters be addressed as part of the transition plan for every child.

Included are:

- Agreement on the person with decision-making authority for health and mental health services for the child and identification of health, mental health, and dental providers for the child after the child reaches 18 years of age.
- Designating an individual to make health care treatment decisions on the child's behalf if they become unable to participate in such decisions and does not have or does not want a relative who is otherwise authorized under state law to make such decision; and the option to execute a health care power of attorney, health care proxy, or other similar document recognized under state law.
- Providing a copy of health and immunization records.

Additionally, Health and Wellness Services is in the early planning stage of expanding nursing services to further support young adults who are transitioning out of foster care. An ODHS field nurse will conduct a transition assessment for young adults leaving foster care to ensure they understand how to access health and mental health care, obtain, and renew prescriptions and keep their health insurance through age 26. A wellness toolkit will also be provided. We anticipate making this expansion to the nursing program in September 2021.

### Expanding Nursing Services through Integration of ODHS Field Nurses into CPS and Family Preservation Work

Historically, ODHS field nurses have played a separate role from CPS in the identification, evaluation, and diagnosis of child maltreatment, and interventions with families served. Communication between CPS workers and ODHS field nurses has been limited to occasional discussions about concerns or findings during an Intake Nursing Assessment after a child has been brought into ODHS custody or regarding the medical needs of a child placed in foster home. ODHS field nurses have not been involved in investigations, interventions, or prevention work being done to keep families intact, safe and healthy but rather have primarily focused their efforts on children who have already entered foster care and those children returning home on trial reunification.

The ODHS field nurses are trauma-informed pediatric nurses who are trained to recognize abuse and neglect and understand the unique health challenges of children and families involved with Child Welfare. In their role, the focus will be on families with children age five and under with an added safety lens (safe sleep) when a child under the age of one is in the home. The CPS field nurse scope of work will include:

- Identifying child maltreatment and assessing safety as it relates to health/medical issues.
- Advocating for the health care needs of children and families.
- Educating CPS professionals, caregivers, and community partners about the unique health care needs of the child.
- Participate in in-home visits with child protection staff to assess the health status of children and to assist in assessing home, specific to medical needs and care provided.
- Consult in the development of medical case planning and coordination of care and ensure the child/youth has a primary care provider.



- Assisting caregivers in obtaining needed physical and mental healthcare.
- Facilitating referrals to community providers for medical services, home nurse visiting programs, early intervention providers, specialty providers, dentists, and other community programs.
- Following children placed out of county to ensure access to needed services.
- Provide relevant medical trainings individually or in groups for child protection staff, families, caregivers, and other community partners.
- Review and interpret medical reports and other documentation.
- Provide nursing assessments and medication reviews for children coming into foster care.

When completing a home visit, the CPS nurse consultant is aware that trauma intersects in many ways with culture, history, race, gender, location, and language. The CPS field nurse works to bring cultural awareness, responsiveness, and understanding which are essential to increasing access and improving the standard of care for traumatized children, families, and communities across Oregon. Eliminating disparities in investigations and interventions requires culturally responsive involvement across service sectors, communities, organizations, neighborhoods, families, and individuals to reduce barriers, overcome stigma, address social adversities, and strengthen families.

As awareness increases about the long-term health effects of adverse childhood experiences (ACEs), it is increasingly important for ODHS, and community medical and behavioral health providers to integrate their care and interventions for children and families, to better identify, prevent, and treat traumatic stress, and minimize re-traumatization. ODHS can have a better positive holistic impact on the health of children, adolescents, families, and communities by implementing trauma-informed integrated investigation and intervention practices,

Child Welfare anticipates ODHS field nurses will be integrated into family preservation work as part of the Family First legislation to provide assessments, education and community referrals that strengthen the health and well-being of families. ODHS field nurses will continue to conduct nursing assessments, medical case management, and nursing delegation to children in foster care and resource families during this expansion of services. Due to COVID-19 this expansion was placed on hold and is expected to restart in late 2021.

#### Adaptation due to COVID-19 Pandemic

Essential health and wellness functions must continue despite the pandemic. Except initial nursing delegation visits as required by the Oregon State Board of Nursing, nursing assessments continued virtually throughout 2020. These include personal care assessments, CANS assessments, and psychotropic medication authorizations. In early 2021, the ODHS field nurses became eligible to receive the COVID-19 vaccine and once vaccinated, were able to return to in-person nursing visits.

The adaptation of telehealth due to the pandemic created opportunities for ease of access to physical and mental health services throughout Oregon. Dental health services were negatively impacted in the beginning of the pandemic due to restrictions placed by Oregon's Governor in order to preserve PPE for healthcare workers caring for COVID-19 patients. Those restrictions have since been lifted and in person dental appointments have resumed.

As a response to the additional needs of resource families during the pandemic, a COVID-19 personal care payment was created to support resource families who had to care for a child who was positive for COVID-19 or exposed to COVID-19 and were required to quarantine. Resource parents receive an

additional \$2,075 for the additional care needed during quarantine. The personal care program has conducted over 275 COVID-19 personal care assessments to date.

The Health and Wellness team have continued to be as available and responsive as possible to respond to the many complex issues the pandemic has created in Child Welfare with the support and consultation of public health and the OHA COVID-19 Response team.

## Disaster Plan

### Oregon Natural Disasters in 2020-2021

Oregon suffered major wildfires across large geographic swaths of the state in September 2020. The continuity of operations plans (COOPs) discussed below were sufficient for this natural disaster. There were requests from local offices to track conditions at the Central Office level. Central Office staff tracked daily conditions using a GPS map provided by the ORRAI and followed up with families and individuals affected by the fires to ensure needs were met.

### COVID-19 Pandemic

Please see the 2021 APSR for a detailed collection of guidance and resources created at the outset of the pandemic. Child Welfare has modified guidance as circumstances changed in 2020 and early 2021. Attached is the collection of guidance and resources issued since the 2021 APSR. (Attachment 18)

## Changes

Attached are the Central Office and ORCAH Continuity of Operations Plans (COOPs). (Attachments 19 & 20) Both are updated as of December 2020. Child Welfare is collaborating with the ODHS emergency management team to implement a new system called BOLDplanning. Child Welfare COOP information will eventually be housed in that system.

## Additional Supplemental Appropriations for Disaster Relief Act

This is addressed on p. 71.

## Training Plan

See Attachment 22, Training and Workforce Plan 2021. See also Attachment 31, Training Matrix.

## Statistical and Supporting Information

### CAPTA Annual State Data Report Items

#### Information on Child Protective Service Workforce

#### *Education, Qualifications, and Training Requirements for CPS Professionals*

#### Caseworkers (SSS1)

The following are the minimum qualifications for an SSS1 in terms of education and experience.

- A Bachelor's degree in Social Work/Human Services or a closely related field; **OR**
- A Bachelor's degree in any field and either:
  - 1) One year of direct, full-time experience that prepares the incumbent for services to children and families, such as performing work in a social work, child welfare services, or family services setting, or a related field; **OR**

- 2) Completion of coursework equivalent to a current certification in social work/human services or related field;

**OR**

- An Associate degree in any field and either:
  - 1) Two years of direct, full-time experience that prepares the incumbent for providing protective services to children, such as work in a social work, child welfare services, or family services setting, or in a related field; **OR**
  - 2) One year of social work-related experience and a current certification in a social work/human services related field, such as children’s services, social services, child development, early childhood education, counseling, or juvenile corrections.

Please see the training requirements for SSS1s attached. (Attachments 10-13)

*Supervisors (PEM-C)*

The following are the minimum qualifications for a PEM-C in terms of education and experience.

- Bachelor's or higher-level degree in Social Work/Human Services or a closely related field and two (2) years’ experience related to social or human services protective services; **OR**
- Bachelor's degree in a field not closely related to Social Work/Human Services and two (2) years of experience in supervision, staff technical, or professional-level social or human services related experience (i.e., experience, paid or non-paid, assisting individuals and groups with issues such as economically disadvantaged, employment, abuse and neglect, substance abuse, aging, disabilities, prevention, health, cultural competencies, inadequate housing). One year of this experience must have included program/project leader responsibility involving one or more of the following areas:
  - Development of program rules and policies
  - Development of long- and short-range goals and plans
  - Program evaluation and/or project evaluation, or
  - Monitoring and controlling or preparing a budget

Please see the training requirements for PEM-Cs attached. (Attachments 10-14)

*Data on Education, Qualifications, and Training of CPS Personnel*

Highest Degree	SSS1s	PEM-Cs
Associate's Degree	58	0
Bachelor's Degree	1063	166
Doctoral Degree	19	2
Education Specialist (EDS)	1	0
High School Diploma or Equivalent	2	0
Master's Degree	288	71
Unknown	161	11
<b>Grand Total</b>	<b>1592</b>	<b>250</b>

*Demographic Information of CPS Personnel*

<b>Race/Ethnicity</b>	<b>SSS1s</b>	<b>PEM-Cs</b>
American Indian or Alaska Native	28	6
Asian	31	2
Black or African American	69	7
Hispanic or Latino	187	17
Native Hawaiian or Other Pacific Islander	7	1
Two or More Races	85	6
White	1128	210
I do not wish to answer.	57	1
<b>Grand Total</b>	<b>1592</b>	<b>250</b>

<b>Gender</b>	<b>SSS1s</b>	<b>PEM-Cs</b>
Female	1285	200
Male	307	50
<b>Grand Total</b>	<b>1592</b>	<b>250</b>

<b>Age Range</b>	<b>SSS1s</b>	<b>PEM-Cs</b>
20-29	314	2
30-39	556	54
40-49	454	115
50-59	202	63
60-69	61	16
70-79	5	0
<b>Grand Total</b>	<b>1592</b>	<b>250</b>

<b>Disability</b>	<b>SSS1s</b>	<b>PEM-Cs</b>
Not Disabled	1573	246
Disabled	19	4
<b>Grand Total</b>	<b>1592</b>	<b>250</b>

*Caseload/Workload Requirements for CPS Personnel*

ODHS Child Welfare will be referencing caseload ratios based on standards from Child Welfare League of America (CWLA). Transitioning to these standards will take some time and creates a consistent framework for analysis of workforce needs and targeted strategies. The ratio goal will be 12 assessments per month (1:12 assessments/month). However, there are circumstances under which caseloads may vary from these standards. For example, caseloads may be higher when ODHS Child Welfare is faced with staff vacancies (e.g., Family Medical Leave Act, COVID-19 related reasons, etc.), or if administrative case functions (e.g., entering notes, filing, etc.) are assigned to other personnel. ODHS CW is finalizing a caseload data dashboard to analyze the current caseload for safety workers, permanency workers, certification workers and adoption workers.

## Juvenile Justice Transfers

In FFY 2020, Child Welfare transferred 24 children to the custody of the Oregon Youth Authority (OYA).

## Education and Training Vouchers

Please refer to Federal Attachment D.

## Inter-Country Adoptions

In FFY 2019, two children who were adopted internationally entered Child Welfare custody as a result of allegations of child abuse or neglect. In FFY 2020, three children who were adopted internationally entered Child Welfare custody as a result of allegations of child abuse or neglect.

## Financial Information

### Payment Limitations

#### Title IV-B, Subpart 1

- The amount of FY 2005 title IV-B, subpart 1 funds that the State expended for childcare, foster care maintenance and adoption assistance payments for comparison purposes.  
**Response:** The amount expended in FY 2005 was \$2,737,077.
- The amount of non-federal funds the state expended for foster care maintenance payments and used as part of the title IV-B, subpart 1 state match for FY 2005.  
**Response:** The amount of foster care maintenance payments applied as match in FY 2005 was \$938,153.
- Estimated and actual expenditures for administrative costs.  
**Response:** Administrative cost expenditures are reported on the CFS-101, Parts I, II and III forms. They do not exceed 10% of title IV-B, subpart 1 federal funds spending.

#### Title IV-B, Subpart 2

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

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

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

- Estimated and actual expenditures for administrative costs.  
**Response:** Administrative cost expenditures are reported on the CFS-101, Parts I, II and III forms. They do not exceed 10% of title IV-B, subpart 2 total expenditures.
- Provide the FY 2019 state and local share expenditure amounts for the purposes of Title IV-B, Subpart 2 for comparison with the state's 1992 base year amount, as required to meet non-supplantation requirements in section 432(a)(7)(A) of the Act.

**Response:** The FY 1992 Child Welfare state and local base year amount was \$59,196,600. FY 2019 Child Welfare state and local expenditures were \$345,227,281.