Oregon Department of Human Services Child Welfare Division

Annual Progress and Services Report 2023

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I. General Information

A. State Agency Administering the Programs

The Oregon Department of Human Services (ODHS), Office of Child Welfare Programs (OCWP) is the state agency responsible for developing the Child and Family Services Plan and administering the Social Services Block Grant (SSBG – Title XX), Title IV-B, and Title IV-E programs under the plan. Throughout this document, the state agency will be referred to as CW.

Oregon has a state-run child welfare system. CW design programs include Child Safety; Family Preservation; Permanency; Child Fatality Prevention; Foster Care and Youth Transitions; Equity, Training, & Workforce Development; Interstate Compact on the Placement of Children (ICPC); Federal Policy & Resources; Business Operations; OR-Kids; Treatment Services; and Health & Wellness. The design programs provide the infrastructure to support the Vision for Transformation, including developing rules, policies, and procedures based on federal and state requirements; providing consultation and technical assistance to local offices, direct service workforce, and Tribal Nations; using data to monitor outcomes and compliance and conducting quality assurance and continuous quality improvement processes.

Services are delivered through Tribal governments and Oregon's local offices, located in 16 districts across the state. (Attachment 1). Oregon also has a centralized child abuse hotline (ORCAH), which operates 24/7 and has integrated the administration of its design support with service delivery. Local offices, ORCAH, and Tribal governments ensure that child welfare services are delivered to children and families according to the CW Vision for Transformation. Delivery is also in continuous partnership with design to identify system strengths and growth opportunities, develop improvement plans, and implement new initiatives.

Figure 1
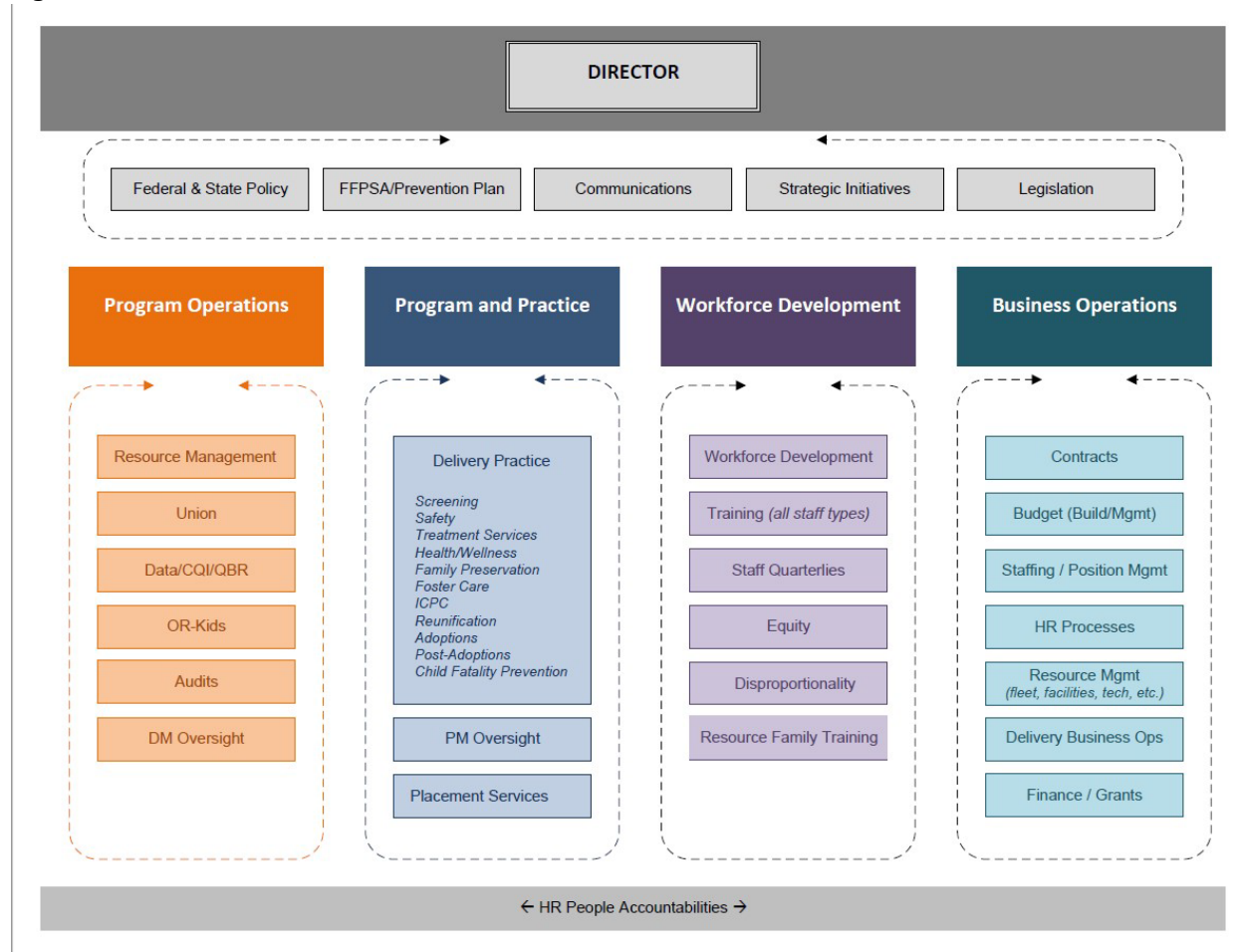
B. Oregon's Vision for Transformation

CW is driven by the Vision for Transformation (Attachment 2), which supports the individual needs of families and best serves Oregon's children, young adults, and families. CW envisions a true transformation built on core values and a belief that children do best growing up in a family.

- The Vision for Transformation is grounded in respect for Tribal sovereignty and brings an equity and anti-racist perspective to every aspect of our work that requires us to drive towards equitable outcomes for all families.

- The Vision for Transformation requires us to drive toward equitable outcomes for all children and families.

- The Vision for Transformation is the spirit of what we believe the child welfare system can and should be in Oregon.

- The Vision for Transformation envisions a child welfare system built on the mission, core values, and the belief that children do best growing up in a family and community.

- The Vision for Transformation was created through collaboration with our workforce, community partners, and Oregon Tribal Nations.

The vision focuses on three guiding principles:

1. **Supporting Families and Promoting Prevention:** Our transformation is built on trauma-informed, family and community-centered, and culturally responsive programs and services focused on engagement, equity, safety, well-being, and prevention.

2. **Enhancing our Staff and Infrastructure:** Our transformation depends on a diverse, supported, skilled, respected, and engaged workforce that reflects and embraces the communities we serve.

3. **Enhancing the Structure of our System by using Data with Continuous Quality Improvement (CQI):** Our transformation is built on data-informed practice and is supported by continuous quality improvement and modernized information technology systems and tools.

Figure 2 highlights how the Vision for Transformation aligns with outcomes.

Figure 2
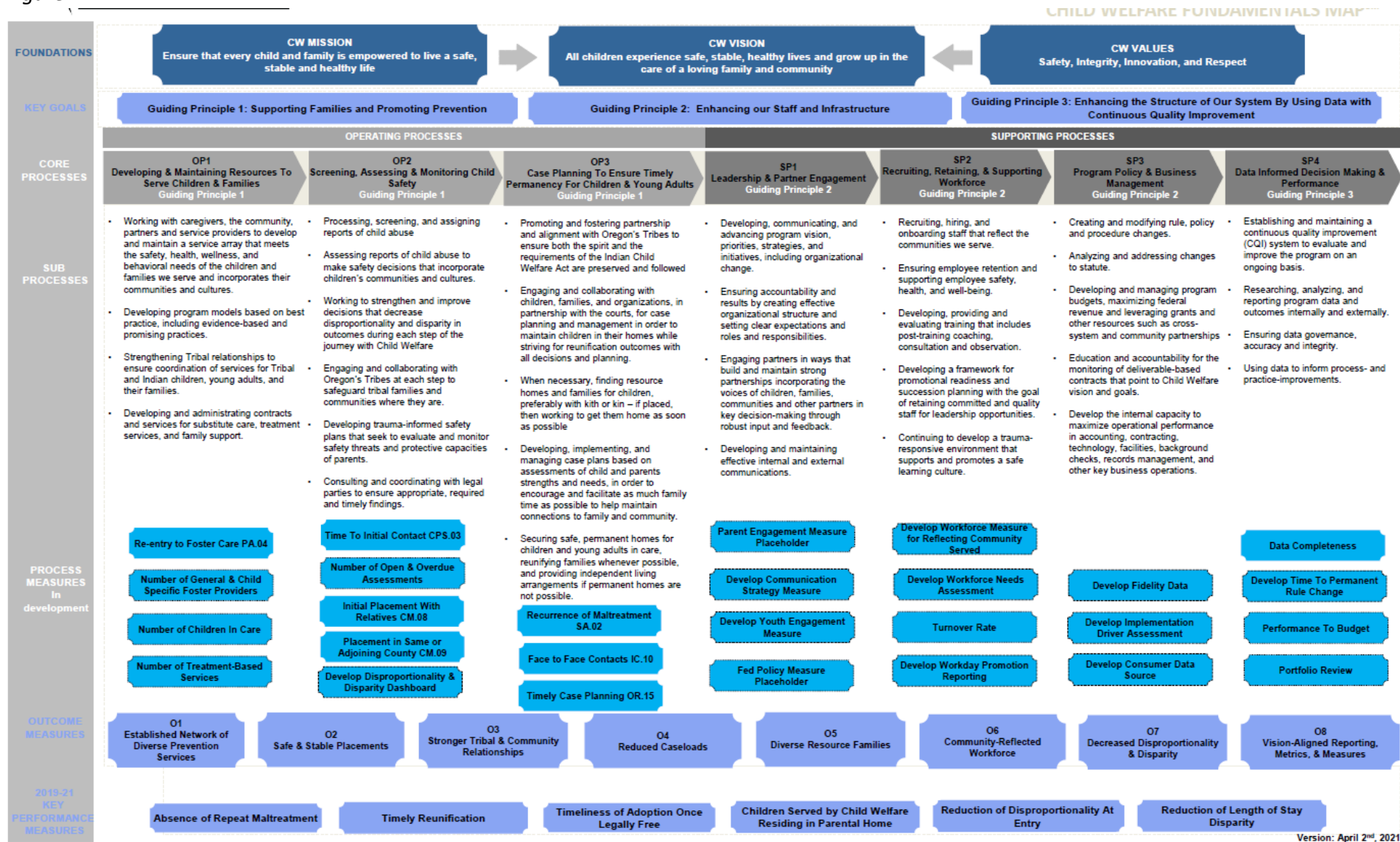
C. Collaborations

As indicated in the Vision for Transformation, ODHS values collaboration. We believe that communities often already have the wisdom and assets to provide safe, stable, and healthy lives for their children. Thus, CW strives to partner with, listen to, and lift community voices and advance their decision-making powers.

Figure 3

Group	About the Collaboration & Alignment with the Vision for Transformation.	Guiding Principle		
ABA Community of Practice – Foster Care & Education	• CW meets with this group bimonthly to learn and share best practices implementing foster care and education work	1		3
AdoptUSKids	• CW consults with AdoptUSKids to assist with diligent recruitment strategies for children who need resource parents and adoptive homes.		2	
CAMI Advisory Council	• Child Safety Program attends CAMI Advisory Council quarterly. • The child abuse multidisciplinary advisory council advises the Oregon Crime Victim and Survivor Services regarding the allocation and administration of funding. • CAMI funds are the primary source of state funding for the intervention, assessment, and investigation of child abuse. State law requires money to be distributed through multidisciplinary teams (MDTs).	1		
Child Caring Agency (CCA) Oversight meetings	• Treatment Services participates in monthly collaborative meetings with state system partners to support shared standards, CQI, address systemic themes, and brainstorm solutions connected to Oregon's Child Caring Agencies (CCA). • CCA oversight meetings include Oregon Health Authority (OHA) Children's Behavioral Health, Office of Training, Investigations, and Safety (OTIS), Oregon Youth Authority (OYA), and CW. • This group operationalizes the vision for transformation through trauma-informed and community-centered programs and enhancing staff infrastructure.	1	2	

Child Welfare Advisory Committee (CWAC)	CWAC exists to advise CW on the development and administration of child welfare policies, programs, and practices. CWAC strives to look at policies, programs, and practices from the perspective of lived experience/expertise of those who have been intimately involved with the system	1	2	
Child Welfare Race Equity Leadership Team (CWRELT)	- The Child Welfare Race and Equity Leadership Team (CWRELT) is a diverse advisory board overseeing equity initiatives across the agency - Committee members are members of the community, including youth and parents with lived experience in the child welfare system, community partners, local colleges, social justice organizations, Oregon Department of Education (ODE), Oregon Health Authority (OHA), Oregon Higher Education Coordinating Commission (HECC) - CWRELT supports equity-alignment across ODHS enterprise - CWRELT advises and houses six subcommittees focused on: Racial Equity, LGBTQIA2S+, Disability Justice, Rural Access, Language and Communication Equity and Staff Safety and Wellbeing - Statewide Data Mapping and Collection in relation to Equity and Staff Wellbeing - Disproportionality project collaboration with Department of Administrative Services - Sponsors the Racial Equity and Social Justice (RESJ) Policy Tool Review Committee	1	2	3
Child Welfare Training Advisory Committee	See p. 89		2	
Citizen Review Boards (CRB)	CRB is a program within Oregon's state court system that reviews the cases of children in foster care. Reviews conducted by boards of citizen volunteers from local communities bring transparency and public oversight to foster care cases. The reviews and findings maintain a path for citizens to shape public policy affecting Oregon's most vulnerable children and families. Currently, there are 62 boards in 33 of Oregon's 36 counties.	1		3

Commercial Sexual Exploitation of Children Steering Committee	• Our Commercial Sexual Exploitation of Children (CSEC) response as a department includes cooperative participation and community engagement at the national, state, and local level.
	• ODHS' CSEC coordinator serves on the National Child Welfare Anti-Trafficking Collaborative Steering Committee, including 25 member states.
	• ODHS is represented on the Attorney Generals' Advisory Committee at the Department of Justice alongside representatives from juvenile justice, law enforcement, lived experience experts, community service providers, and others who research and set guidelines and standards for Oregon's collaborative human trafficking response.
	• The Advisory Committee also approves county or area-wide task forces attended by local anti-trafficking staff.
	    ○ For a local task force to be certified by the Department of Justice, CW must be represented.
	    ○ Task forces include ODHS staff who are embedded in their communities. The child welfare professionals designated by their local offices to participate in the task forces actively work alongside treatment providers, juvenile justice, law enforcement, community organizations, advocates, and other youth-serving agencies to provide trauma-informed, holistic support to victims of CSEC in Oregon.
		1		

Department of Education	CW meets weekly with the Oregon Department of Education, Foster Care Point of Contact to align procedures, create strategies, and promote educational success of students experiencing foster care.	1		3
ADA Steering Committee	The CW ADA Steering Committee, which is comprised of many internal and external partners across the state, provides review and feedback on all	1	2	3

	aspects of the work CW has done to build better policy and practice related to working with individuals with disabilities. The ADA Coordinator convenes that group every other month.			

Domestic and Sexual Violence Advisory Committee	• The Domestic and Sexual Violence Fund Advisory Committee began in 1977 to explore domestic violence survivor support services funding. In 1989, ODHS formalized the Advisory Committee and Administrative Rule 413-050-0530.
	• The purpose of the Fund Advisory Committee Is to:
	  • Advise CW.
	  • Advocate for victims/survivors of domestic and/or sexual violence.
	  • Advocate for programs and services for victims/survivors.
	  • Collaborate with other funding agencies and statewide groups.
	• The Advisory Committee meets monthly to discuss updates or issues related to the Family Violence Prevention Services Act grant, Criminal Fines and Assessment funds, and the Marriage License Tax, all administered by ODHS.
	• The Committee includes representatives from urban, rural, and frontier non-profit service providers, culturally specific organizations, ODOJ, ODHS Self-Sufficiency, the Oregon Coalition Against Domestic and Sexual Violence, Attorney General's Sexual Assault Task Force, and community members at large.
	• Funds administered by ODHS are collaboratively allocated with ODOJ using an Equity Formula created in 2006 and revised in 2018. These funds are passed to programs and Tribal Nations across the state to provide vital services to domestic and sexual violence survivors.
		1		

Governor's Child Welfare Foster Care Commission	• In 2016, House Bill 4080 Established The Oregon Child Foster Care Advisory Commission (CFCAC) to assess Oregon's	1	2	3

foster care system concerns and advise the Governor and the ODHS Director.

- The commission studies Oregon foster care system legal and policy issues, promotes accountability, and monitors outcomes measures, including:
  1. Increasing the number of children committed to the custody of the Department of Human Services who are placed with family members, relatives, or next of kin;
  2. Decreasing the number of placements in, and removals from, substitute care for individual children committed to the custody of the department;
  3. Decreasing the length of time children spend in substitute care;
  4. Decreasing incidences of abuse, neglect, and maltreatment for children in substitute care;
  5. Increasing the number of children who receive permanent placements within 24 months of entering substitute care;
  6. Decreasing the number of children who, upon becoming ineligible for substitute care, have not achieved independent living status;
  7. Increasing the number of children who are placed with adoptive parents within 12 months of termination of the parental rights of a child's biological parents;
  8. Reducing demographic disproportionality in substitute care;
  9. Increasing the number of families involved in the foster care system receiving services and assistance to make it possible for children in substitute care to safely return home; and
  10. Increasing the number of families involved in the foster care system having access to culturally relevant services.
- Necessary and recommended improvements to ODHS internal operations include:

	1. Monitoring, licensing, and supervision of foster care providers; 2. Caseload management; 3. Procedures for investigation of abuses and deficiencies; 4. Recruitment, training, and retention of foster parents; and 5. Quality assurance; 6. Recommendations to improve and expand the availability of foster care and, where applicable, to provide alternatives to foster care for children who need care and services; 7. Promotion of responsible statewide advocacy for children in foster care; and **8.** Ongoing review of foster care providers in this state and identifying barriers to quality care and services for children in the foster care system.			
Indian Child Welfare Act Advisory Council	The ICWA Advisory Council meets quarterly to facilitate information sharing and cooperation between CW and the nine federally-recognized Tribal Nations.	1		
Juvenile Court Improvement Program (JCIP)	See pp. 80-81 for a detailed discussion of CW's collaboration with JCIP.	1		3

Oregon Post Adoption Resource Center	• ORPARC provides post adoption and post guardianship support to families in Oregon.
	• This past year, in addition to contracting to provide these supports, CW partnered with ORPARC to:
	  o Print and bind CW staff All About Me books;
	  o Project manage TAC (Training for Adoption Competency); and
	  o Facilitate and run KEEP groups for adoptive and guardian families.
		1		

Oregon Resource Family Alliance (ORFA)	• Formerly known as the Oregon Foster Parent Association, ORFA's mission is 'We strengthen Oregon families, and promote reunification, by engaging in community partnerships and encouraging collaborative relationships between birth families, youth, and resource families while	1		

	providing meaningful support, education, mentoring, and advocacy.' • ORFA is a direct line to resource parents and supports understanding rules and procedures. • ORFA's board of directors meets with CW executive leadership, design program managers, and the Foster Care Program Manager. • The ORFA president provides feedback on child and resource parent needs and collaborates with the foster care program to disseminate training information to resource parents.			
Oregon Youth Authority (OYA)	• OYA supports youth who have been adjudicated in Oregon. OYA's mission is to hold youth accountable and provide opportunities for reformation in safe environments. • The Treatment Services program partners with OYA in several ways, including administration of Behavioral Rehabilitative Services (BRS), collaborative quarterly meetings across programs, System of Care partnerships, and monthly CCA Oversight meetings. • CW local offices and frontline workers partner with OYA through the Interstate Compact on Juveniles (ICJ) to return children in CW custody who have run away and been picked up in another state. • The ICPC program works closely with ICJ to identify children to whom both Compacts apply and to assure that those children receive appropriate services when placed in another state. The ICPC program also serves on the State Council for the ICJ, bringing the CW perspective into Oregon's administration of the ICJ.	1		
Parent Advisory Council	• The PAC includes parents with lived experience and expertise who may also serve as a Peer Parent Mentor. Membership on the PAC rotates to ensure diversity of membership and perspective. • The PAC meets monthly with CW executive leadership to offer feedback on how the Department serves families, discuss system issues, and improve child and family outcomes.	1		3

	• PAC members also sit on workgroups and assist in developing and reviewing new CW procedures and initiatives.	1		3
Permanency Advisory Committee (PAC)	• The Permanency Advisory Council includes CW permanency staff and leadership from all 16 state districts. • This committee meets monthly to identify the root causes of permanency-related issues, implement improvements and innovations, and streamline processes to support children, youth, and families in achieving permanency.	1		3
Portland State Child Welfare Partnership	See pp. 85-89 regarding training and the partnership with Portland State University.		2	
Raise Up Oregon Agency implementation Coordination Team	This is a cross-systems team of state partners, working to implement early learning initiatives of the Early Learning Council	1		
Refugee Child Welfare Advisory Committee	• This committee includes CW staff and community partners who support refugee communities. • The committee discusses, advises, and solves problems for refugee families experiencing the child welfare system. • The committee offers advice and support so workers can better serve refugee families. This aligns with the Vision for Transformation Guiding Principles 1 and 2.	1	2	
Special Needs Adoption Coalition	• This coalition includes private adoption agencies in Oregon that contract with CW, with the goal to complete adoption home studies of families and supervision for children if one of their families is selected as the Adoptive Resource.	1		
State Advisory Council for Special Education (SACSE) at the Oregon Department of Education	Member of State Advisory Council for Special Education (SACSE): Advises ODE of unmet education needs of children with disabilities.	1		
State Interagency Coordinating Council (SICC) at ODE	Member of State Interagency Coordinating Council (SICC): Ensures interagency coordination and to support the ongoing development of quality statewide EI/ECSE services for children and families.	1		
System of Care (SOC) Statewide Steering Committee	• The statewide System of Care (SOC) Steering Committee includes people with lived experience, local SOC members, OHA Children's Behavioral Health, OYA, Medicaid, Department of	1		3

	Education, the SOC Advisory chair, ODHS Directors Office, and ODDS staff. • SOC responds to needs that cannot be met through local SOC committees, collaborates on children's system improvements, including braided funding, and reports to the System of Care Advisory Council.			
The Contingent/ MyNeighbOR/Every Child	• The ICPC Program coordinates with Every Child when Oregon residents contact Every Child wanting to be resource families for their relative children from another state. The ICPC Program provides an orientation to the relatives and liaises with the sending state.	1	2	
Treatment Services community partner and provider meetings	• The Treatment Services Program hosts bi-monthly community partner and provider meetings. This two-and-a-half-hour forum enables direct communication and feedback, collaboration on system improvements for children and families, and shared implementation of innovative projects and pilots.	1		3
Youth Transitions ILP Provider meetings	• The meeting encourages ILP Providers to keep youth's voice in the forefront, provide updates on new resources for young people, and provide data regarding services provided. • This forum also allows for direct communication, feedback, and collaboration on service improvements.	1	2	3
Youth Transitions Program and Child Welfare quarterly meetings	• These quarterly meetings inform and increase delivery staff awareness of services and resources available for youth and young adults in foster care or those who have transitioned to interdependent living in the community.		2	
Child Welfare and Self Sufficiency Programs	• These meetings enable CW and OHA to meet to brainstorm ways to support equity, inclusion, and trauma-informed care for youth who have experienced the foster system and the My Life My Choice sexual health curriculum.	1		
Child Welfare and Oregon Health Authority- Youth & Family Services	• CW and OHA staff meet to brainstorm and improve collaborations and prevention services for teens and young adults (e.g., suicide prevention, mental health, housing options).	1		

1. Collaboration in the Creation of this APSR

Equity is at the center of the Vision for Transformation. CW aims to share power with communities to ensure that every child and family has access to what they need to live safe, stable, and healthy lives. Just as a building's construction requires people with different skills and materials to work together, child and family well-being depends on the whole community of child and family-serving systems. CW is one part of the system that supports child and family well-being.

As part of the system, CW aims to come alongside children, families, and communities, anticipate problems and respond early, and focus on outcomes, not just outputs. This means aligning resources toward prevention and intervention before a child reaches the critical point of being placed into foster care as the last resort.

Collaboration amongst staff, ODHS programs, community partners, Tribal nations, government agencies, resource parents, and especially those with lived expertise is necessary for prevention and family preservation work. Cross-system collaboration efforts are summarized in Figure 3 above.

Another way to increase transparency and bring new people to the table is through broad communication efforts with partners and communities. This past year, the CW Executive Leadership team began hosting Child Welfare Community Connections. These meetings occur every other month and are open to the public. In these spaces, CW leadership gives updates on current events, initiatives, and projects. For example, legislative session updates, progress on Family Preservation implementation, and improvements made around workforce development. There is also time to answer community questions and address concerns. In addition, communication channels such as the Community Engagement web page and the Child Welfare Community Connections newsletter sent out every other month keep resource families, caregivers, and community partners up to date on CW activities.

II. Assessment of Current Performance in Improving Outcomes

Note: All CFSR data in this report is taken from PIP reporting period 48. 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, reporting period 24 (2021 APSR), and reporting period 37 (2022 APSR) to provide context for the current CFSR data.

A. Child And Family Outcomes

1. Safety Outcome1: 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?

Figure 4
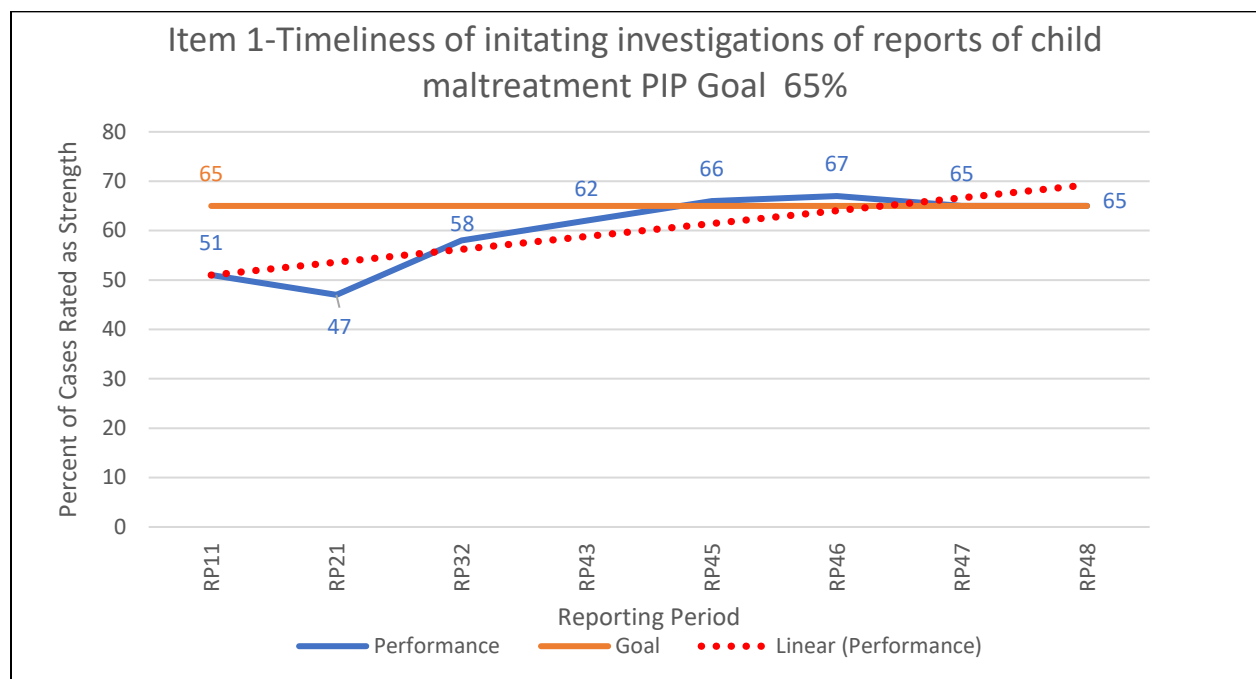
The Child Safety program reviews and analyzes data from multiple reports on the timeliness of initial contact. The analysis considers quantitative and qualitative data factors, worker skillsets, workplace resources, communication, and leadership, to promote a more robust understanding of the complex elements influencing the data. This helps develop meaningful and informed action plans to improve outcomes at the local and state level. The system-wide impacts of the global COVID-19 pandemic on Child Protective Services are still not fully understood and the impact may take years to fully evaluate.

CW built an additional report to support continuous quality improvement (CQI) and data accuracy around successful initial contacts with the alleged child victim within the required timelines. Since the historical ROM data included unsuccessfully attempted contacts, there were differences between the ROM report and CFSR findings. In addition, data in the previous report reflected all assigned reports, including those with no data entered electronically. The new report is used in tandem with the ROM CPS.03 Time to Initial Contact report and incorporates CFSR review data on the timeliness of investigation.

Figure 5

Timeliness of Initial Contact by Federal Fiscal Year			
FFY	**Number Timely**	**Total Investigations with Contact Recorded**	**Percent Timely**
2019	4,484	35,505	12.6%
2020	4,195	29,411	14.3%
2021	4,606	30,536	15.1%
Three-year Total	**13,285**	**95,452**	**13.9%**

Source: SA 2025-D Successful Initial Contact Report

2022 Note: The Percent Timely outcomes provided last year for FFY 2019/2020 were incorrect, they included investigations with No Contact recorded in the denominator. The data in Figure 5 has been corrected to exclude the investigations with no Contact Recorded (shown as No Record on the Report) and calculates on Met/Not Met outcomes only, per the report documentation and report design by Child Welfare program. To bring clarity and transparency the column label has been updated from saying Total Investigations to say Total Investigations with Contact Recorded.

Historically, Oregon SACWIS (OR-Kids and ROM) data included attempted contact with the child(ren) as having met the requirement for timeliness to initial contact. As Oregon analyzed our data and compared it to our CFSR data, which includes both qualitative and quantitative measurements, a discrepancy was found. Safety program did a root cause analysis and found using ROM as a reference point was a barrier for improving this measurement and that including the attempted contacts misrepresented our performance, especially to our delivery staff who relied primarily on the ROM data. From this analysis, it was determined that we needed a comprehensive data point that includes successful initial contacts within the required timelines, as well as a measure that reflects ongoing coaching and support to delivery to ensure diligent ongoing attempts to assess safety are being made. The data in Figure 5 only includes successful initial contacts made within in the required timelines. What is not reflected in the Figure 5 data is the large number of "pending" assessments in Oregon, which creates a discrepancy because many CPS workers enter all of their contacts into the system at the end of their assessment.

CFSR data on this item is more reliable because at the time CFSR cases are reviewed, the case has been closed and the quantitative assessment data has been completed and the qualitative interviews are reflective of the intricate work a caseworker completes.

Using the data from Figure 5, safety consultants developed strategies and action plans with delivery offices to increase the timeliness of initial contacts and meaningful ongoing contact to improve child safety outcomes.

CW successfully met PIP Item 1, Timeliness of Investigation, exceeding the 65% improvement goal as verified by the Children's Bureau on 1/26/22. CW continues to promote initial contact timeliness using qualitative and quantitative data to assess and improve the quality of safety-related information and engagement with families. Based on currently available data, the Child Safety program contracted with Nevada resources to develop resources and learning tools that promote safety-related information gathering and decision making. These tools and resources should improve the quality of initial contacts and outcomes for risk and safety management.

As noted in the chart for Timeliness of Initial Contact by Federal Fiscal Year, the percent of timely initial contacts over the last three years increased 2.5% from 2019 to 2022. During 2021 42,389 CPS reports were assigned to delivery offices, and 12,187 of those reports were assigned as a 24-hour response outside of "normal" business hours. The Oregon Child Abuse Hotline (ORCAH) is staffed and designed to screen 24/7 year-round, but delivery offices across Oregon continue to primarily work Monday through Friday, 8 am to 5 pm.

CW continues to explore and evaluate strategies to best develop and train a sustainable workforce with ability to respond timely to new reports. Several districts developed alternative work schedules but this continues to be challenging for staff. Some districts and counties have required on-call rotations. Statewide efforts are underway to evaluate workforce structure and operationalize processes to effectively respond to 24-hour response reports and ensure CPS workers make intentional, trauma-informed contacts with children and families within required timeframes.

From December through May 2022, the Child Safety Program partnered with the Child Fatality Prevention & Review Program (CFPRP) and the University of Kentucky Center for Innovation in Population Health to complete Safe Systems Mapping. This was used to develop solutions to improve diligent and ongoing contacts with families during an open child protective services assessment. The performance improvement opportunity was identified through cases reviewed during the CIRT/Safety Systems Review processes. In July 2022 recommendations from this Safe Systems Mapping process will be considered for further action. The goal is to improve timeliness to initial contacts, promote accurate initial contact data collection, and respond to additional contacts.

Oregon Child Abuse Hotline (ORCAH)

Fully implemented three years ago, as of April 4, 2022, since March 2020, 99% of ORCAH's workforce has successfully worked remotely due to the COVID-19 pandemic. ORCAH has transitioned to a hybrid work model in June 2022. The hybrid model supports remote work for essential duties and in-person activities, including training, coaching, supervision, and unit meetings. 68% of ORCAH's screening workforce during the last two years were available to take

abuse reports, and 32% were vacant (unfilled positions, untrained new staff, staff using sick leave, vacation, FMLA, etc.). Workforce reduction impacted ORCAH's performance, callers' experience, and Child Protective Services (CPS) workers. In 2022, ORCAH's primary focus is workforce stability and maintaining operational strategies.

Figure 6: ORCAH Contacts April 2019 - April 2022
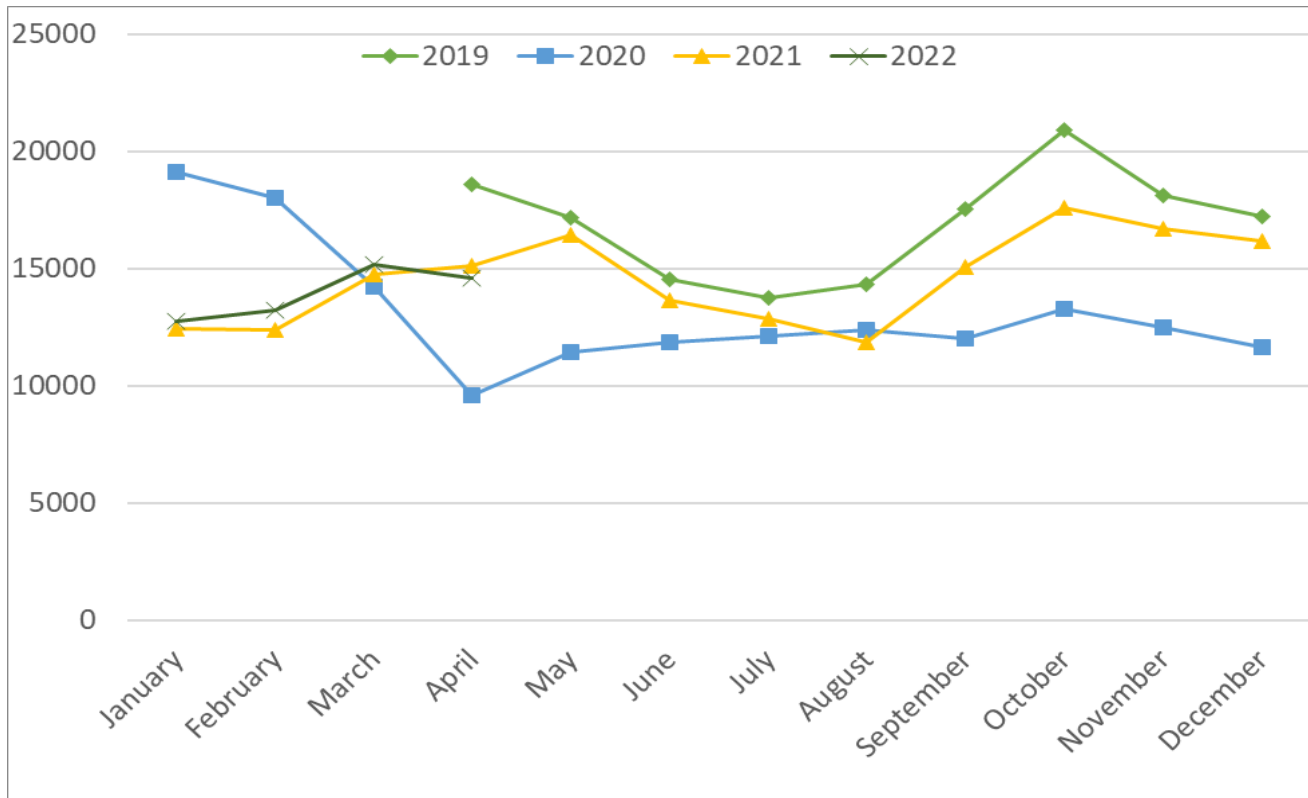
Contacts are calls, cross reported police reports and (as of 03/28/22) electronic reports on open cases or assessments. ORCAH lacked the ability to track cross-reported police reports until June 2019. Therefore, April and May 2019 data are calls only.

In 2019, 48% of contacts were not reports of abuse, closed at screening reports, or case information (Note: case note data from this period may be inaccurate since many screeners were not entering data in a way that could be pulled into data reports). In 2020 and 2021, 43% and 40% of contacts respectively were not reports of abuse, closed at screening reports, or case information. In the first four months of 2022, these types of contacts decreased to 29%.

The primary reporters to ORCAH are law enforcement, educators, mental health providers and CW staff. While call volume decreased drastically when the pandemic began and through the summer of 2020, it has steadily increased as students return to school.

ORCAH's mission is to receive reports of child abuse and provide excellent customer service with equitable and consistent decision-making to ensure the safety for Oregon's children. Since the implementation of a centralized system, there are times when managing call volume is

challenging. This leads to longer caller wait times and higher rates of call abandonment. In January of 2022, ORCAH implemented several operational strategies to reduce wait times for all callers and decrease abandonment rates

Call abandonment rate:	Average call wait time:
2019: 25.0%	2019: 8.07 minutes
2020: 11.0%	2020: 4.33 minutes
2021: 24.5%	2021: 12.28 minutes
2022 (4 mo.): 8.3%	2022 (4 months): 4.35 minutes

Figure 7: ORCAH Wait Times by Queue, October 3, 2021-April 2, 2022
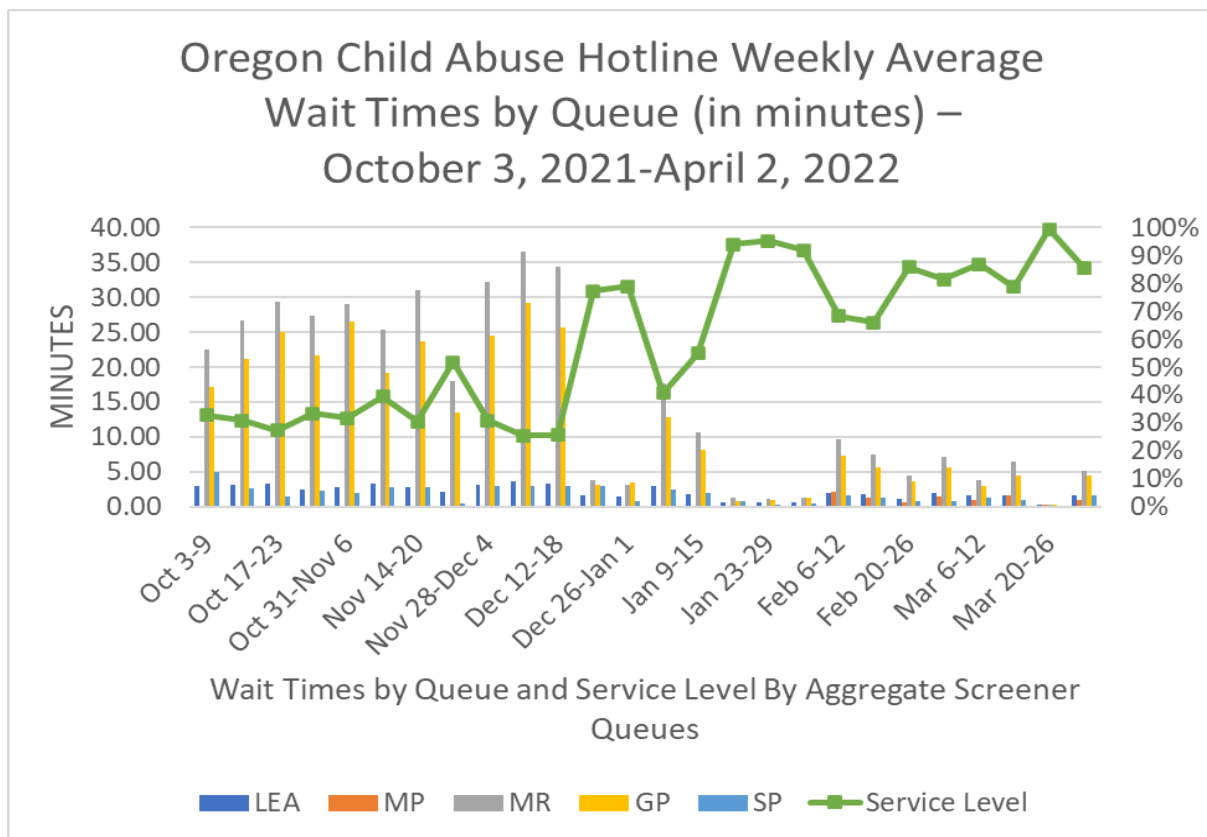
Service Level = Percentage of calls answered in under four minutes
Queues include in chart include those answered by screeners:
- *LEA – calls from a law enforcement official*
- *MP – calls from a medical provider (queue was added during the week of February 6-12)*
- *MR – calls from a mandatory reporter*
- *GP – calls from the general public*
- *SP – calls from Spanish-speaking community members*

The decrease in abandoned calls helps explain the decrease in contacts without documentation. In previous years, many calls received without documentation were due to abandoned calls. The call abandonment rate was updated on April 15, 2022, and previous rates were adjusted to

match OpenScape data. Service level data explain how well ORCAH meets its goal to answer calls within four minutes. Though there are outlying maximum wait times (180 minutes in 2019 and 122 minutes in 2020), average wait times are currently 4.35 minutes and are a better measure of ORCAH's overall call volume management.

On March 28, 2022, a statewide protocol and electronic template were developed and implemented with input from OTIS screeners and consultants, ORCAH staff, and the Child Safety program. As indicated on p. 24, CW staff are one of the top four reporters to ORCAH. CW and Office of Training Investigation and Safety (OTIS) staff report to ORCAH electronically on open cases and assessments to decrease wait times. ORCAH plans to implement online reporting for all mandatory reporters and is piloting and improving the process with CW staff before expanding electronic reporting to other partners.

Figure 8: ORCAH Assignment Rates to Child Protective Services, Year by Year
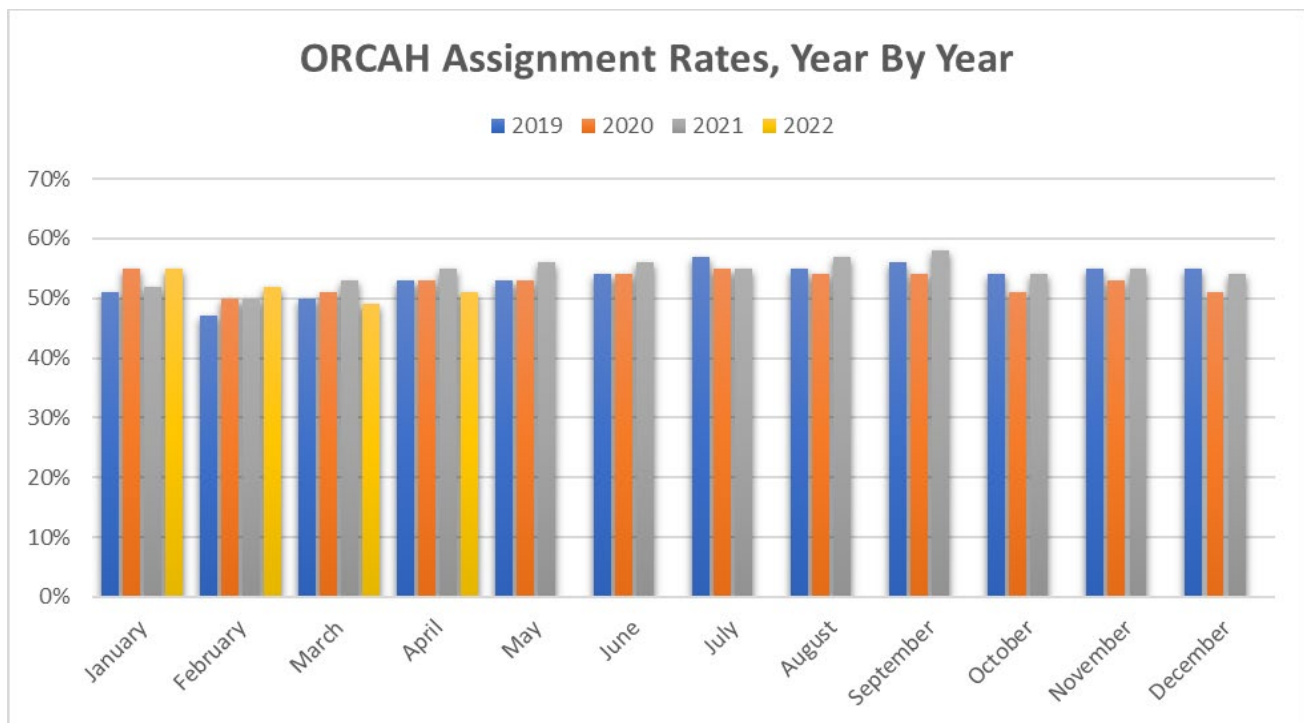
Figure 8 compares assigned reports from 2019, 2020 and 2021 and January to April 2022. The average assignment rates (the percent of screening reports assigned to CPS vs. closed at screening) during the period under review was 54.53% in 2019, 53.73% in 2020, and 55.40% in 2021. The assignment rate for the first four months of 2022 was 51%.

Although call volume dropped in April and May 2020 compared to 2019, ORCAH has continued to assign child abuse reports at similar rates. ORCAH's assignment rate (the percent of reports that meet criteria for a Child Protective Services Assessment) between March and August 2019 and 2020 was 53%. Although call volume decreased in the spring of 2020, assignment rates

remained consistent, which may be due to overreporting and/or a need for additional training on Oregon's child abuse criteria.

Figure 9: The Percent of Reports Assigned to CPS within Rule Requirement (10 hours) in 2021
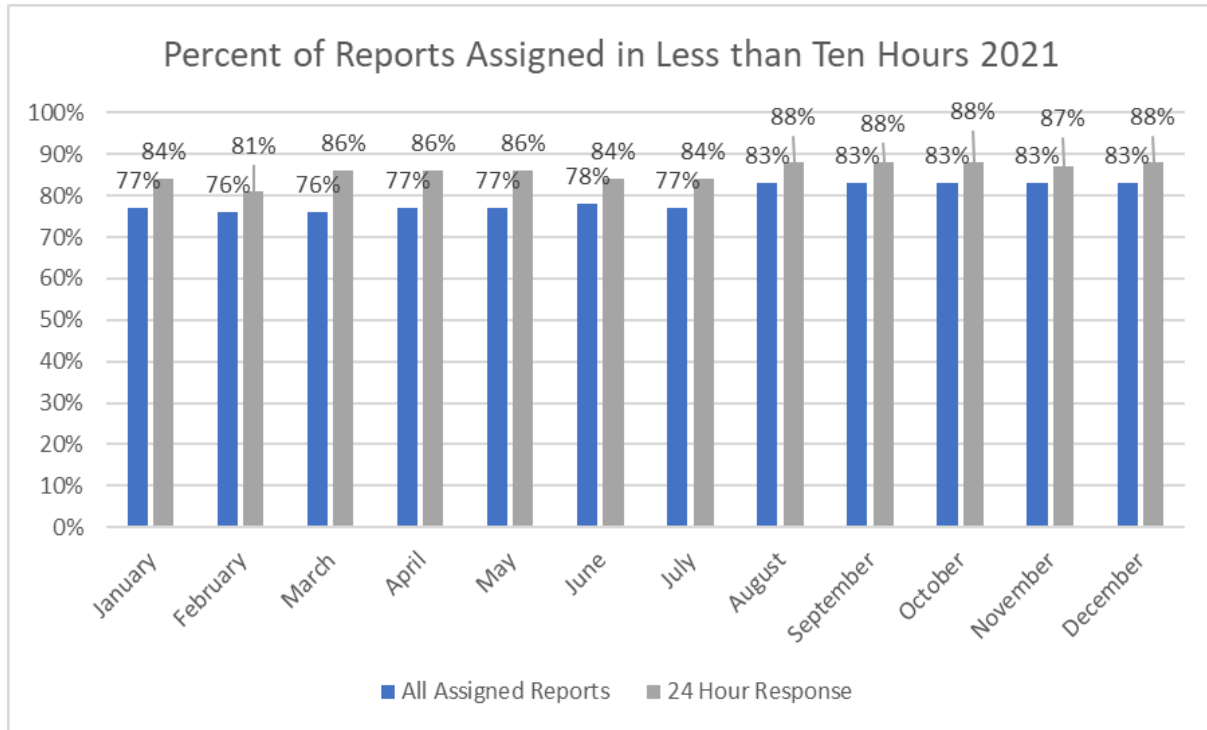
Figure 10: The Percent of Reports Assigned to CPS within Rule Requirement (10 hours) in 2022
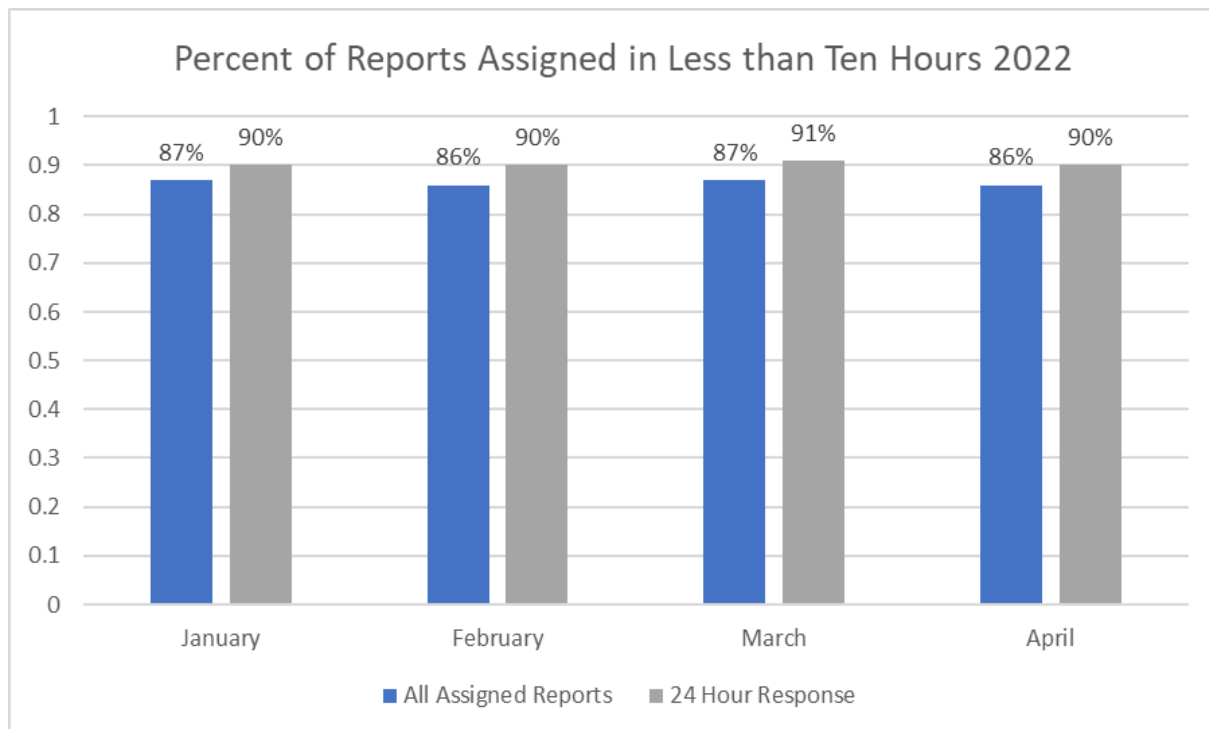
ORCAH's timeliness to assignment has increased in the last year. Timely assignment is critical because it provides CPS workers more time to contact families (the clock starts when ORCAH is contacted). Screeners are required to make a screening decision within ten hours of receipt of the contact (call or cross reported report). Of reports that must be assigned within 10 hours, ORCAH assigned 79% (on average) within the required timeframe during 2021 and 87% between January to April 2022. For reports with a 24-hour response, 86% (on average) were completed on time compared to 90% during January to April 2022

2. 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?

Figure 11
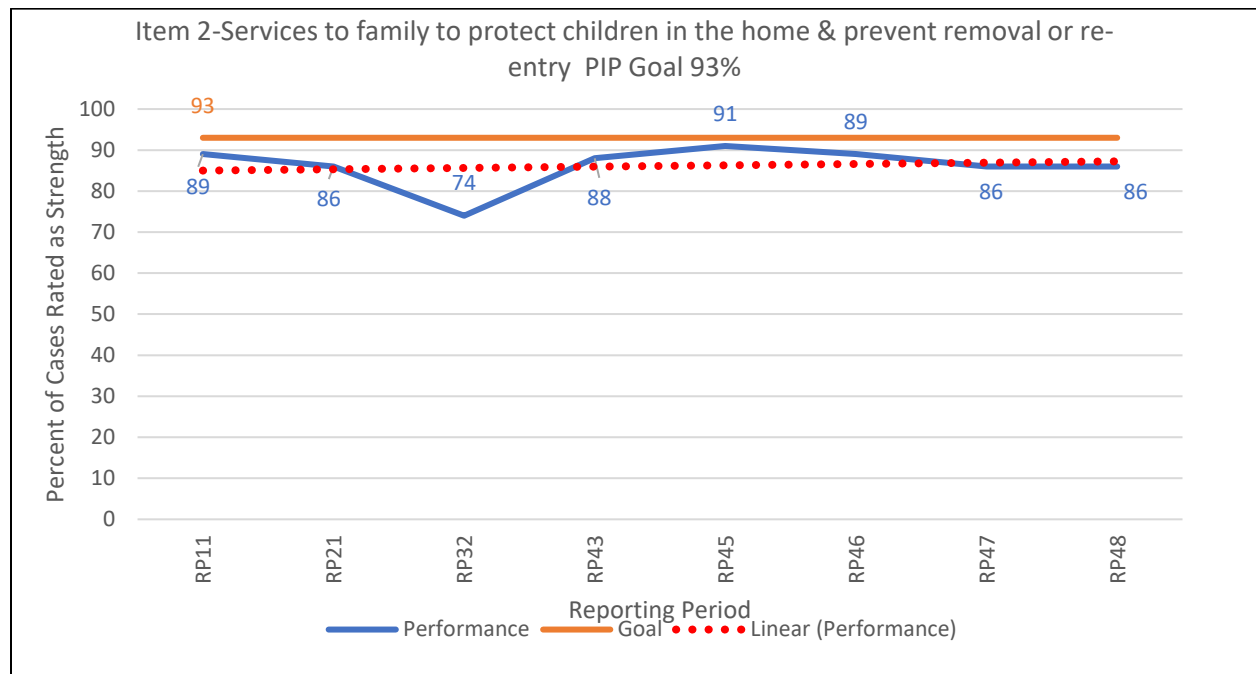
The CW Vision for Transformation and Family First Prevention Plan aim to design services that are as family centered, culturally responsive, and least intrusive as possible. The goal is to ensure that as many children remain in their homes from the start, and that when children are reunified with their parents, they do not re-enter foster care.

Figure 12

Percent of Children with Re-Entry to Foster Care within 12 months of Discharge to Permanency, by Federal Fiscal Year

	FFY 2019	FFY 2020	FFY 2021
Maintained Permanency	91.9%	92.7%	92.5%
Re-Entered Foster Care	8.1%	7.3%	7.5%

Source: ROM PA.04 Re-entry to Foster Care, under age 18 on Re-Entry
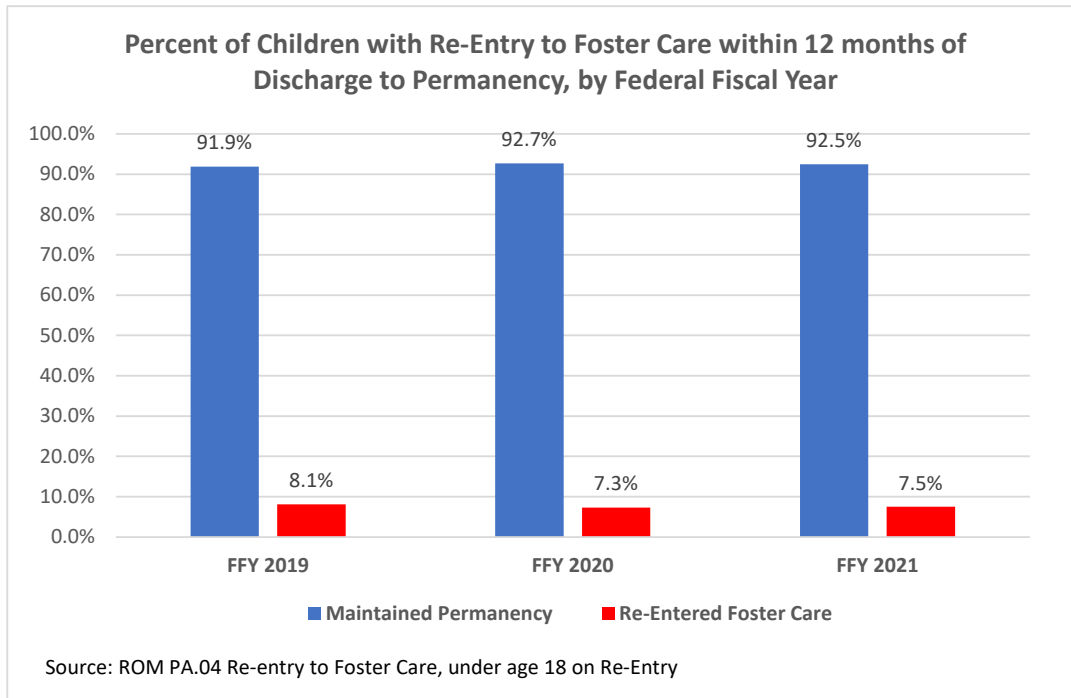
CW believes serving children at home with their family is best achieved through consistent in-home support and a robust service array. CW continues to collaborate with families, Self-Sufficiency, Tribes and community partners to transform the system through family preservation practices, implementation of Family First prevention services, and ongoing improvement. With increased family and community engagement, CW anticipates fewer children will enter foster care and experience maltreatment. A fundamental element of family preservation is helping build family support which allows the family to maintain community relationships and points of access beyond CW to prevent re-abuse or entry or re-entry into foster care. The demonstration sites (Alberta local office of Multnomah County, Douglas, and Klamath Counties) began their family preservation practice in March 2022. CW also works diligently with Tribal Affairs and Tribal Nations to learn from their prevention work and to serve the Tribal Nations and communities with equity and intention.

The CFSR evaluation of services to prevent removal consider casework through the CPS and permanency stages in the journey of a family's involvement with CW. All cases in Oregon come through CPS initially, where early engagement with families is critical to supporting children safely in their homes. Throughout 2021, CW executive leadership, the Child Safety and Permanency programs, and delivery program managers have partnered to develop district-specific engagement plans that are aligned with 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 CW to preserve family connections and reduce the number of children experiencing the trauma of entering foster care. During

2021 more cases were rated as a strength for this item in CFSR reviews. This item was successfully met during reporting period 15 and has continued to remain strong throughout 2021 and in the first quarter of 2022.

The Child Safety program has continued to use a group supervision structure for cases with an infant, previously founded dispositions, or cases where a child experienced recurring maltreatment. Group supervision provides coaching and supports CPS workers, Mentoring Assisting and Promoting Success workers (MAPS) and supervisors by comprehensively gathering safety-related information and working with families to develop in-home safety plans when there is a present or impending danger. The Child Safety and Permanency programs supported delivery staff by fully implementing the statewide transfer protocol. This protocol increases opportunities for early collaboration and engagement with families to ensure safety threats are identified correctly and that safety plans are as unintrusive as possible while managing safety and promoting cross-program partnerships and perspectives.

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?

Figure 13

Item 3-Risk and safety assessment and management
PIP Goal 67%

Figure 14

Rate of Maltreatment per 100,000 days of Foster Care by Federal Fiscal Year

A bar chart titled "Rate of Maltreatment per 100,000 days of Foster Care by Federal Fiscal Year." The y-axis is labeled "Rate of victimization per 100,000 days of care" ranging from 0 to 20. The bars show: FFY 2019 = 17.4, FFY 2020 = 16.2, FFY 2021 = 16.7.
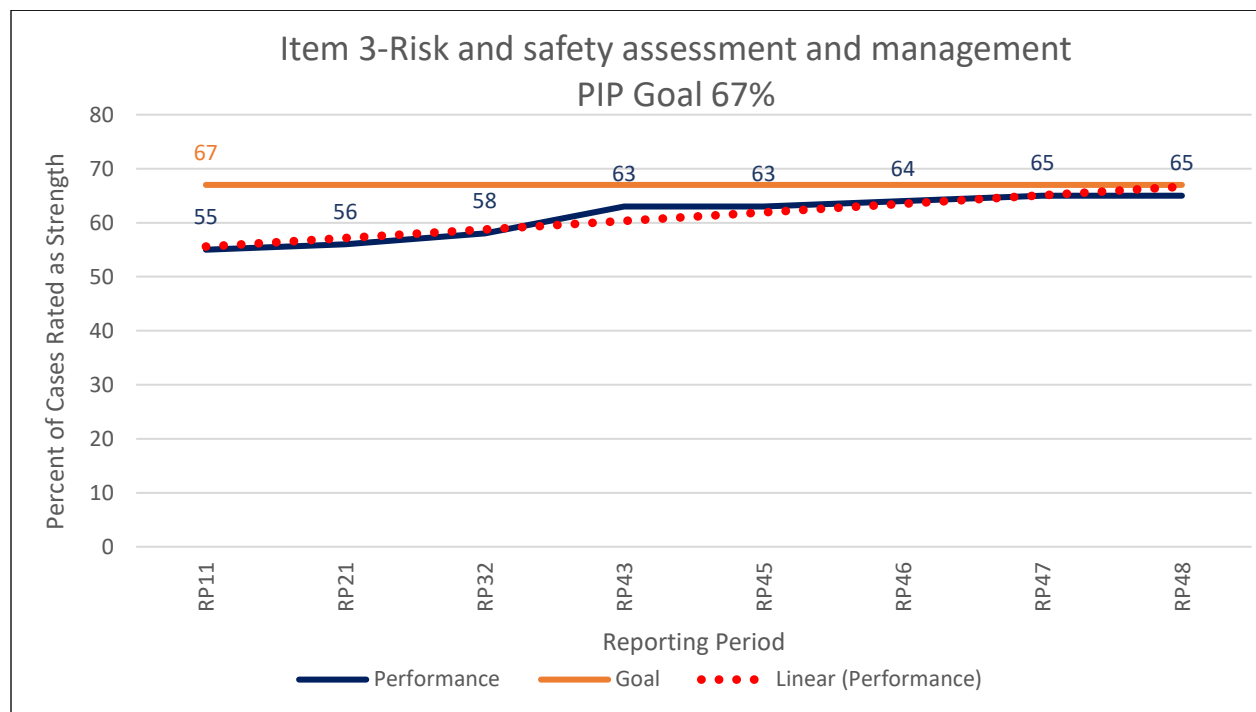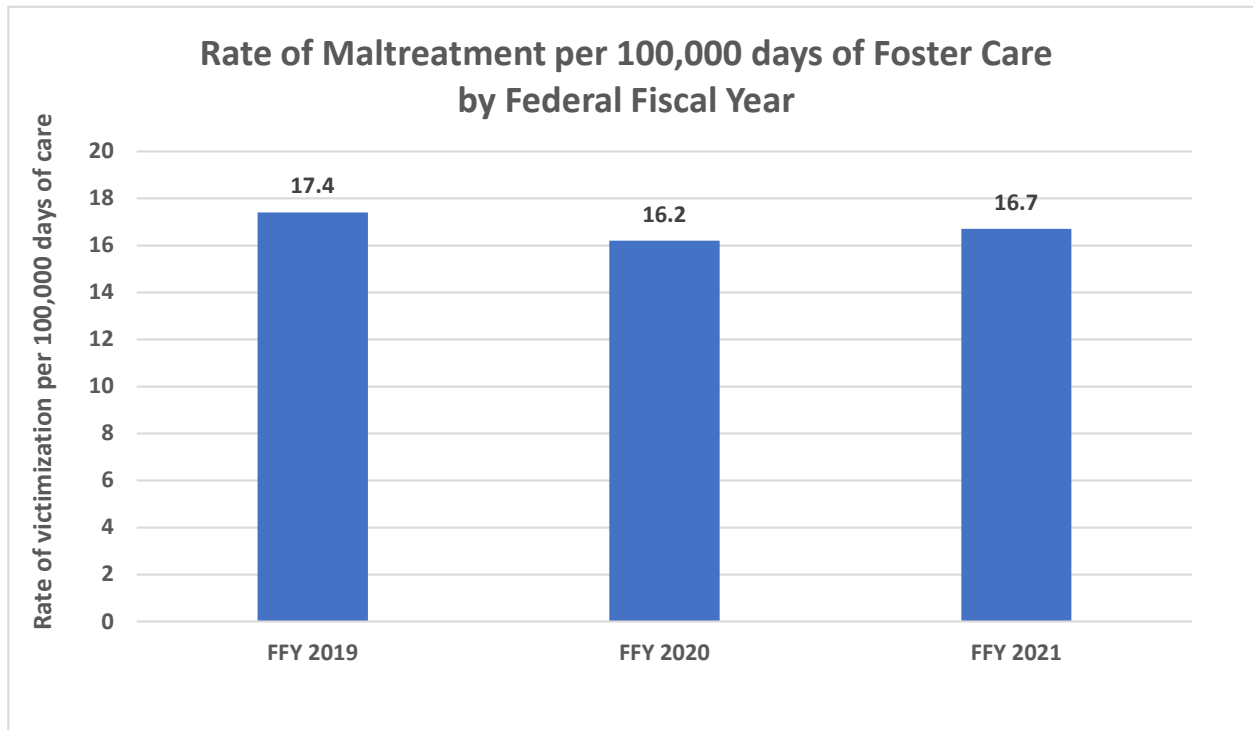
Assessing and addressing the safety of children is the work of CW. CPS and permanency workers are the direct service staff who are constantly making these assessments for children and families. They are supported by their MAPS workers and supervisors in delivery, and the work of the Child Safety and Permanency programs in design.

Child Safety Program Efforts

In early 2021, the Child Safety program evaluated CW data and outcomes from 2020 and identified areas of practice that improve safety outcomes for vulnerable children in Oregon. The Child Safety program continuously reviews the Vision for Transformation and partners with delivery staff, community partners, and Tribal Nations to build a trauma-informed, family and community-centered program focused on engagement, equity, safety, wellbeing, and prevention. The Child Safety program, in collaboration with partners, has prioritized:

- Active efforts staffing every new report that is identified with Indian Child Welfare Act (ICWA) considerations;
- Procedure revisions on dispositions of children identified as perpetrators of abuse;
- Addressing disproportionality in recurrence of maltreatment; and
- Improving the sufficiency of safety-related information gathering and safety decision making.

Child Safety program consultants partner with delivery program managers to build robust local systems to promote group supervision and "mini" trainings that provide timely and focused coaching for CPS workers, MAPS, and supervisors.

The Child Safety program provided virtual CPS quarterly training in 2021 to caseworkers and supervisors focused on practices that improve family engagement, remove barriers, and address improvement opportunities in identified in CPS fidelity reviews, CFSR reviews, and Critical Incident Review Team (CIRT) recommendations. The Child Safety program continues to provide topic-specific training on best practices to address the commercial sexual exploitation of children, families experiencing domestic violence (see Attachment 3), and engaging parents with substance use disorder. While CW did not meet the 67% CFSR performance goal during the PIP, there is continued improvement in this area (65% in RP 48), which the Child Safety program aims to make sustainable. For example, the CFSR completed for the Midtown local office of Multnomah County demonstrated 90% strength in this area.

Partnerships between delivery staff and the Child Safety program increased during the fall of 2021 with the development of the CPS Experts workgroup. The CPS Experts workgroup brought together the CPS experience of 10 local offices, Tribal Affairs, design, and Human Resources to develop a toolkit to help supervisors manage and support CPS casework. The CPS Supervisor Toolkit (Attachment 4) supports ongoing statewide efforts to complete timely safety assessments while making sound safety decisions. This work will improve outcomes for families, caseworker and supervisor retention, higher job satisfaction and develop a work environment that values accountability, continuous improvement, and high-performance standards, all contributing to enhanced safety of children.

"Office Hours" were developed by Child Safety program management to facilitate ongoing CPS Supervisor Toolkit improvements and provide a community of practice forum. During "Office Hours," delivery district managers (DM) and program managers (PM) use this time to ask questions and troubleshoot obstacles, such as overdue assessments and sustaining successes. This collaboration between delivery and design informs updates to the CPS Supervisor Toolkit.

The CPS Expert Team efforts also include a guide to urgently and safely manage unattended caseloads during a CPS caseworker transition; a CPS Resource page on "OWL" (intranet); a new 2022 CPS Toolkit to support onboarding, staff development, and retention; and work with the OR-Kids data team to reduce documentation redundancies and improve data entry. The work in OR-Kids included adding CQI data points for Karly's Law[1], abbreviated assessments, and moving family stressors to the end of the assessment to ensure indicators reflect family circumstances.

2021 saw an increase in new reports referred to delivery from ORCAH (ROM OR.01), up 43,453 from 38,270 in 2020. This increase made aligning CPS worker assignments and assessment activities with the values in the Vision for Transformation and CPS assessment rules and procedures urgent. Family preservation and engagement strategies were developed based on feedback provided by delivery staff while gathering data and making safety decisions. Based on this input, documentation protocols were established. These protocols allowed delivery staff to

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[1] Karly's Law (ORS 419B.022 – 24) mandates that children in Oregon who exhibit suspicious physical injuries in the course of a child abuse investigation must receive medical attention within 48 hours.

truncate CPS assessment documentation in OR-Kids when the children are safe and the disposition unfounded. Truncating documentation time allowed for more meaningful family engagement and the development of comprehensive safety plans where present or impending danger is identified. Additionally, at the request of delivery staff, the Child Safety program modified the procedure for completing an abbreviated assessment to allow delivery office program managers to review and approve exceptions to abbreviated assessment criteria.

The Mobile CPS Unit includes seven experienced caseworkers, a case aide, and a supervisor. The unit helps delivery offices make sound safety decisions and complete CPS assessment timely. The Mobile CPS Unit is assigned new safety assessments and assessments from unattended caseloads to allow delivery offices to focus on completing caseload assessment activities. The Mobile CPS Unit provides new or less experienced CPS caseworkers, supervisors, and program manager with opportunities to learn how to engage families in the safety assessment process, sufficiently gather information at initial and ongoing contacts and analyze the information gathered to make safety determinations. The unit models high level fidelity to the Oregon Safety Model.

the Child Safety Program partnered with the Child Fatality Prevention & Review Program (CFPRP) and the University of Kentucky Center for Innovation in Population Health to improve the quality and timeliness of engagement with families.

Permanency Program Efforts

The Permanency program continues to focus on supporting caseworkers in confirming safe environments at every face-to-face contact with children. Unit training also continues to be offered and available. The Permanency Quality Assurance tool includes a measure on safe environment confirmation. The QA data shows a 5.5% statewide increase in appropriately assessing safety and documenting that in the case record from the end of 2020 to the end of 2021. In written case notes, caseworkers document the steps to confirm physical and emotional child safety. This documentation is becoming more specific and consistent. COVID-19 impacted the ability to confirm a safe environment because caseworkers were not always able to access the home in person due to COVID-19 safety precautions.

3. 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)?

Figure 15
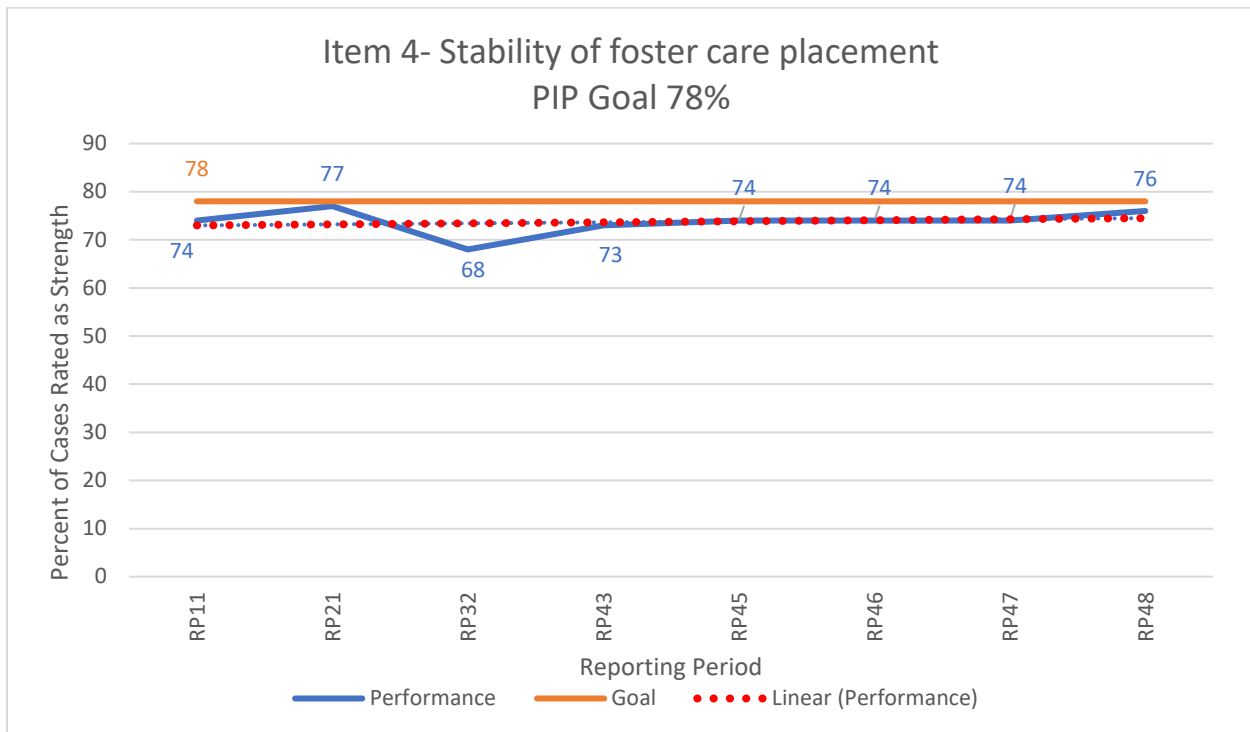
Figure 16

Rate of Placement Moves per 1,000 days in Foster Care for Children entering Foster Care in a 12-month Period by Federal Fiscal Year				
FFY	**Count**	**Moves**	**Days**	**Rate**
2019	3,169	2,743	525,073	5.2
2020	2,619	2,203	467,358	4.7
2021	2,266	1,933	376,045	5.1

Source: ROM PA.05 Placement Stability, excludes days when child was age 18 or older

Figure 17

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

	District 01	District 02	District 03	District 04	District 05	District 06	District 07	District 08	District 09	District 10	District 11	District 12	District 13	District 14	District 15	District 16
FFY 2019	3.5	6.2	7.3	5.9	3.2	6.6	4.2	3.2	4.7	4.8	6.3	6.6	5.5	5.0	4.8	5.2
FFY 2020	4.4	5.4	6.3	4.5	3.5	6.0	3.1	3.8	5.2	4.2	5.3	5.2	3.9	3.9	4.4	5.2
FFY2021	4.6	6.9	6.4	3.4	3.3	5.1	2.9	4.0	3.9	5.5	5.0	5.4	8.2	6.0	4.7	6.2

Source: ROM PA.05 Placement Stability

When a child must be removed from their family, placement stability is important to the child's well-being and sense of belonging, as well as the stability it provides for critical services, education, and for the child's ongoing time with their parents and siblings. CW is working on several fronts to continue improvement in this area.

Since children are typically more stable when placed with relative resource parents, the Permanency program prioritizes searching and engaging with relatives of children entering foster care. Beginning in July 2021, Statewide Diligent Relative Search staff started meeting monthly, and continue to meet with a permanency consultant/facilitator to streamline the search process, share expertise, and discover new tools to inform efficiencies, updates and changes to the CW information system.

The Permanency program also supports the expansion of statewide values-based family meeting facilitation based on the belief that the more family identified and engaged in case planning, the better the child placement stability outcomes. The resource parent is a crucial part of the family meeting and team. During these meetings the team supporting the family can share information about the child's needs and strengths and what works and does not work in caring for the child. The team then develops a plan of support for the child that enhances stability both emotionally and physically.

Placement Capacity

CW continues to identify children at risk of temporary lodging and utilizes prevention staffings to collaborate with community partners and identify additional services, supports, and resources that would help prevent temporary lodging. As a result, most children at risk of entering temporary lodging remain in their placement.

The Oregon Health Authority (OHA) and the Office of Developmental Disability Services (ODDS) have designated liaisons who collaborate with CW to support access to services and reduce placement barriers for children at risk of experiencing temporary lodging. ODDS and CW also regularly meet and collaborate to identify improvements and system barriers. Current efforts to reduce placement barriers are being piloted in Multnomah County and will be expanded to other counties as appropriate.

CW shares information from temporary lodging staffing meetings with ODDS. ODDS uses this information and other observations to update their worker guide. In March 2022, ODDS tested the quick reference guide for case managers and Designated Referral Contacts (DRCs) in Multnomah and Lane Counties to address challenges before children are at risk of temporary lodging. CW is developing cross agency training to educate front line workers in both agencies about the other's system and enhance collaboration and planning. ODDS and CW are also developing a plan around recruitment efforts and supportive services for resource homes that serve children with developmental disabilities.

The Treatment Services program prioritized recruitment and retention of therapeutic and Proctor Foster families through the Foster Plus grant. Foster Plus includes ten nonprofit social service agencies that connect children served with supportive, stable, and caring resource families. The Foster Plus collaborative shares resources and partners to market, brand, and advertise through social media, mailers, radio, and television advertisements. Additional information can be found through the Foster Plus website[2]. See Item 18 on pp. 55-57 for more information on the Treatment Services program efforts to address child caring agency capacity issues.

Retention and Recruitment Champions collaborate with districts to manage local District Actions Plans, including equity-led SMART goals for family recruitment and retention. The Champions provide data and report on progress monthly. Please see the Diligent Foster and Adoptive Parent Recruitment and Retention Plan (Attachment 5) for more details.

As previously reported, the Foster Care Program instituted and completed SAFE Home Study certification feedback sessions. The information was presented to the Consortium for Children, the agency CW contracts with for the use of the SAFE Home Study. The Consortium is finalizing questionnaires based on CW's work. These feedback sessions informed program training needs (for example, interviewing skills), skill development, and was used to create a refresher course for certification staff.

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[2] https://fosterplus.org

Oregon's Children's Intensive Services Array, administered by OHA, experienced a large reduction in capacity due to the COVID-19 pandemic. OHA received FEMA funding to deploy contracted nursing assistants and mental health technicians to provide supplemental staffing. This temporary effort supported access to treatment, stabilization for children in care, and supported workforce recruitment and retention in these settings.

CW contracted with Effective System Innovations to assess how COVID-19 impacted Oregon's child well-being serving system. The study explores the impacts on operations and services to children in CW care who are served by contracted residential treatment placements operated by CW, ODDS and OHA Children's Behavioral Health program. Although the study is currently in progress, workforce retention has already been identified as an ongoing challenge across all child-serving settings. Results of the completed study will be shared.

In addition, in May 2022 the New Avenues for Youth (NAFY) Qualified Residential Treatment Program, Robinswood, announced its pending closure. At its onset, NAFY agreed to initiate short-term innovative care (the Robinswood program) to stabilize youth with complex needs and prevent displacement within the children's continuum. The 1.5-year temporary support program turned into a 5-year project. Since 2017, this QRTP has served hundreds of children with multifaceted needs while demonstrating person-centered values through flexible service delivery. NAFY reports this closure is primarily connected to difficulties maintaining quality workforce despite competitive starting wages and embedded rolling bonuses.

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

Figure 18
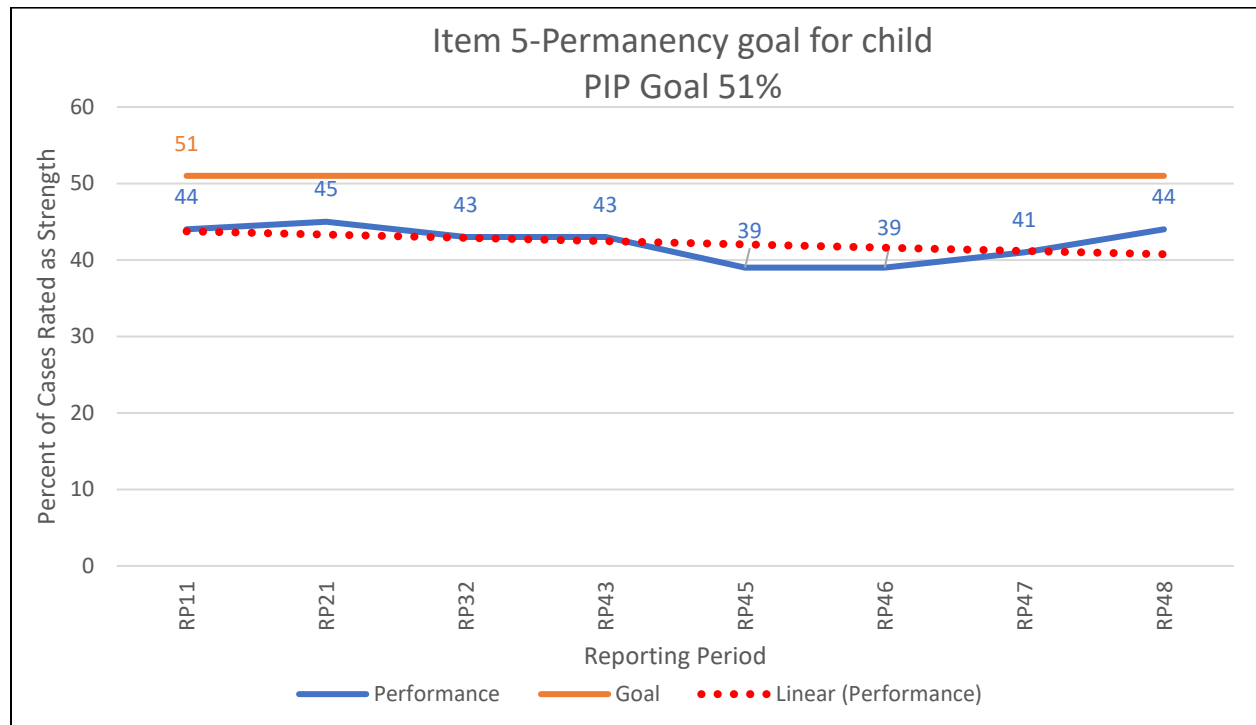
There was a slight downward trend in Item 5 for reporting period 48; however, based on continual real-time OR-Kids data monitored (vs. the 12-month lag time in the CFSR data) by the Permanency program, the timely establishment of permanency goals is improving. The primary and secondary permanency plans are in the Family Report in OR-Kids. With rollout of the Family Report and the Early Transfer Process 1.5 years and 2 years ago, CW has seen notable improvements in this data. That upward trend aligns with implementation science research, which shows it takes at least two years for a new process to be fully implemented and integrated into everyday practice. Timely completion (an early indicator for the CFSR measure) of the Family Report in OR-Kids has steadily increased over the last several months.

The statewide rate of timely completion of the Family Report (within 60 days of placement):

>October 2021: 37% complete
>November 2021: 46% complete
>December 2021: 60% complete with four local offices at 100%
>January 2022: 57% complete with two districts at 100%
>February 2022: 56.8% complete with two districts at 100%
>March 2022: 52.6% complete with two districts at 100%

CW monitors local office performance to pinpoint areas where support is most needed, and address barriers specific to the local office. There is incredible improvement in some local offices in the last few months. In December, Polk County went from 33% to 100% complete and Marion County from 57% to 78%. Lane County, which had the greatest raw volume of reports, improved from 58% to 90% complete in December 2021.

Improvements across the state are likely due to a few factors:
- Staff are becoming comfortable with the new report and are better at incorporating it into their everyday work.
- The early transfer protocol rolled out statewide last year, allowing the Family Report to start earlier in the journey of the family than in the past.
- Starting in late 2021, the Family Report was used in place of the traditional Protective Custody Report for CPS workers in several local offices. Eventually, this will be rolled out across Oregon.
- There has been consistent leadership messaging about why completing the Family Report is valuable. This includes explaining that families need to be part of the initial planning so reunification work can begin as soon as possible, and to promote a shared understanding of the work ahead.

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

Figure 19
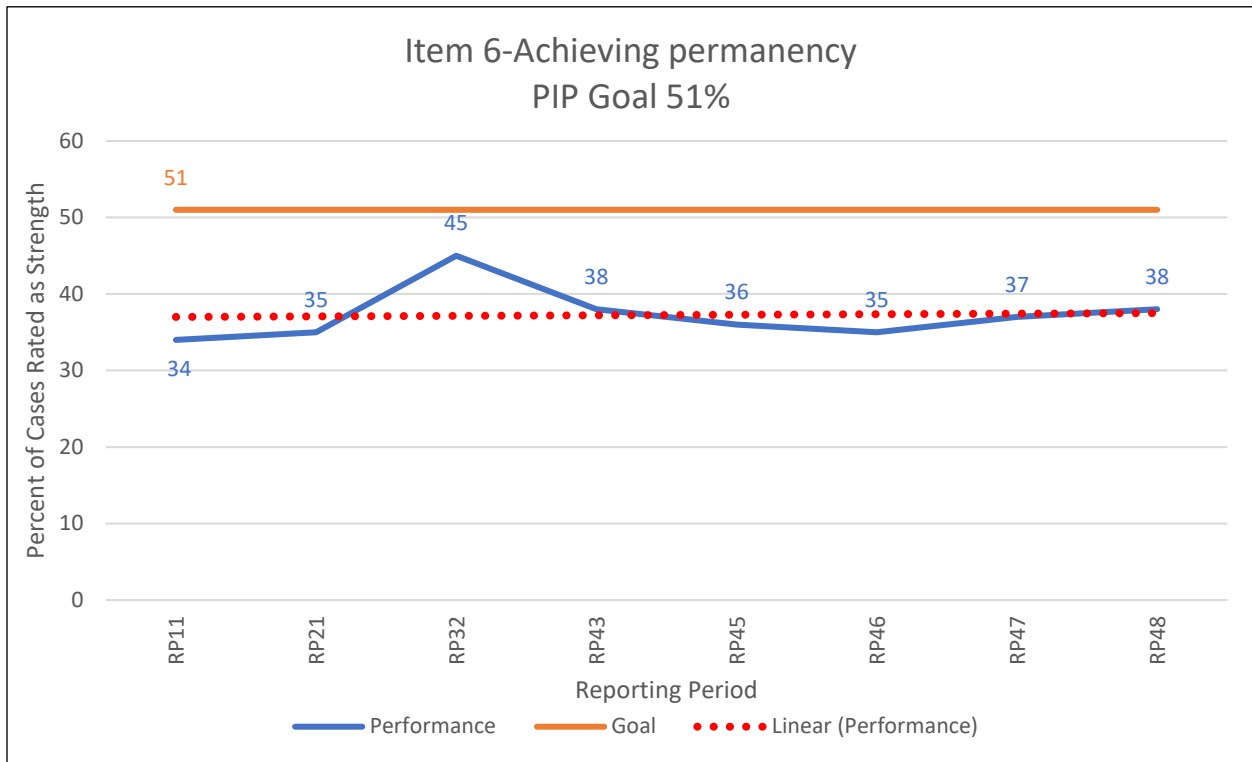
CW has improved permanency through adoption from FFY 2019 to FFY 2021 for those who entered care 12 months ago, 12-23 months ago, and 24 months or more ago. The greatest improvement is children achieving adoption within 12 months of those who entered care 12-23 months ago (50.5% in FFY 2019 to a 70.5% in FFY 2021). The improvements were aided by efforts to improve timeliness to permanency and adoption, such as increased tracking to monitor adoption finalization progress and coordination with local offices to finalize adoption.

Less than 12 Months

Figure 20

**Achieved Permanency within 12 months
(of those who entered care 12 months ago)**

Source: PA.01 Permanency in 12 Months (of those entered care 12 months ago).
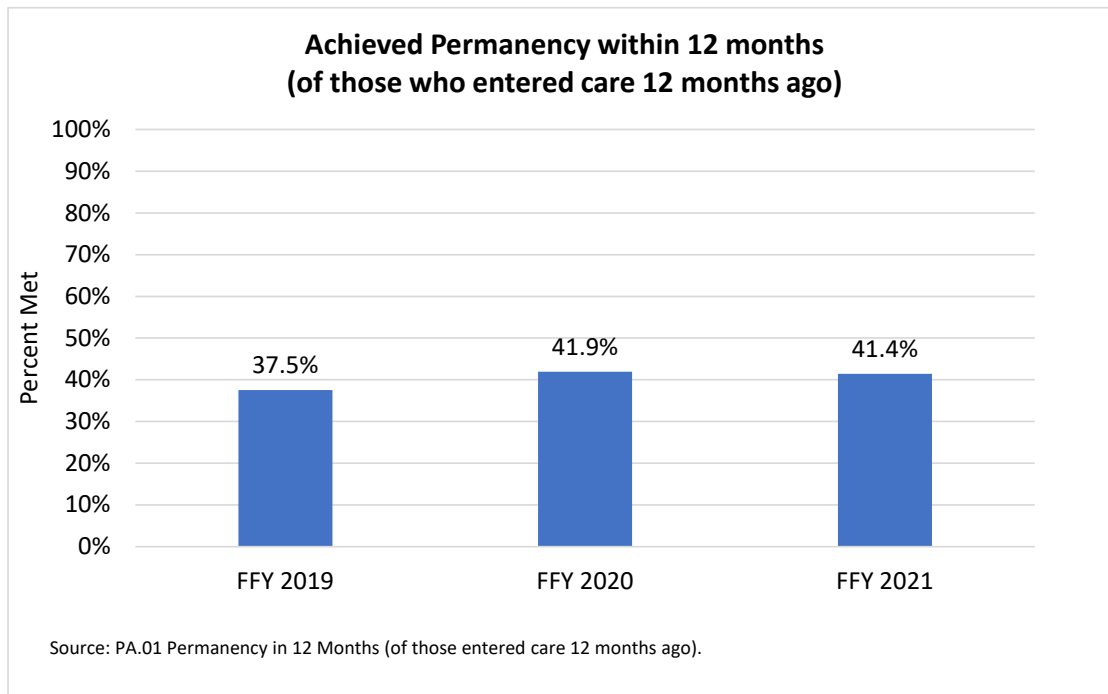
Figure 21

Achieved Permanency within 12 months (of those who entered care 12 months ago), by Permanency Type					
Federal Fiscal Year	**Adoption**	**Guardianship**	**Living with Other Relative(s)**	**Reunification with Parent(s) or Primary Caretaker(s)**	**Total**
FFY 2019	0.7%	9.1%	63.2%	64.8%	37.5%
FFY 2020	0.4%	6.9%	79.7%	67.3%	41.9%
FFY 2021	1.5%	9.4%	77.1%	69.6%	41.4%
Total 3-year Change	0.8%	0.3%	13.9%	4.8%	3.9%

Source: PA.01 Permanency in 12 Months (of those entered care 12 months ago).

The agency continues to improve timeliness to reunification (within 12 months of entering care). There has been a continued focus on accurate, clear, and timely conditions for return with agency staff and with community partners. Peer Parent Mentors with lived expertise support parents experiencing the CW system, routinely meet with CW leadership to discuss practice and system improvements (for example, conditions for return) advocates for parents, and hold CW accountable to the Safety Model and CW Vision for Transformation. The Family Report and early transfer process ensure conditions for return are in place to plan for and

achieve reunification. Group supervision and family meetings continually assess if the family has met conditions for return with the support of the agency.

12-23 Months

Figure 22

Achieved Permanency within 12 months
(of those who entered care 12 -23 months ago)

Source: PA.02 Permanency in 12 Months (of those entered care 12 - 23 months ago).
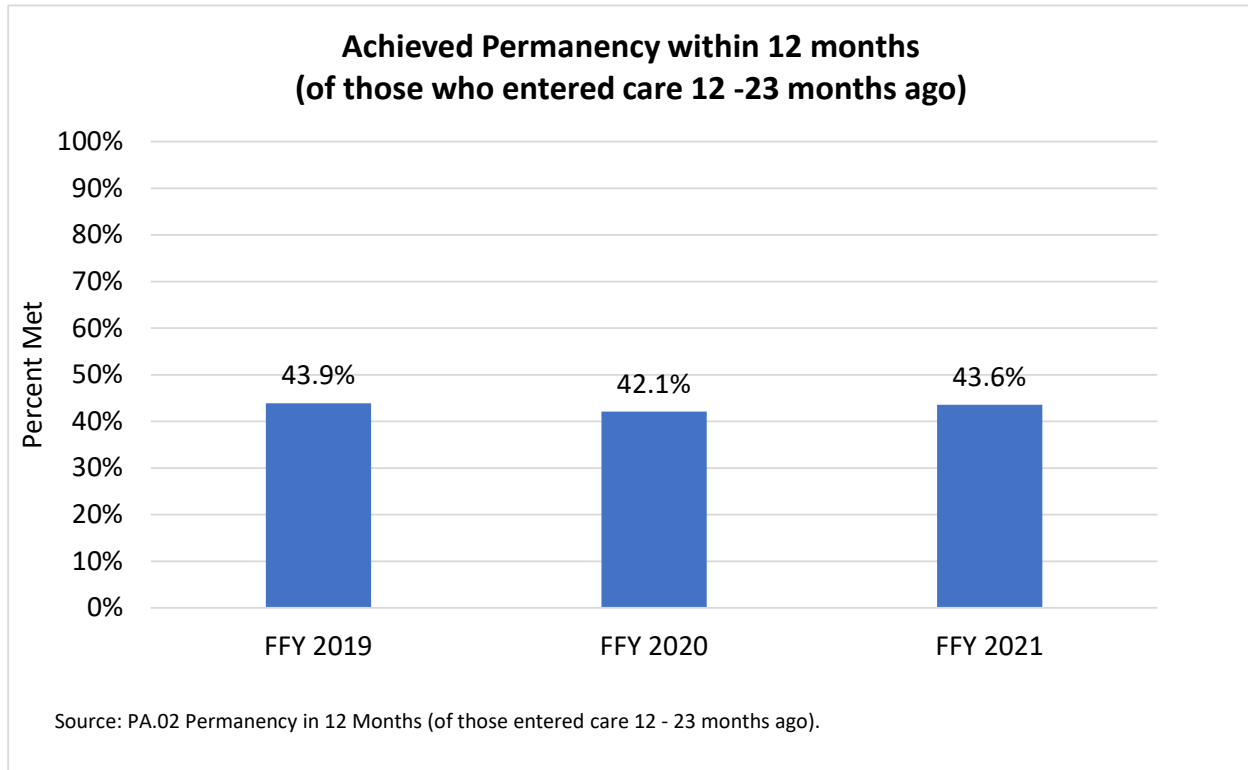
Figure 23

Achieved Permanency within 12 months (of those who entered care 12 - 23 months ago), by Permanency Type					
Federal Fiscal Year	Adoption	Guardianship	Living with Other Relative(s)	Reunification with Parent(s) or Primary Caretaker(s)	Total
FFY 2019	50.5%	73.8%	100.0%	82.7%	43.9%
FFY 2020	40.6%	50.0%	60.0%	74.7%	42.1%
FFY 2021	70.5%	71.1%	81.8%	88.4%	43.6%
Total 3-year Change	20.1%	-2.7%	-18.2%	5.7%	-0.3%

Source: PA.02 Permanency in 12 Months (of those entered care 12 -23 months ago).

24 or More Months

Figure 24

Achieved Permanency within 12 months
(of those in care 24 months or more)

Source: PA.03 Permanency in 12 Months (of those in care 24 months or more).
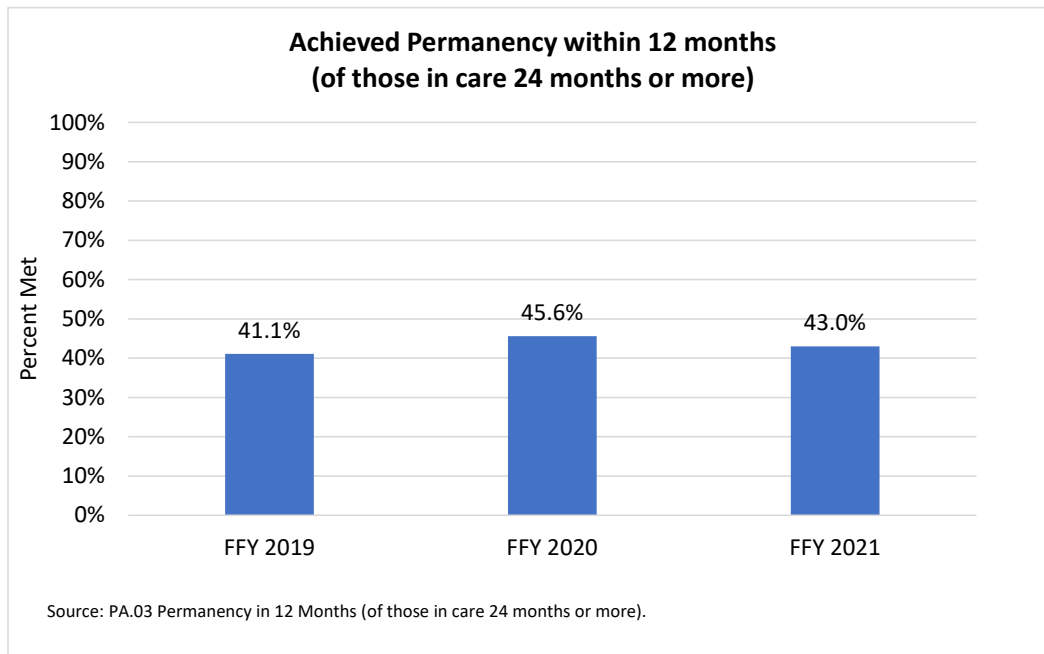
Figure 25

Achieved Permanency within 12 months (of those in care 24 months or more), by Permanency Type					
Federal Fiscal Year	**Adoption**	**Guardianship**	**Living with Other Relative(s)**	**Reunification with Parent(s) or Primary Caretaker(s)**	**Total**
FFY 2019	75.6%	79.1%	85.7%	79.4%	41.1%
FFY 2020	69.1%	62.6%	20.0%	68.8%	45.6%
FFY 2021	84.7%	80.2%	66.7%	85.0%	43.0%
Total 3-year Change	9.1%	1.1%	-19.0%	5.6%	1.9%

Source: PA.03 Permanency in 12 Months (of those in care 24 months or more).

Timely guardianships continue to be an area CW aims to improve by creating plans to educate caseworkers on when and why guardianship is an appropriate plan for a child and to streamline processes and procedures around achieving guardianships.

Timely permanency is a function of the larger child-serving system, including court partners. CW continues extensive collaboration with the Juvenile Court Improvement Project (JCIP) and state juvenile courts to achieve the goal of timely permanency for all children. See the details in

Figure 3. Court closures and docketing practices during the pandemic have negatively impacted timeliness to permanency, the degree to which will be clearer as data comes in over time.

The Oregon Indian Child Welfare Act (ORICWA) provides an additional permanency option for Tribal children in substitute care. Tribal Customary Adoption (TCA) can be selected by the child's Tribe and TCA completion efforts are coordinated among the child's Tribe, state juvenile court, and ODHS. In collaboration with ODHS Tribal Affairs and the Tribal Nations, CW has developed Oregon Administrative Rules and training regarding TCA. Additional procedures, forms and related processes continue to be developed.

Improving services for children receiving Intellectual/Developmental Disability (I/DD) services and in CW custody is a priority for CW. Achieving permanency (aside from reunification) for these children has proven historically unsuccessful due to Guardianship Assistance (GA) and Adoption Assistance (AA) subsidy constraints. The subsidies allotted from AA and GA services payments are less than monthly foster care and service payments. CW is working with colleagues in Alabama to learn lessons that helped them identify solutions where GA/AA is subsidized at the same rate as I/DD foster care.

Casey Family Programs (CFP) is concluding work in partnership with CW in three districts (2, 3, and 5) to support the achievement of permanency for children who have been legally freed for adoption but who no longer have an adoption plan. A change in plan to something other than adoption after a child is legally freed for adoption can occur for various reasons. For example, a child's needs or circumstances may change and permanency through adoption may no longer be appropriate, or a young person 14 years of age or older did not consent to their adoption (per Oregon law). In many of those situations, the child was served under a program for children with I/DD, and it was determined that a subsidy to support the child and family through adoption would be considerably less than financial support available through I/DD services. The decrease in available financial support often means adoption assistance does not meet the higher costs of care for a child with intellectual and developmental disabilities. Approximately 70 children meet these criteria, and CFP is compiling data from this work that will be shared soon.

This project with CFP resulted in a request for further assistance from District 2 with their ICWA cases. In a joint effort between CW, ODHS Tribal Affairs unit, Oregon ICWA Advisory Council and CFP, the CFP's In-Depth Quality Review Guide will be revised to better meet the needs of Tribal children and families including expanded tribal definitions of permanency. CW will use the tool to conduct in-depth reviews and make permanency recommendations for children eligible for membership or enrollment with a federally recognized Tribal Nation or who are otherwise considered to be Indian children as defined by ICWA or ORICWA. Continuing to develop culturally appropriate permanency measures like Tribal Customary Adoption is a priority.

4. Permanency Outcome 2: The continuity of family relationships 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?

Figure 26

Baseline (2/2017-1/2018)	RP 24 (2/2019-1/2020)	RP 37 (3/2020-2/2021)	RP 48 (3/2021-2/2022)
93%	93.6%	83.2%	86.9%

*Note: for all non-PIP monitored items (7-11, 16-18), data is provided from the baseline, RP 24 (reported in the 2021 APSR), and RP 37 (reported in the 2022 APSR) to provide context for the current CFSR data (RP 48).

CW prioritizes placing siblings together. When not initially possible, CW continuously searches for placements where siblings can be together. The support of sibling placements extends to resource family certification standards promoting sibling relationships and placements to CW exceeding standard certified placement capacity if siblings can be kept together. CW encourages visitation and relationship building whenever possible when siblings are not placed together. CW contracts with Kindred Matters to bring siblings separated in foster and adoptive care to summer camp (Camp to Belong) and other sibling connect events throughout the year. CW Resource Family Retention and Recruitment Champions also created recruitment campaigns for potential resource families who can support siblings. (See Attachments 6-12)

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?

Figure 27

Baseline (2/2017-1/2018)	RP 24 (2/2019-1/2020)	RP 37 (3/2020-2/2021)	RP 48 (3/2021-2/2022)
69%	63.75%	68.6%	63.2%

*Note: for all non-PIP monitored items (7-11, 16-18), data is provided from the baseline, RP 24 (reported in the 2021 APSR), and RP 37 (reported in the 2022 APSR) to provide context for the current CFSR data (RP 48).

Performance on Item 8 continues to fluctuate. COVID-19 restrictions impacted Family Time (formerly called visitation) by requiring virtual family time, which was difficult for many families. Maintaining and developing relationships virtually is not the same as maintaining and building connections in-person. CW staff made concerted efforts to provide frequent virtual contact during COVID-19 and, when restrictions permitted, also facilitated in-person contact. As COVID-19 restrictions eased, in-person family time has increased improved. Maintaining some ability to support virtual family time may continue to promote more frequent contact between parents and children.

Over the last year and a half, CW has piloted a program in District 15 to reconsider supervision levels for family time. The program aims to promote the least restrictive level of supervision instead of assuming all family time must start with full supervision in a local office. District 15 staff have also promoted Family Time Meetings to bring the family and their team together to discuss the Family Time plan as a team. Initial data indicates that families who have a Family Time Meeting are 20% more likely to participate consistently in family time than families who do not. This is a promising practice that CW hopes to spread across the state.

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?

Figure 28

Baseline (2/2017-1/2018)	RP 24 (2/2019-1/2020)	RP 37 (3/2020-2/2021)	RP 48 (3/2021-2/2022)
83%	66.8%	76.1%	76.3%

*Note: for all non-PIP monitored items (7-11, 16-18), data is provided from the baseline, RP 24 (reported in the 2021 APSR), and RP 37 (reported in the 2022 APSR) to provide context for the current CFSR data (RP 48).

This rating continues to improve. The Family Report was designed to require the caseworker explain how they met the social, emotional, and cultural needs of the child to strengthen and preserve connections. Resource parents are also required to support these connections, and questions in the Family Report are designed to support caseworkers' conversations with parents and children on these topics.

All About Me books were introduced by the Permanency program in November 2021. The books are created by the children with their caseworker, parent(s) and resource parent(s) and help explore the child's interests, culture(s), and needs creatively and engagingly. Caseworkers and resource parents report these books help them better understand the child's needs and emphasize the importance of the family, community and cultural connection resulting in their ability to better support these connections.

CW continues to improve and expand the Adoption and Guardianship Mediation Program, which has been in existence in some form since 1992. CW contracts with trained, impartial mediators to help adoptive or guardian families create a plan with a child's birth family or others that will guide communication and contact toward the end of the child's time in foster care as well as after an adoption or guardianship has finalized. Mediation to develop communication and contact plans can occur with the adoptive or guardian families (including child in care when appropriate) and the child's birth parents, extended family members, adult siblings, or parent(s) of minor siblings when siblings live apart, or occasionally with other important people in the child's life, such as former resource parents. With the enactment of the Oregon Indian Child Welfare Act (ORICWA), the mediation program was expanded to specifically include development of cultural continuity agreements between a child's tribe and

the adoptive or guardian family. Training and written guides about adoption/guardianship and cultural continuity mediation are available for resource/adoptive/guardian parents, Tribal Nations, and CW staff. The training and written guides regarding mediation to develop cultural continuity agreements were developed, and at times presented, in collaboration with tribal nations. A core message in all these training and informational materials, as well as during the mediation process, is the importance of maintaining connections for children with those who are important in their lives.

See the Monthly Caseworker Visit grant section on for a detailed explanation about CW work with Alia Innovations, which focuses on the need for children to have a sense of belonging and remain connected to their families and communities.

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

Figure 29

Baseline (2/2017-1/2018)	RP 24 (2/2019-1/2020)	RP 37 (3/2020-2/2021)	RP 48 (3/2021-2/2022)
85%	69.2%	88.3%	81.3%

*Note: for all non-PIP monitored items (7-11, 16-18), data is provided from the baseline, RP 24 (reported in the 2021 APSR), and RP 37 (reported in the 2022 APSR) to provide context for the current CFSR data (RP 48).

When a child is not able to remain in their home it is both a priority and a value of CW to seek a relative placement. The certification rules are written in a way to promote individual assessment of the family to determine the ability to meet the safety and well-being needs of the child. CW has made updates to the weighing test in alignment with the Vision for Transformation and best practice standards. The goal is to ensure CW continues to break down barriers that impede families from meeting the needs of their children. There are few circumstances which require a denial of a relative applicant. These circumstances are limited to federal law requirements regarding certain felony convictions. CW may also provide support to a relative by offering additional training, respite services, and childcare reimbursements for that relative to be able to care for the child. Collaboration across the Child Safety, Permanency and Certification programs is critical to ensure that contact and engagement with relatives regarding certification is consistent with process and rule.

The Permanency Program continues to focus on the relative search and engagement process for children entering foster care knowing that children are typically more stable when they are placed with relatives/kith/kin. See for more detail.

See the Monthly Caseworker Visit grant section on for a detailed explanation about CW's work with Alia, which focuses on the need for children to have a sense of belonging and remain connected to their families and communities.

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?

Figure 30

Baseline (2/2017-1/2018)	RP 24 (2/2019-1/2020)	RP 37 (3/2020-2/2021)	RP 48 (3/2021-2/2022)
66%	44.85%	41.4%	38.8%

*Note: for all non-PIP monitored items (7-11, 16-18), data is provided from the baseline, RP 24 (reported in the 2021 APSR), and RP 37 (reported in the 2022 APSR) to provide context for the current CFSR data (RP 48).

While Item 9 performance indicates that preserving a child's connections to community is happening at a high rate, analysis of performance on Item 11 indicates caseworkers are prioritizing connecting children to their parents via visitation over other community activities. This item is also an area needing improvement for many incarcerated parents, as the opportunity for connections outside of visitation are limited. The CW Vision for Transformation prioritizes relationships between parents and their children, and CW continually works to improve, maintain and support these critical relationships.

Shifting from the term foster parent to resource parent was intentional and indicative of CW's values, focusing on providers as a vital source of support and assistance for the whole family—including parents. By shifting the focus to providing resources, resource parents will intentionally support contact and communication with the parent regarding the child. This shift in language, perspective and approach encourages a relational approach between resource parents and birth parents that maintains positive child/parent relationships for all parties.

All About Me books are successful tools for caseworkers to connect parents and children, including incarcerated parents and their children. The parent and child complete pages from the book and share them during video visits and by sending them back and forth. The books may also be used in tandem to understand what happened and how they are feeling, providing an intentional opportunity for parents to understand their child's specific feelings, experiences, and needs.

District 15 began a pilot project in 2021 focused on Family Time which includes facilitating ice breaker meetings between resource parents and parents. These meetings initiate a relationship between the resource parent and parent and promote shared parenting. This supports the continued connection with the child in care. The hope is to expand the practice across the state, as the positive impacts are gathered and shared.

5. 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?

*For more information on item 12, please reference pp. 71-72 in **Section III. Plan for Enacting the State's Vision, part B. Supporting Families and Promoting Prevention**.

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?

Figure 31
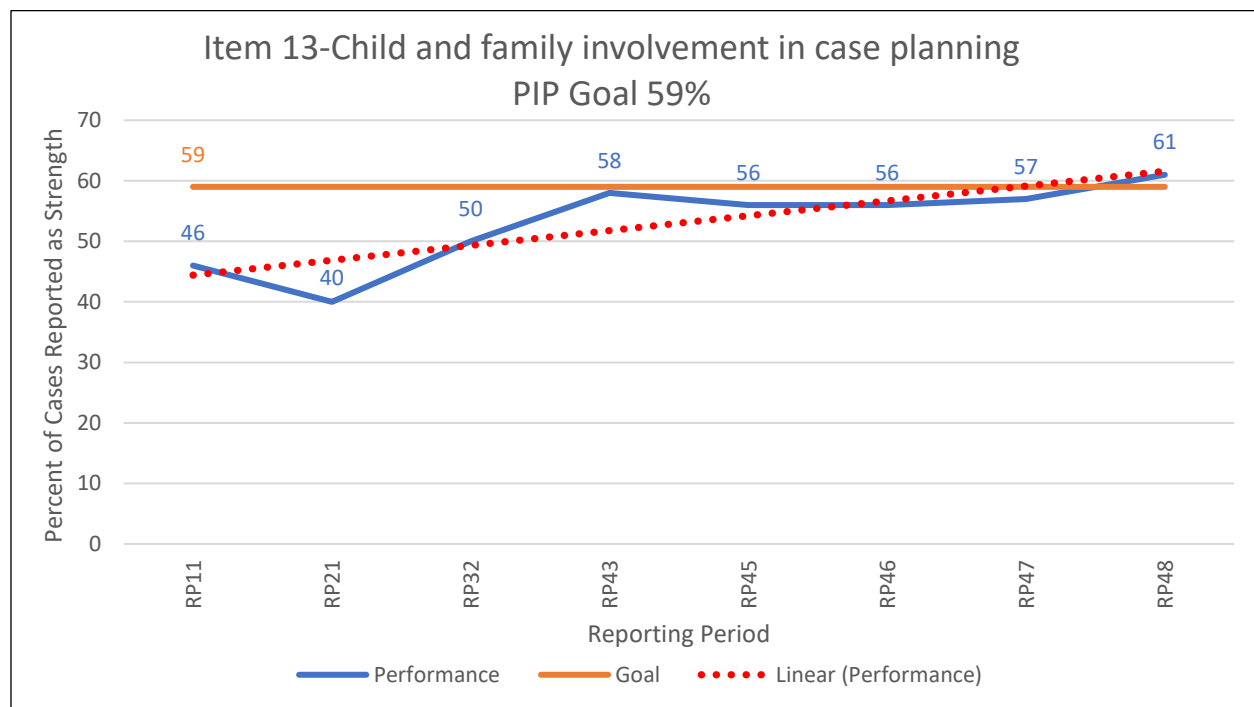
CW continues to improve this rating, largely due to the Family Report rollout. The report was created as an engagement tool and intentionally poses questions that can only be answered by the caseworker through intentional conversations with the parent. For example, what does the parent want their team to know about their family and their family's culture? Another question asks how the parent was involved in the case planning process. There are also pointed questions regarding how the young person was involved in their planning. The Permanency program's Quality Assurance Reviews continue to indicate this area is strong.

Quality Assurance reviews also measure several items related to parent and children involvement in case planning with subsequent action plans if identified as an improvement area. As part of the Early Transfer Process, CW requires a culturally responsive and trauma-

informed, parent-driven, and values-based Family Engagement Meeting (FEM). The parent works with the caseworker and/or facilitator to identify participants and work through the agenda. The team reviews the safety plan and collaborates on meeting the needs of the parents and children. CQI interviews were conducted with families about their experience with the FEMs, and the findings indicated they felt heard, respected, and involved in the planning. Procedures for Youth Decision Meetings, which focus on the needs of teenagers and young adults, were improved this year. A renewed focus on the youth-led meetings and consultant support increased meeting utilization. There is continued support for caseworkers and facilitators to include children and young people in these meetings.

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?

Figure 32

Figure 33

Face to Face Contact Met by FFY for Children in Foster Care

Source: ROM CV.01 Caseworker Face to Face Contact of months child in care entire month, and under age 18 at contact.
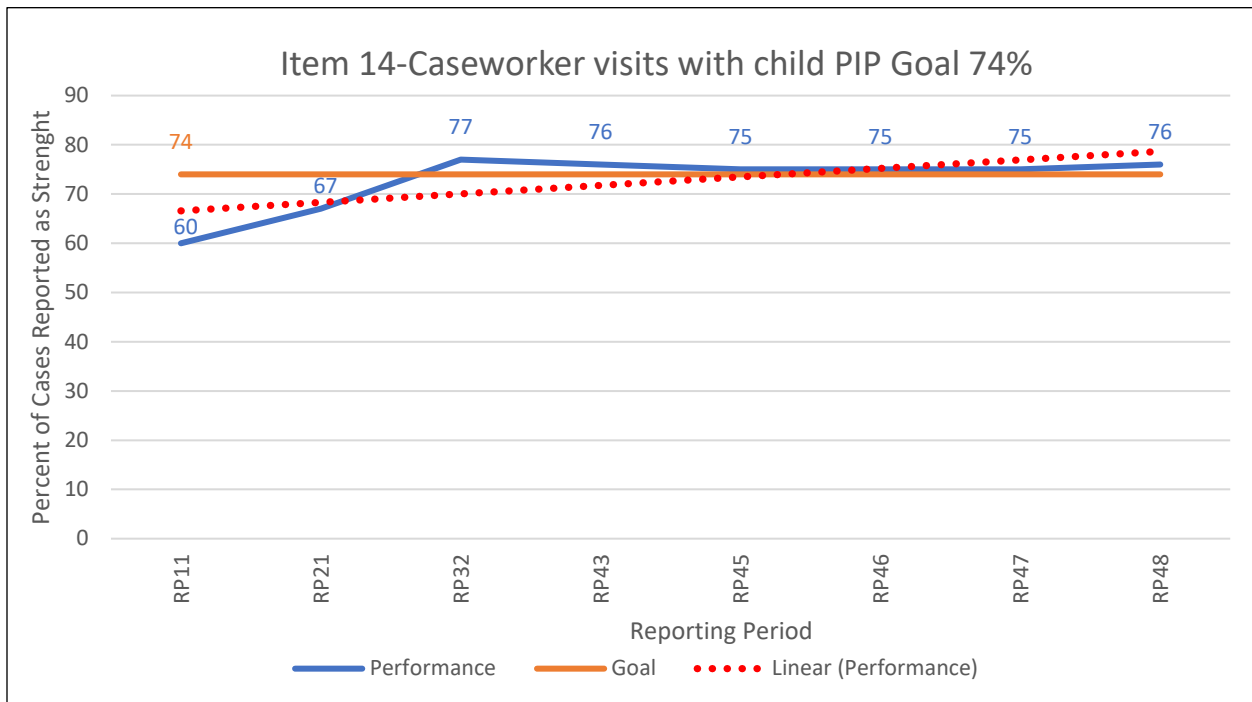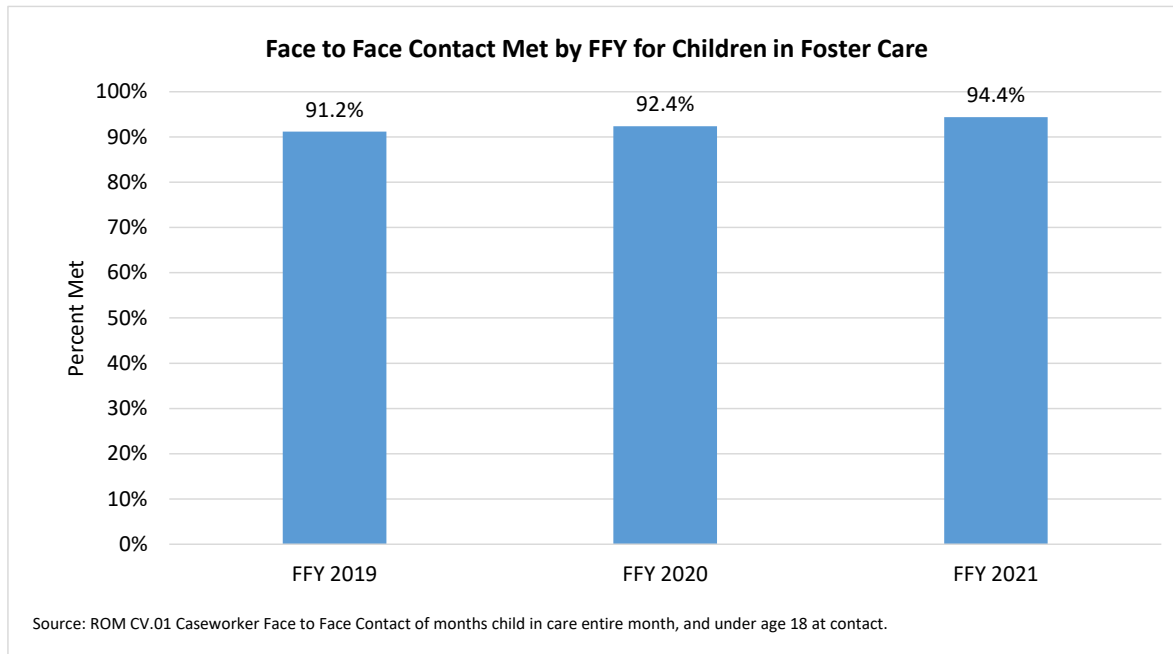
Frequent visits between caseworkers and children are one of CW's strengths. Data on face-to-face contact is shared at least monthly with staff. COVID-19 restrictions sometimes impeded face-to-face contact, but workers continued to prioritize direct contact with children to ensure their ongoing safety and well-being. CW continues to prioritize this work by improving contact quality. All About Me Books were rolled out in November 2021 to improve engagement with children during face-to-face contacts.

CW staff, from executive leadership to caseworkers, also created All About Me Books to share with colleagues, resource parents, parents, and children. During face-to-face contact, these books were shared with children to introduce the idea and build the relationship. In follow-up Quality Assurance interviews, staff report learning more about a child's needs, increased engagement with children, and appreciation for the books as a tool to connect children, resource parents, and parents.

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?

Figure 34
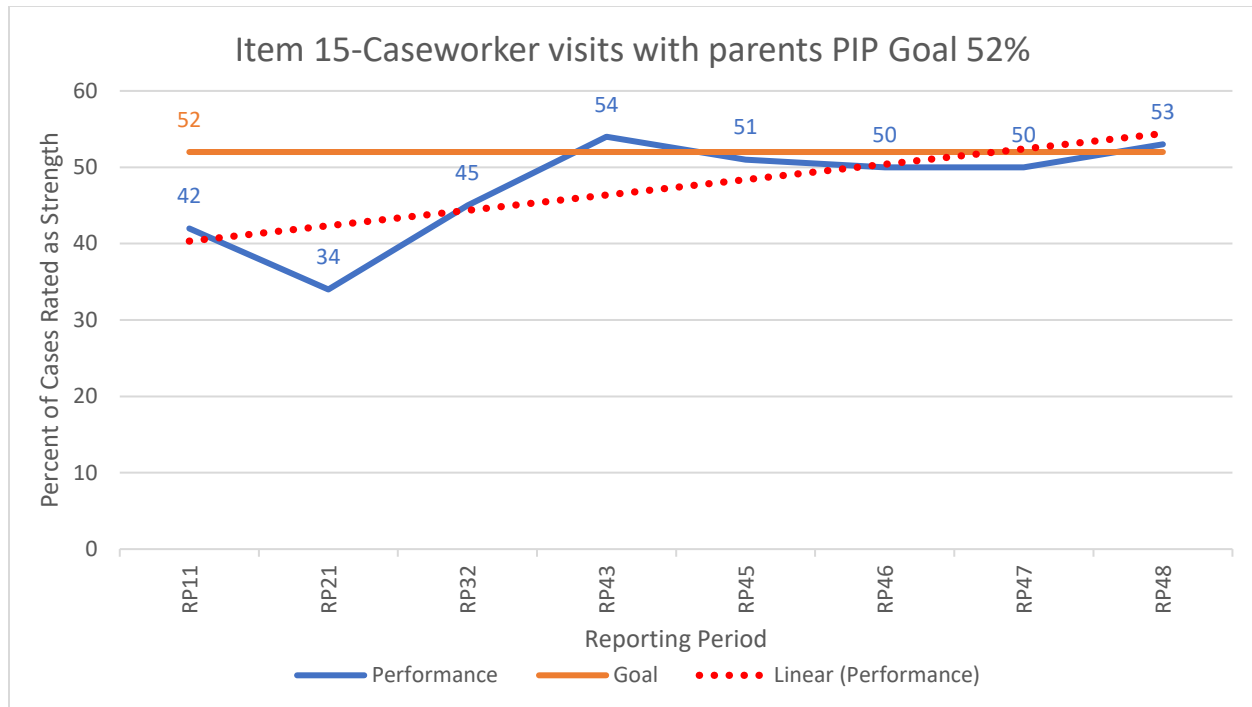
Performance on this rating continues to improve as CW intentionally focuses on the importance of frequent and quality contact with parents, understanding that parents need to be supported through the change process to achieve permanency for children.

In the last two years, data on face-to-face contact with parents was added to monthly local office reports. This helped increase accountability and emphasize the importance of the work. The Permanency program also sends a monthly "Permanency Blast" to all staff focused on parent face-to-face contact. In partnership with Parent Mentor Programs (parents with lived expertise) across the state, the Permanency program hosted panels and created tools for staff to explain why engaging with parents is crucial to achieving successful outcomes for the family, by the family's measurement.

The Permanency Program revamped the In-home Criteria/Expected Outcome Guide (Attachment 13) to help engage parents during face-to-face contact. The guide helps caseworkers articulate, collaborate, and create a plan with parents around how to meet outcomes for their case to be closed. Emphasis is placed on supportive and trusting relationships with parents, which is a recognized tool to positively impact family outcomes. Workers also share their All About Me Books with parents and help them create their own, which further fosters connection.

6. 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?

Figure 35

Baseline (2/2017-1/2018)	RP 24 (2/2019-1/2020)	RP 37 (3/2020-2/2021)	RP 48 (3/2021-2/2022)
87%	87.4%	88.4%	88%

*Note: for all non-PIP monitored items (7-11, 16-18), data is provided from the baseline, RP 24 (reported in the 2021 APSR), and RP 37 (reported in the 2022 APSR) to provide context for the current CFSR data (RP 48).

CW has consistently performed well on item 16 and continues to prioritize this work. Oregon is in the fifth year of implementing and refining the Every Student Succeeds Act (ESSA), which protects education for children in foster care. In collaboration with Oregon Department of Education (ODE), CW continues to work with the ABA Community of Practice to understand federal law and implement best practices. CW and ODE continue to train staff, resource parents, and school personnel about protections for students experiencing foster care. Due to COVID-19, trainings were virtual during the 2021-2022 school year. The training provides an overview of ESSA and best practice guidance for students in foster care. CW and ODE also hold monthly virtual office hours with school district and CW staff to solve problems and share information.

CW helped implement Senate Bill 279, which was signed into law on June 15, 2021. It requires CW to limit, to the extent practicable, how much time students in foster care miss school to attend family time. The law also requires tracking of the number of days children in foster care miss all or part of a day in school, and reports to the legislature. In September 2021, CW updated the procedure manual and sent an implementation guide to delivery staff. Data is being collected to determine how many students in foster care miss school for family time. Initial data indicates only a small number of students in foster care miss school for family time, but the initial data collection for the report is not finalized.

During the summer of 2021, CW worked with the ODHS Self-Sufficiency Programs and ODE to roll out a second round of 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 missed free and reduced-price meals at school.

Students in Oregon transitioned to full-time, in-person schooling for the 2021-2022 school year. Due to the changing nature of the pandemic, guidance was created and sent to CW staff and resource parents on August 25, 2021 (Attachment 14).

The CW intergovernmental agreement with Portland Community College (PCC) and the Fostering Success Program, which supported students who experienced foster care, ends on

June 30, 2022, due to lack of funding. A final report will be completed, and PCC will be able to transition some of this work to the Statewide Taskforce (HB 2590), but this will be independent of ODHS.

ODE has not updated foster care graduation rates since 2019. The four-year graduation rate for children who have experienced foster care was 35%, as opposed to 77% which is the non-foster care graduation rate in Oregon. As noted in the CFSP, this included all children who spent time in foster care during their time in high school. It did not distinguish 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, or other experiences. The definition of foster care for this data results in different outcomes than in the NYTD education data. CW has been working with ODE to finalize and post updated data for 2021. The updated data will include additional outcomes:

- Five-year graduation rates;
- Race and ethnicity data;
- Special education rates; and
- English Language Learners data.

CW and ODE are also updating data use agreements related to ESSA outcome data sharing.

The 2021-2022 school year and COVID-19 pandemic created unique challenges for students in foster care, and school staffing issues created new problems for CW staff and resource parents to problem solve. A school bus driver shortage shifted transportation responsibility to resource families, and CW staff (for students in foster care attending their school of origin outside of the district in which they are living). CW and ODE are collaborating on this ongoing issue.

A lack of school staff prompted many schools to put students with behavioral issues on in-home tutoring plans. This has impacted students in foster care who experience trauma-related behaviors. Pre-pandemic, schools were mostly able to help students manage their behaviors and keep them in the classroom. CW has been working with caseworkers and resource parents to support and advocate for students in foster care who are asked to leave the classroom.

K-12 Plans for Improvement

Though caseworkers are developed to and skilled at assessing and supporting children's education and service needs, children who experience foster care have poor educational outcomes compared to children who do not experience foster care. CW continues to work with ODE to create strategies to improve educational outcomes. Oregon will continue to use the ABA Community of Practice to learn best practices implemented in other states. A legislative workgroup to promote better educational outcomes began in May 2022.

CW is a member of the State Advisory Council for Special Education (SACSE). This council advises ODE on the unmet needs of children with disabilities, and CW continues to advocate for students experiencing foster care in this forum.

Early Learning/Early Childhood Education Plans for Improvement

CW participates in the Raise Up Oregon Agency Implementation Coordination Team (RUOAICT), a cross-systems team of state partners working to implement Early Learning Council initiatives. This team meets monthly and is facilitated by the BUILD Initiative and attends BUILD conferences to see how other states implement early childhood work. The BUILD Initiative helps state leaders create policy, infrastructure, and connections across agencies to advance comprehensive, high-quality, equitable programs, services, and support for young children, families, and communities. This year, the team heard CW presentations on the Vision for Transformation's equity and Family Preservation work, CAPTA, CARA, and safe sleep to improve how state agencies collaborate to enhance early childhood work.

CW and Early Learning Division met October 20, 2021, to discuss Infant and Early Childhood Mental Health Consultation in Oregon, including how to involve children in foster care and family preservation. This partnership and community service development are ongoing.

CW participates in the State Inter-Agency Coordinating Council (SICC). SICC ensures interagency coordination and supports statewide early intervention/ early childhood special education for young children and their families (Attachment 19). SICC meets five times a year and develops a report to the governor annually. This partnership ensures that young children involved with child welfare access services that promote well-being.

7. 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?

Figure 36

Baseline (2/2017-1/2018)	RP 24 (2/2019-1/2020)	RP 37 (3/2020-2/2021)	RP 48 (3/2021-2/2022)
75%	60%	63.8%	68.8%

*Note: for all non-PIP monitored items (7-11, 16-18), data is provided from the baseline, RP 24 (reported in the 2021 APSR), and RP 37 (reported in the 2022 APSR) to provide context for the current CFSR data (RP 48).

CW collaborates with OHA and Coordinated Care Organizations (CCOs) and actively strengthens local office and CCO relationships to support timely initial assessments and provides trauma-informed physical, dental, and mental health services to children. CW promotes alignment of CCO incentive measures for initial assessments with CW and partner requirements. Children in the custody of CW also benefit from additional CCO incentive measures such as:

- Well Child Visits for Adolescents
- Kindergarten Readiness
- Equity measures

Please see the Health Care Oversight section on pp. 185-187 for additional information.

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

Figure 37

Baseline (2/2017-1/2018)	RP 24 (2/2019-1/2020)	RP 37 (3/2020-2/2021)	RP 48 (3/2021-2/2022)
66.4%	62.7%	73.4%	73.1%

*Note: for all non-PIP monitored items (7-11, 16-18), data is provided from the baseline, RP 24 (reported in the 2021 APSR), and RP 37 (reported in the 2022 APSR) to provide context for the current CFSR data (RP 48).

Temporary Lodging Supports

As part of CW's ongoing work to eliminate temporary lodging, an OHA liaison assists with coordination and access to mental health services for children in care with complex needs and at increased risk of temporary lodging. Since the OHA partnership, CCOs and mental health providers consistently help reduce barriers to timely treatment and help increase engagement with children who need mental health services. When children are changing communities and having to access new CCOs and providers, previous providers assist transition services for children to receiving CCOs.

Treatment Services Programs

The Behavioral Health Treatment Foster Care (BH-TFC) combines BRS with community-based Behavioral Health services intended to provide holistic care for children with psychiatric needs within a family setting. The pilot contract was executed in May 2021 with funding from BRS, community-based Behavioral Health services, and general funds (allocated through the legislature). Greater Oregon Behavioral Health Inc. is the contracted fiscal agent and sub-contracts with six BRS Proctor Foster agencies to implement different delivery models based on the collective impact approach. Each agency tracks and reports outcomes. The pilot includes three evidence-based or promising practice models: Collaborative Problem Solving (CPS), Treatment Foster Care Oregon (TFCO), and Attachment Self-Regulation and Competency (ARC). Additionally, there are two approaches to the service delivery: (1) The BRS provider is also a licensed mental health provider; or (2) the BRS provider agency has an agreement with a licensed mental health provider to deliver clinically appropriate services. As of March 2022, 37 certified BH-TFC homes served 19 children. Treatment Services facilitates a BH-TFC Steering Committee with OHA, Medicaid, and OYA partners to review data and develop recommendations on structuring long-term care. Provider agencies and people with lived expertise participate and help develop the process.

A **Specialty QRTP Request for Applications** (ODHS 5204-21) is an active solicitation to expand the BRS QRTP service array for specialty populations. The project scope includes children at risk of placement disruption, temporary lodging, and those denied at the highest BRS QRTP settings. Specialties requested are based on population needs and include Commercially Sexual Exploited Children (CSEC) specific treatment, the ability to support children with heightened

physically aggressive behavior, Sex Abuse Specific Treatment (SAST), and co-occurring substance use disorder (SUD) treatment. As of April 2022, no applications have been received, but a pre-conference public forum was held on April 21, 2022, to provide information and answer questions related to this solicitation.

Response and Support Network (RSN), formerly named Foster Care Crisis Response Coordination, was piloted in Multnomah County to support families regardless of need through CW, OHA, and CCO braided funding. The project supports everyone in the household by providing the same or similar services, offers 24/7 non-clinical supports, leverages young adult and resource parent peers, is coordinated and automated, and leverages the Mobile Response framework for a priority population to address system gaps and to use an equitable spending strategy.

Figure 38
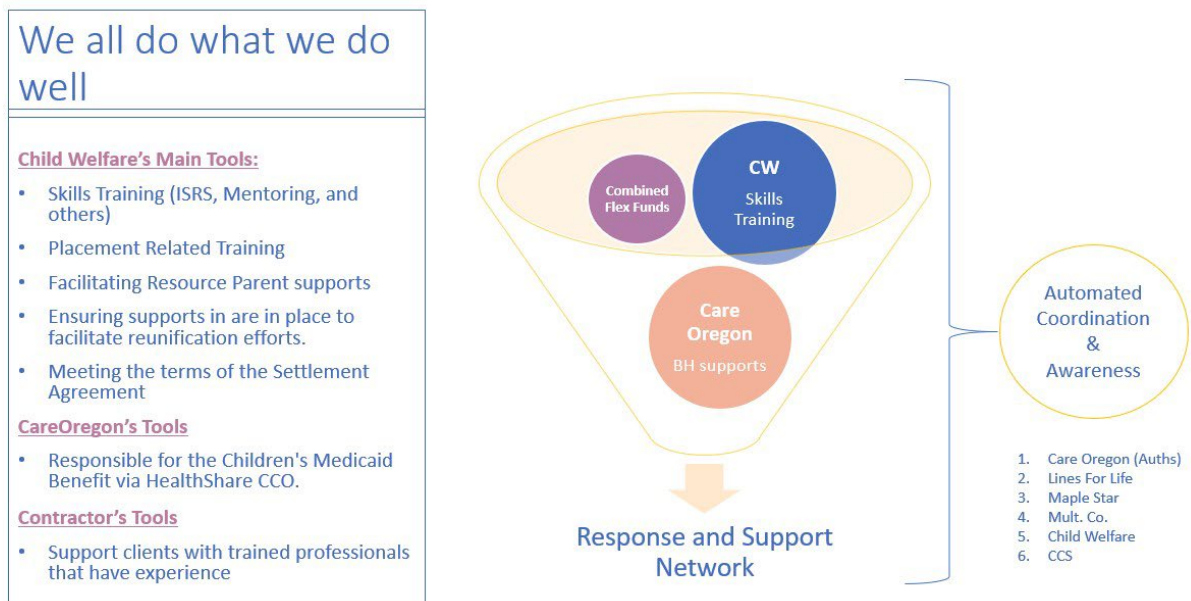
As of February 2022, 46 individuals, including 29 children, were stabilized in their setting and prevented from disruption during the initial pilot. The most acute calls took place between 5 p.m. to 8 p.m., with the median age being 11. Resource parents participating in the pilot reported a reduction in overall stress knowing supports were available on demand. Throughout the pilot, CW learned non-Medicaid supports are equally necessary and valuable as 50% of crises were resolved through non-clinical supports with efficient response times. >75% of children served during the pilot remained in a community setting, while 67% accessed needed services.

Figure 39

Figure 39 — Future State and Present State service flow diagram.

Future State:
- Immediate Response (24/7)
- Youth 24/7 Response system and Evaluation Services
- Ongoing Supports could include but not limited to regularly schedule Therapy, Day Tx, PRTS, IIBHT, etc.
- 988 → MRSS → Ongoing Supports
- RSN
- Priority Population Tailored/Specific Braided Funding

Present State:
- Ongoing Supports could include but not limited to regularly schedule Therapy, Day Tx, PRTS, IIBHT, etc.
- RSN → Ongoing Supports
- Priority Population Tailored/Specific Braided Funding

The pilot is being expanded to Districts 10 and 16 in summer 2022 and will include adoptive and guardian families who are not currently involved with the system as a preventive service.

Home Based BRS provides OHA with legislative funding to support service-based BRS separate from an out-of-home placement requirement. Leveraging this approach expands services for eligible individuals through the Oregon Health Plan and reduces the need for CW or OYA involvement to access the service. In consultation with CW and OYA, OHA created a BRS State Plan Amendment (SPA) and framework. This draft SPA was shared with the Centers for Medicaid Services (CMS) in May 2022. After CMS approval, BRS Oregon Administrative Rule will be updated, and OHA will develop program infrastructure with CW and OYA support.

Affirming Placements Committee is a quarterly cross-system meeting initiated in 2021 to help Child Caring Agencies (CCAs) provide gender-affirming placement, care, and services to LGBTQIA2S+ children, youth and young adults. The committee identifies system opportunities to improve care and well-being for this population. The committee addresses intersectionality and makes equity, diversity, and inclusion-based recommendations. The committee develops tools to gather consistent youth and CCA provider feedback to identify system gaps for continuous quality improvement.

B. Systemic Factors

1. Information Systems

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 CW information system, OR-Kids, is transitioning from SACWIS to CCWIS requirements. This transition involves incrementally replacing the monolithic application with targeted, individually deployable applications and developing new applications. This past year:

- The In-Home Services Candidacy Determination functionality was implemented in the Family Preservation demonstration sites;
- The screening functionality in OR-Kids is being replaced by the ORCAH Documentation Guide (ODG);
- A new Targeted Case Management (TCM) module replaced the legacy feature;
- Person Management is being updated; and
- An external vendor is engaged to replace the legacy provider functionality.

As this migration progresses, CW continues to improve the OR-Kids usability. Several maintenance releases were implemented to help categorize and retrieve items in the file cabinet and upgrade the ODG, Resource Family Inquiry application, and the Family Report.

2. 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?

CW has made huge gains in completing case plans for every child developed with parents and, when appropriate, the child or young adult. As of June 2022, 87% of cases have a completed Family Report (case plan). CW went from 12% of case plans completed timely in 2020 to 60% in December of 2021. Then trend continues in 2022.

This measure continues to improve due to ongoing quality assurance, consultant support, and leadership prioritization. Monthly data reports celebrate and recognize local offices that improve their data or meet this goal. Local office Family Engagement Plans also address case plan completion and steps for improving this measure.

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 Round 3 rated item 21 as a strength, largely 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 the CRB or the court. Oregon law requires 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?

Item 22 was a strength in the 2016 CFSR Round 3. CW does not track this data directly and relies on data provided by the Juvenile Court Improvement Project (JCIP), including whether a case has an initial permanency hearing within 14 months of filing the petition. This data serves as a proxy for when a permanency hearing is required, assuming the petition is filed within a day or two of the children placed in foster care. (Oregon consistently defines "the date the child entered foster care" as 60 days from initial placement).

In 2021, 85.5% of permanency hearings were conducted within 425 days (14 months) of the initial petition being filed. This is higher than in 2020 (84%) but slightly lower than in 2019 (89%). In 2021, 92.6% of subsequent permanency hearings were held within 365 days of the prior permanency hearing, an improvement from 89.4% completed in 2020, and similar to 2019 (92%). The improvements from 2020 to 2021 were expected since many permanency hearings were delayed in 2019 due to the COVID-19 pandemic. CW expects the timeliness of initial and subsequent permanency hearings to remain steady or continue to improve, especially for initial permanency hearings, given that most courts have resolved pandemic-related barriers experienced in 2020 and early in 2021.

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 Round 3 rated item 23 as an area for improvement because CW did not have comprehensive information on whether the filing of termination of parental rights (TPR) proceedings occurred within federal timelines.

JCIP tracks the filing of a TPR petition based on the number of days from when the current dependency case opened. This is not an exact measure for CW's purposes (timeliness of filing TPR petitions). It does not include cases where children had been in foster care in a prior episode within the last 22 months and assumes cases were "late" to TPR even if they were not – for example, a child who spent time in a trial reunification. An area for improvement includes system development and report creation to identify children who have been in care for 15 of 22

months and have not had a TPR petition filed and determine how many of these cases have a good cause judicial finding. Because OR-Kids does not require judicial exception information entry, obtaining this data would require manual file review.

The median number of days it took from filing a dependency petition to filing a TPR petition remained steady over the past year, from 499 in 2020 to 497 in 2021. The median number of days from filing a dependency petition to completion of the termination or voluntary relinquishment of parental rights (for all parents) increased from 699 days in 2020 to 748 days in 2021. This increase is consistent with the pandemic-related permanency barriers and the need to prioritize shelter, jurisdictional, and permanency hearings.

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?

All districts have developed local procedures to provide timely hearing and review notice to caregivers. The Family Report indicates if resource parents or relative providers are notified of court hearings. If they are not, an explanation is required to submit the report. The caseworker must explain agency involvement (CPS – Out of Home, CPS In-home/Out of Home, or Pre-Adoptive) and who was notified. A narrative box explains why all or some resource parents were not notified.

Figure 40 shows the number and percent of Resource Parents Notified per Family Reports created in 2021 and approved by 12/31/21.

Figure 40

All Resource Parents Notified	Count	Percent
Yes	5239	85.60%
Undefined	197	3.22%
Not Applicable	648	10.59%
No	36	0.59%
Grand Total	**6120**	**100.00%**

Note: Because the Family Report were initially released without validations in place, some of the data shows as "undefined." Validation was implemented in April 2021, which makes that selection required.

CW plans to use this new data to sample "no" and "not applicable" responses and their narrative fields to identify and address any barriers to resource parents hearing notification.

3. Quality Assurance

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?

*For more information on item 25, please reference **Section III. Plan for Enacting the State's Vision, part D. Enhancing the Structure of our System by using Data with Continuous Quality Improvement.**

4. Staff 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?

*For more information on item 26, please reference **Section III. Plan for Enacting the State's Vision, part C. Enhancing Our Staff and Infrastructure**

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?

*For more information on item 27, please reference **Section III. Plan for Enacting the State's Vision, part C. Enhancing Our Staff and Infrastructure**

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?

*For more information on item 28, please reference **Section III. Plan for Enacting the State's Vision, part C. Enhancing Our Staff and Infrastructure**

5. Service Array

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?

*For more information on item 29, please reference **Section III. Plan for Enacting the State's Vision, part B. Supporting Families and Promoting Prevention.**

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?

*For more information on item 30, please reference **Section III. Plan for Enacting the State's Vision, part B. Supporting Families and Promoting Prevention.**

6. 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?

*For more information on item 31, please reference **Section III. Plan for Enacting the State's Vision, part B. Supporting Families and Promoting Prevention.**

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?

*For more information on item 28, please reference **Section III. Plan for Enacting the State's Vision, part B. Supporting Families and Promoting Prevention.**

7. Resource & 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?

The Foster Care program annual QA reviews are completed in coordination with the CFSR reviews for every local office. The QA review samples 3% randomly of all resource family homes from each local office. During the 2021 review period, the review team expanded to include six more certification supervisors. Training supervisors to evaluate other local offices improves the supervisor's ability to guide their own unit's certification work. Outliers are reviewed to ensure consistency, and the Quality Assurance Coordinator is available as a resource to reviewers.

In 2021, QA review debriefs were changed to a more intimate setting with the certification supervisor, Program Manager, District Manager, and assigned Foster Care Coordinator. This increased engagement and enabled more open consideration of improvement opportunities, including ways to improve the review tool, which will be implemented in 2022.

CW's Foster Care program hosts quarterly Zoom training with the Consortium for Children to address SAFE home study topics and improve fidelity, including hosting feedback sessions in

2020 and 2021 with certifiers and supervisors. These sessions were co-facilitated with the Office of Equity and Multicultural Services (OEMS) and revealed that the staff experience, style, and delivery method impact the applicants' experience and information gathered during the home study. As a result, CW collaborated with the Consortium for Children to:

- Update home study tools with inclusive and affirming language;
- Revise Spanish questionnaire translation;
- Developed a letter to help applicants understand what to expect with the SAFE home study process;
- Enhance staff skills and development by developing a refresher series for staff;
- (Future goal) Develop interview skills training;
- Created a SharePoint page to provide certifiers with tools to assist in their work;
- Develop staff procedures and resources to help families respect, accept and support the race, spiritual beliefs, sexual orientation, gender identity and gender expression, disabilities, national origin, cultural identities, immigration status, and socioeconomic status of a child or young adult; and
- Provide opportunities to enhance positive self-concept and understand the child or young adult's heritage.

The Foster Care program will also hold ongoing summits with certification staff to improve program measures.

Criminal History Rule Revision Process

To improve the certification process for general applicants and relative resource parents, the Foster Care program reviewed and revised rules around assessing criminal history. This included revamping assessment criteria to focus on the applicant's current ability to provide for the child's safety and well-being rather than their history. This process included certification staff, the Child Welfare Race and Equity Leadership team (CWRELT), Oregon Resource Family Association (ORFA), Parent Mentors, Oregon Foster Youth Connection (OFYC), Oregon Department of Justice (DOJ), Tribal Affairs, the Interstate Compact for Placement of Children program, as well as other CW program areas. The first factor is now child-centered and considers if placement with the prospective kith/kin may mitigate the child's trauma and meet the child's safety, well-being, and permanency needs. The second factor considers the social context of the conviction, including how the conviction impacts the applicant's functioning and how institutionalized racism and other factors may have contributed to criminal justice involvement. These changes were presented to statewide certification units in several listening sessions and were discussed in new certification and adoption worker training.

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 and child abuse checks for resource parent applicants and is the conduit for in-state fingerprint-based background checks for resource parents. Access to fingerprinting (an in-person service) was severely restricted during COVID-19. Federal Policy and Resources and the Foster Care program collaborated with BCU to adjust the typical process as permitted by the federal Stafford Act.

CW supported resource parent applicants who were able and willing to fingerprint during the pandemic while maintaining Stafford Act flexibility for applicants who were not able or willing to fingerprint due to health concerns or inability to access open fingerprinting services. CW developed a process to identify providers and more easily issue a full certificate of approval, except for the completion of fingerprints delayed due to COVID-19. CW is collaborating with BCU to manage the fingerprint backlog now that Oregon's state of emergency has ended (as of April 1, 2022).

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?

*For more information on item 35, please reference **Section III. Plan for Enacting the State's Vision, part B. Supporting Families and Promoting Prevention.**

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?

*For more information on item 36, please reference **Section III. Plan for Enacting the State's Vision, part B. Supporting Families and Promoting Prevention.**

III. Plan for Enacting the States Vision

A. Equity and Anti-Racism

The Vision for Transformation is centered on equitable outcomes for all, with a focus on minimizing the over-surveillance of historically marginalized communities and promoting service equity. CW developed an equity and workforce wellbeing team to strategically organize and implement cross-program equity and wellbeing-focused policies, procedures, and practices

in alignment with the Vision for Transformation. The CW Equity and Workforce Wellbeing team is committed to the promotion of equitable, accessible, and inclusive services and supports for children and families, as well a diverse, supported, and inclusive workplace that takes care of its workforce.

1. Americans with Disabilities Act (ADA)

ODHS has an ADA Steering Committee guiding active work in this arena. The ADA Steering Committee is composed of community partners, ODHS staff (including CW, the Office of Equity and Multicultural Services (OEMS), and the Office of Developmental Disability Services (ODDS)), and people with lived disability experience.

Various workgroups have been established to create additional best practice guides for ODHS staff to utilize for improved and knowledgeable engagement and accessibility practices. Current workgroups are focused on:

- Substance Use Disorder and Alcohol Use Disorder
- Safety and Engagement
- Sensory-friendly family visitation spaces – including a space designed in District 6 and work in progress in District 2

CW has made updates to the OR-Kids person management module to allow for better data gathering of disability data regarding parents and caregivers. A new OR-Kids report will begin tracking data on:

- Whether the parent/caregiver has a disability
- The type of disability
  Whether reasonable accommodations/modifications are provided

2. Community Partnerships

The Child Welfare Race and Equity Leadership Team (CWRELT) aims to creatively problem solve barriers to equity and belonging through its many community partnerships. CWRELT is composed of various members of the CW workforce, community members with lived experience and community partners. CWRELT champions various bodies of work including but not limited to:

- The Oregon Child Welfare Racial Equity and Social Justice Tool (RESJ)
- Equitable data tracking and data completeness processes
- Community Engagement Framework
- Equitable workforce recruitment, hiring and retention
- Propose equity-centered training curriculum and objectives
- Advise implementation processes
- Partnering across the agency to support the implementation of REALD

CWRELT currently has six subcommittees to carry out the intention of CW's commitment to equity. The subcommittees and their projects are:

- Race and Equity
    - RESJ Review Committee: Policy review with an intersectional perspective
    - Joint-Response Project
- LGBTQIA2S+
    - Provide affirming selections in the forms provided
- Rural Access
    - Affirming Resource Directory
- Language and Communication Equity
    - Translation workgroup
- Disability Justice
    - ADA Steering Committee
    - Sensory Room sub-working group
- Staff Safety and Wellbeing
    - CISM (Critical Incident Stress Management)

Our partnerships are intersectional from various organizations locally, statewide, and nationally including, but not limited to:

- Oregon Department of Education
- LGBTQIA2S+ Organizations
- Rural youth ILP programs
- ADA and Disability related organizations
- Sexual Health and Wellness Organizations
- Internal Employee Resource Groups (ERG)

3. Service Equity

CW implemented a Racial Equity and Social Justice (RESJ) Policy Tool to prevent unintended identity-based harm and unintended differential outcomes through a systematic review of policies, rules and procedures when they are new or revised. The tool helps prevent hasty policy and procedure implementation and encourages those most likely to be impacted by the change to be engaged during the development process. Data collection via the RESJ Policy Tool process identifies potential gaps in planning that may lead to inequities, barriers to equitable outcomes and trends that CW is tracking to later curate learning opportunities for staff. For example, use of the tool helped to identify gaps in workforce safety procedures and policy, which lead to differential workplace outcomes for staff of color. A diverse workgroup was established to create policy and procedure recommendations that promote equitable and intersectional safety for staff. Additionally, the tool was used since January 2022 in the review of 10 newly recommended policies to ensure community voice was incorporated and to mitigate potentially unintended and inequitable outcomes, if implemented. The RESJ Policy

Tools are reviewed via a diverse RESJ Committee, composed of various levels of CW staff, youth with lived experience, and community partners.

Workforce learning is supported through various engagement opportunities:

- Intranet page accessible to staff
    - o Access to hundreds of resources related to disability justice, LGBTQIA2S+, racial equity, and others
    - o Provide upcoming equity learning events such as: webinars, workshops, virtual conferences, internal community-centered virtual learning opportunities
    - o Access to Equity, ADA, and Wellbeing coordinators for consultations, speaking/workshop requests, questions, and other supports.

Staff attended various equity learnings in multiple formats during 2021:

Figure 41
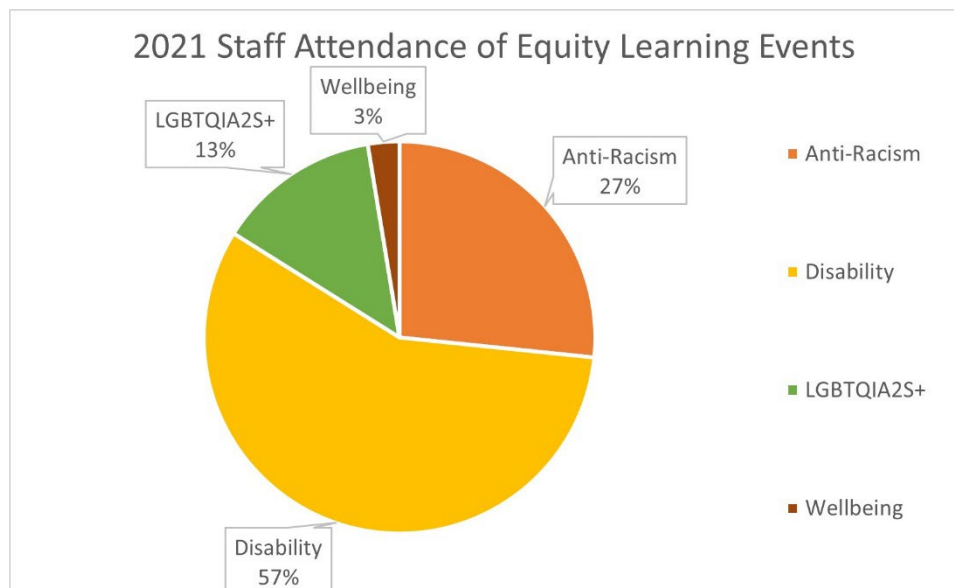
4. Workforce Wellbeing

CW has utilized Critical Incident Stress Management (CISM) sessions to debrief traumatic and stressful situations experienced by CW staff. These sessions are offered in a general supportive nature and as an available response for specific incidents. Continued support to workforce well-being is offered via virtual, bi-weekly mini sessions, allowing staff to decompress, engage, connect, and obtain resources to maintain well-being. A five-year workforce well-being 'framework' is currently being developed to further focus on CW staff's psychological safety and sense of belonging in the agency.

The Workforce Wellbeing program is working closely with Capacity Building Center for States (CBCS) to select, design, or modify a coaching model for the CW and Self-Sufficiency workforce

across the state. The model selected will support the engagement and relationships of staff internally and skills learned and enhanced will transfer to the engagement and relationships with families being served by both CW and SSP programs.

Additionally, Workforce Wellbeing has developed and implemented "Child Welfare Leaders Institute- Communities of Practice and Peer Mentorship" events three times per year to celebrate and highlight the work and needs of the leadership roles across CW (supervisors, MAPS, Consultants and Office Managers). The theme for 2022 is retention of CW staff. Topics and presentations have aligned the theme of retention by individual contributions from these roles, how the larger system changes are being made with retention in mind, and additional skills and techniques to support these leaders in engaging and coaching teams.

Workforce Wellbeing program is coordinating nomination, references, interviews, and selection of the recipient of the Tom Moan Award. The well-being program is developing and will implement in 2022 a similar award for Outstanding CW Supervision based off the Tom Moan Award model for supervisor positions.

B. Supporting Families and Promoting Prevention

Figure 42

Source: ROM CM18 Foster Care Removals and Discharges
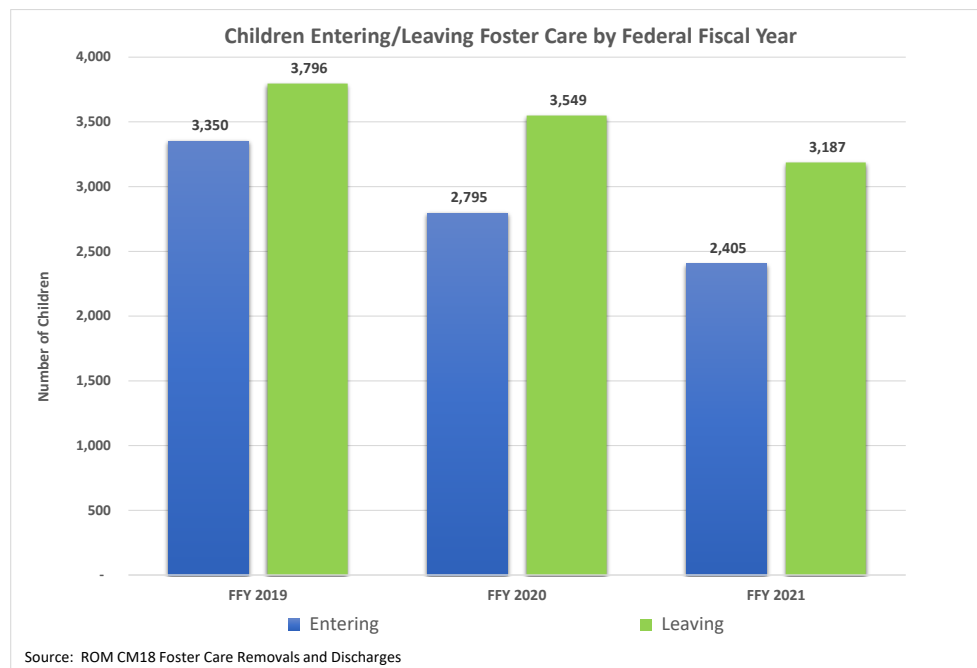
CW's transformation is built on trauma-informed, family and community-centered, culturally responsive programs and services focused on engagement, equity, safety, well-being, and prevention. Infants, children, adolescents, and young adults do best in a family that can provide love, support, life-long learning, shared values, and important memories. Providing earlier, less-intrusive support for parents and families means more children can remain safe and healthy at

home and in school. This helps children and young adults have better long-term outcomes and keep the bonds and connections critical to their well-being. Enacting the Vision for Transformation will result in fewer children entering foster care over the long term. This trend is apparent in the data (see Figure 42): the number of children in foster care in Oregon is at a 16-year low.

1. Developing Oregon's Family Preservation Program

Oregon spent the last several years developing a prevention strategy that will support the whole spectrum of the child-serving system in providing earlier, less-intrusive supports that can keep children in their homes. CW is on the road to reaching out beyond the historical mandate to assist families after child maltreatment to secondary prevention: assisting families at high risk for child maltreatment before the maltreatment occurs. This practice change aligns with national priorities, including the federal Family First Prevention Services Act, which extends federal IV-E funding beyond the foster care episode to include children at risk of placement. See Oregon's federally approved Prevention Plan (Attachment 15).

Figure 43

Tertiary
- Families have experienced child maltreatment

Secondary
- Families at high risk for child maltreatment

Primary
- General population before maltreatment occurs
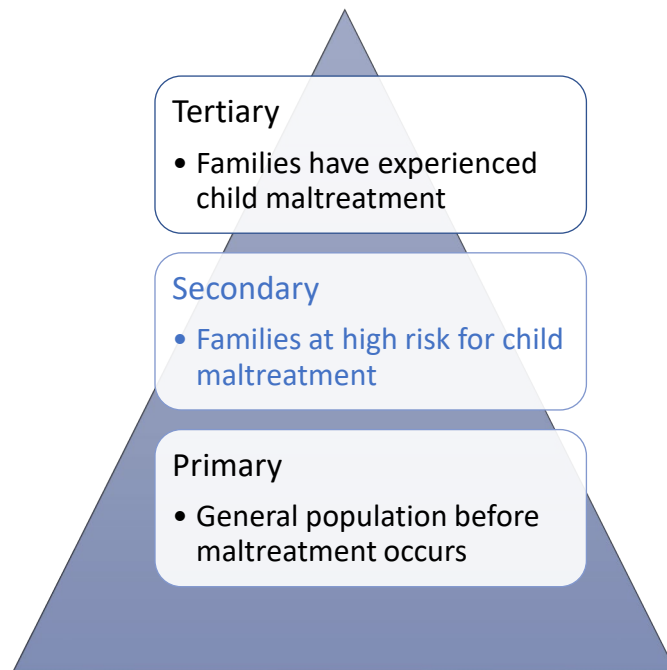
CW's Family Preservation Program, which encompasses prevention work, began implementation on March 28, 2022, in three demonstration sites: the Alberta local office in Multnomah County (D2), Douglas County (D6), and Klamath County (D11). These three sites represent a small, medium, and large local office. This is a joint effort by CW and Self Sufficiency Programs. Weekly meetings with leadership teams and community partners, including parent mentors, helped plan and prepare sites for the launch. Each district convened community forums to engage their communities and craft training programs. The leadership of each

district, along with their identified Family Preservation workers, engaged in an eight-week coaching workshop focused on the Family Preservation paradigm.

Chapin Hall has provided technical assistance through Casey Family Programs to CW's Family Preservation program throughout development and implementation, including workgroup participation, national best practice support and guidance, and technical assistance on training and coaching to the workforce and meeting facilitation. Some of the workgroups created in the original prevention governance structure have completed their work and provided final reports and recommendations to CW. The Policy & Practice workgroup and the Family Preservation Operations workgroups continue to meet regularly and support the work from pre-implementation to ongoing review and CQI to support, shift and enhance family preservation practice and use lessons learned from the demonstration sites to statewide implementation.

Technical Supports for Family Preservation

Several CW programs collaborated to create the In-home Services Candidacy Determination (ISCD), which meets the federal requirements of a Child Specific Prevention Plan and is a form completed in OR-Kids. The ISCD is completed when a child is eligible through one of the three candidacy groups in the demonstration phase. The ISCD is specific to each child and requires caseworker determination that the child is at imminent risk of out of home placement, selection of services to be provided to the child and/or family members, and a narrative description of the strategy for each service to prevent out-of-home placement (among other date and identifying fields).

On March 30, 2022, The OR-Kids Business Analysts released ISCD as a tool to support family preservation workers at demonstration sites, and training was provided on March 31, 2022.

2. Collaboration with Tribal Nations

Oregon actively works with five of the nine Tribal Nations with Title IV-E agreements on developing the Tribal Prevention Plan. Each Tribe is unique in its approach to planning and documentation. All provide prevention services focused on family engagement through respective tribal best/based practices, which include cultural events and activities within the array of services offered in social services, behavioral health chemical dependency programs, maternal health programs, substance abuse treatment, and early education programs through the Tribe(s) and community partners.

The nine Tribal Nations work with and through the University of Iowa School of Public Health Native Center for Behavioral Health National American Indian and Alaska Native Mental Health Technology Transfer Center to develop a culturally specific Motivational Interviewing (MI) Implementation Plan for each Tribe. MI is one of the evidence-based practices selected by Oregon for the Family First Prevention Plan.

3. CFSR Metrics Directly Related to Oregon's Vision of Supporting Families and Promoting Prevention

Item 12: Assess and provide services to address children's, parents', and resource parents' needs

Figure 44
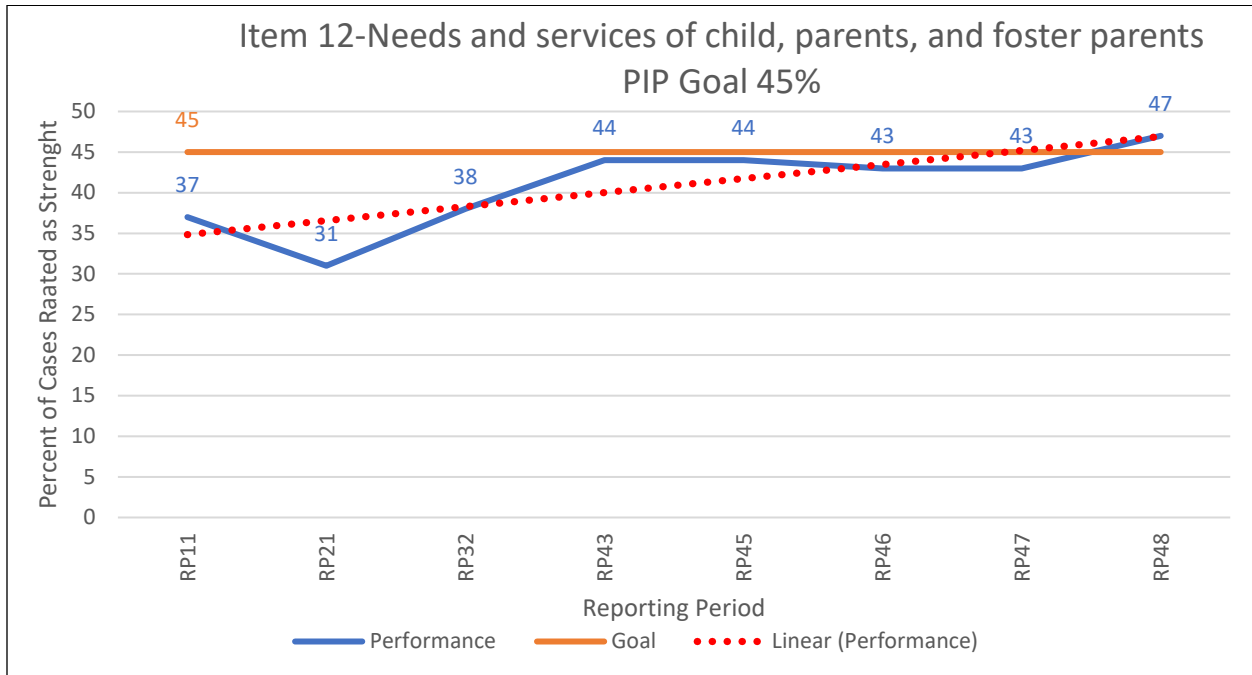
Item 12 covers services to meet the family's needs and to meet the resource parents' needs. CW has historically performed well in meeting children and resource parents' needs but has had room to improve in meeting parents' needs. Over the course of the PIP, CW has focused on improving engagement with parents to better understand and meet their needs.

Parents and Children

CW has typically performed well in meeting children's needs. In the last year, implementation of All About Me books helped increase caseworker engagement with children and maintain a child's community and cultural connections. See pp. 45-47, 50, and 51 for an in-depth discussion of All About Me books.

CW has updated its values and, in doing so, revamped the approach to parent contact and engagement. Local offices have developed Parent Engagement Plans to address individual barriers. Family Engagement Meetings and Youth Decision Meetings increased, which provide forums for parents to actively engage with their caseworker, family, and other supports to develop and progress the case plan. See pp. 48-49 for additional discussion on these topics.

Resource Parents

CW has a variety of options available to support resource parents. KEEP, an evidenced-based support and skill enhancement program, is available to certified families and provides parenting support and education services in all 36 Oregon counties. The Native American Youth & Family Center (NAYA) provides groups for families caring for American Indian/Alaska Native and Tribal-affiliated youth. Centro Cultural provides Spanish-language groups, and other affinity groups support for resource parents caring for LGBTQIA2S+ youth, children or youth of a different culture, race, or ethnicity, and ASL-interpreted sessions. Resource parent feedback has been overwhelmingly positive. Participating families earn $25 per session and receive CW training credits. Groups continue to meet virtually but may resume in-person within the year and will offer childcare and food.

CW contracted with Stabilify to build a cloud-based caregiver lifecycle management platform for streamlined online information and applications for resource parents and applicants. This system will include:

- Inquiry through the certification of the resource family
- Feedback between resource families/applicants and CW certification staff.
- Resource parent and applicant training registration and tracking.

CW continues to provide financial supports to resource parents, including reimbursement for costs associated with employment related childcare, respite care and other intermittent supervision needs. CW is also working with the Early Learning Division to propose legislation to make a certified resource parent categorically eligible for Employment Related Daycare (ERDC), a program that supports low-income parents with daycare costs.

During the 2022 legislative session, CW received financial support from the legislature to create a certification program for respite providers. Local offices will certify respite providers to provide respite care to CW certified resource families. The Foster Care program is finalizing rules, procedure, forms, system updates, training, and hiring a Respite Coordinator to oversee the program.

The Foster Care Program, in collaboration with Treatment Services and Permanency, is designing a Respite Program to certify respite providers to provide temporary care relief for resource parents and increase certified foster home retention. Treatment Services is increasing respite options for youth in BRS settings to include scheduled and crisis respite options. Respite services will also expand to support reunification and prevent placement for families receiving child welfare services through their case plan. The Respite Care Program is planned to roll out in fall of 2022.

The Permanency program is determining the best mechanism to provide respite for parents whose children remain in their home. This includes listening sessions with parent mentors and collaboration with relief nurseries to determine the most appropriate option for parents who may not want to use a certified respite provider.

Service Array

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

The Treatment Services FOCUS program prioritizes community-based services and supports at the least restrictive level of care. Many services are provided in-home to prevent children from being placed in substitute care and ultimately preserve families. The RSN, CSCS projects, and other FOCUS Preventive Services are outlined in Permanency Outcome 1, Item 4. Future phases will include structure for serving families without current CW cases. Spirit Mountain Community Fund to support their Next Level Program with a grant that funds services for youth who are no longer in CW care but would benefit from continued mentoring, independent living, and educational support. The program has been successful. Treatment Services supported virtual service array over the last two years, allowing children to remain at home and helping families feel safe and supported. For example, parents and caregivers of children with sexualized behaviors can access virtual support through a contract that helps them understand the child's needs, develop structure in the home, maintain healthy boundaries, and more.

Crisis Response

See Item 18 on pp. 55-57.

Critical Incident Review Team (CIRT) and Safe Systems Analysis of Service Array

The Child Fatality Prevention and Review Program (CFPRP) conducts in-depth case file reviews on child fatalities through the Critical Incident Review Team (CIRT) process, discretionary reviews, and Safe Systems Analysis. These processes review contracted services and community services documented in the case file.

The safe systems analysis process reviews the service array as an item in the Safe Systems Improvement Tool Service array and determines the unavailability or ineffectiveness of an external or community-based service. These services include private, county, and state child and family-serving agencies (e.g., school, court, law enforcement). Service array is a factor in 25% of cases reviewed since July 2019 (n=71). Safe systems analysis considers identified improvement opportunities as a place to start root causes and solutions. While the types of services vary across cases and in their level of influence on the identified improvement opportunity (latent, influential/non-proximal, and influential/proximal), improvement opportunities are monitored to determine if any service area changes are needed.

Parent/Caregiver Substance Use
CIRT case file reviews continue to identify parental substance use at or near the critical incident (13 of 26 CIRTs in 2021) as a trend, and 40% of SSIT reviewed cases noted that parental substance use intervention was required since July 2019 (n=71). Unfortunately, access to

substance use disorder treatment options is limited. This makes it challenging to engage and support parents and caregivers who experience substance use disorder.

In 2021, the CFPRP coordinated safe systems mapping to explore challenges in assessing parent or caregiver substance use. This activity involved internal CW professionals and system partners. The team met several times to complete mapping and brainstorm strategies for system improvement. Eight recommendations were presented to CW executive leadership for review:

1. Restructure and expand the Addiction Recovery Team and corresponding contracted services;
2. Develop comprehensive casework practice guidelines for cases involving substance use;
3. Develop a process for referring reports closed at screening to community-based supports or services;
4. Develop statewide staffing guidance for cases involving infants;
5. Enhance knowledge and skill through creative education for caseworkers and supervisors;
6. Actively promote partnerships with local prevention organizations;
7. Identify and support culturally appropriate paid respite, child-care programs, and safety service providers; and
8. Develop a smartphone application to provide information and guidance to CW professionals.

The recommendations create a robust response for families impacted by substance use. While not all recommendations enhance service array, each equips the workforce with the skills and resources to support families and children and promote secondary and tertiary prevention. The recommendations are being explored and implemented, and a project manager supports and tracks progress, and identifies intersections with other initiatives. See Attachments 16 and 17 for a detailed overview of the mapping process and the resulting recommendations.

Child and Young Adult Suicide

Suicide remains the second leading cause of death among Oregonians aged ten to 24[3]. To change this trend, Oregon is enhancing response and treatment for children and young adults with the most complex needs and is helping providers better assess, identify, and manage suicide risk[4]. CW staff are trained in suicide risk assessment via the Question, Persuade, Refer (QPR) modality. QPR became a required training for all ODHS employees in January 2022. Over 8,000 ODHS employees are trained in QPR, with over 800 CW staff trained in advanced QPR, including facilitation and discussion. In addition, CW nurses conduct a depression and suicide screening for children 10 or older at every nursing encounter. CW is working with the Oregon Pediatric Society (OPS) to develop a CW -specific YouthSAVE training to enhance suicide assessment and intervention skills. CW also coordinated monthly QPR training for resource

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[3] [Youth Suicide Intervention and Prevention Plan Annual Report 2021](#)
[4] [OHA Child & Family Behavioral Health](#)

parents to equip them with knowledge and resources to ensure physical safety, while supporting child and young adult access to appropriate behavioral health services.

The CFPRP Suicide Prevention Coordinator engages in learning opportunities, participates in local suicide prevention efforts, and supports prevention for disproportionately impacted groups. Review of the "Report to Congress from the Congressional Black Caucus" on the rise in suicide completion and risk among Black children and young adults and the unique needs of LGBTQIA2S+ children and young adults from the National Institute for Healthcare Management[5], promoted and enhanced population-specific risk assessment and prevention efforts. For example, resources and information are disseminated to support LGBTQIA2S+ children and young adults (e.g., Trevor Project contact information), and CW updated the QPR training to be culturally responsive.

All suicide prevention efforts promote individualization for disproportionately impacted groups and involvement in regional and local coalitions to ensure prevention activities meet community needs (e.g., people who live in rural or frontier areas, ethnically diverse, etc.). The upcoming CW designed YouthSAVE training includes a rigorous Racial Equity assessment, and education and participation in population-specific training and needs analyses to increase suicide risk awareness and effective suicide prevention/intervention strategies for different populations. Oregon is also fostering a diverse provider array through targeted recruitment strategies. More information about CW's youth suicide prevention efforts can be found in the attached Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities (Attachment 18).

Young Parents
In 2021, 15 of 26 cases reviewed by the CIRT found one or both parents were involved with CW during their childhood, with nine parents under age 25 during the critical incident. The CFPRP showed that these young parents might lack the protective factors to grow into healthy adults and safe parents. The number in 2020 was somewhat higher (29 of 34 cases), and there is continued concern that the current service array does not adequately develop protective factors for young adults involved in the child welfare system, which can create barriers to safe parenting.

CFPRP examined Child and Adolescent Needs and Strengths (CANS) screenings to understand (1) the characteristics of children in or formerly in resource care and (2) CW's response to planning for and meeting the supervision needs of children. The CFPRP will explore how CANS can inform information gathered through CIRT and safe systems reviews and how to use this information to develop protective factors for children and young adults.

CW's Health and Wellness Services Program tracks Adverse Childhood Experiences and experiences that contribute to ACEs (e.g., poverty, racism, entry into foster care, community

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[5] [Foster Care, LGBTQ Youth & Increased Suicide (2021)](#)

violence, etc.). This data helps staff understand how to tailor engagement strategies and services to the unique needs of children and families. The CFPRP will work closely with the Health and Wellness Services Program to share lessons learned between the programs to support young people before they exit the system and become parents.

Adolescent Substance Use

The CFPRP noted an upward trend in fatalities for adolescents using substances, and in 2021, eight fatalities involved overdose. Of these, four were reviewed by the CIRT, which identified limited access to treatment services as a challenge for families and CW professionals working with adolescents. The CFPRP will explore successful treatment modalities, including for adolescents not yet ready for formal substance use disorder treatment. The CFPRP will seek opportunities to engage, share data, collaborate with Behavioral Health Resources Networks across Oregon, and participate in the OHA Youth and Young Adult Substance Use Disorder workgroup, to create collaborative strategies for youth and young adults using substances. Finally, the CFPRP has added an item to the SSIT to capture the presence of substance use by a child/adolescent at or around the critical incident. This item will be tracked alongside other family characteristics to identify service gaps. The 2024 APSR will include an update on these activities.

Additional Services Available Statewide

- Permanency Consultants provide expertise and creative problem-solving for cases at key decision points.
- In-home Safety & Reunification Services (ISRS) 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 children entering care and shortly after a child returns 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 in adoption.
- Safe infant sleep surfaces were provided to CW offices throughout the state at no cost to the families.
- Plans of Care for families caring for infants with prenatal substance exposure
- The CFPRP purchased prevention kits from Oregon Health Sciences University, Tom Sargent Safety Center to prevent child fatalities and serious injuries by improving home environment safety.
  - o These kits were shipped to local CW offices to improve household safety.
  - o Examples include window locks, firearm locks, and medication storage items.

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

The FOCUS Program has two FTE who assess service gaps, seek necessary services, administer a multimillion-dollar contract, review and authorize referrals, perform compliance reviews, provide statewide high-level case and system facilitation, track service data, process payments and invoices, facilitate procedural, rule and process changes, and provide customer service to businesses and individuals. This program has grown exponentially over the last seven years to meet the needs of children in their communities instead of in residential facilities. The program provided 89 services to 62 children and young adults in 2017. In April 2022, the program had 743 services to 460 children and young adults currently open. This does not include the Pilot Projects for Child Specific Caregiver Supports (effective May 1, 2022).

Adoption & Guardianship Mediation

CW participates in a National Quality Improvement Center for Adoption and Guardianship Support and Preservation (QIC-AG) project to develop child welfare promising practices. The QIC-AG projects and interventions support long-term, stable permanence in adoptive and guardianship families. CW participated in a project to develop training and materials for the CW Adoption and Guardianship Mediation Program. These materials improve access to quality mediation services and outcomes for children in foster care and their birth, adoptive, or guardian families and tribal nations. Improving access and service quality will improve connections for children with their birth families and tribal nations.

Training materials developed for contracted mediators included:

- An adoption and guardianship mediation training manual;
- A training module for mediating with people who have disabilities;
- A training module for mediating when the Indian Child Welfare Act and Oregon Indian Child Welfare Act apply;
- A Frequently Asked Questions supplemental; and Informational guides about adoption and guardianship mediation for birth/adoptive/guardian families, tribal nations (concentrating on developing Cultural Continuity Agreements), and CW staff.

The Children's Bureau, Spaulding for Children, Learn Ethos Learning and Development Consulting Firm, various contracted mediators serving as content experts and writers, and various staff from the Tribal Nations and CW local offices, Tribal Affairs Unit, Equity, Training and Workforce Development, and Child Permanency program developed these training and informational materials.

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?

Please see the Figure 3 on pp. 11-19 for a comprehensive list of all of CW's many collaborations. The Child Fatality Prevention and Review Program (CFPRP), by the very nature of its cross-systems work, is engaged in several joint efforts mentioned briefly in the Collaboration section and expanded here.

Child Fatality Prevention and Review Program (CFPRP)

- Depending on the circumstances, the Child Fatality Prevention and Review Program (CFPRP) may include the Office of Tribal Affairs within the ODHS Director's office, law enforcement, probation and parole, Self Sufficiency Programs, Oregon Health Authority, medical professionals, Oregon Youth Authority, the Tribal Nations in Oregon or other federally recognized Tribal Nations, service providers, or others with specific information related to the family or the larger family serving system as members of a Critical Incident Review Team (CIRT).
- CFPRP has received expert consultation and guidance from ODHS Tribal Affairs about reducing traumatic impact at the profound and significant time of the death of a child which has been incorporated into guidance in the Fatality Protocol revisions and planned future partnership to draft procedures on the topic.
- CFPRP in partnership with the Office of Tribal Affairs and ORCAH are developing a process to engage the Office of Tribal Affairs, CW Regional ICWA Specialists, and Oregon Tribal Nations as early as possible when CW is notified of a child death and the child's family has identified having American Indian/Alaska Native heritage. This early consultation will offer guidance to ensure CW professionals gather information about the family, community, and tribal cultural practices surrounding a child's death and use the information gathered to inform communication and engagement.
- CFPRP continues to seek the expert insight of the Office of Tribal Affairs in the Critical Incident Review Process. CW's commitment to Oregon Tribal Nations and other federally recognized Tribes having voice in the work of CFPRP remains central to the work.
- CW released a self-study to promote infant safe sleep education for Oregon Family Serving Professionals which included 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 Tribal Nations, Self-Sufficiency Program employees, domestic violence advocates, and Oregon Parenting Education Collaborative parent coordinators and trainers statewide. This was in response to a community voiced desire to improve consistency of infant safe sleep education across family serving systems.

- CFPRP collaborated with the Cross Agency Safe Sleep Workgroup to engage and support African American/Black and American Indian/Alaska Native pregnant and parenting individuals in sleep-related infant death prevention efforts through a community led process.
- Through the Nurture Oregon expansion pilot, collaborated 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 using substances.
- Comprehensive Addiction and Recovery Act implementation requires statewide collaboration across Oregon's systems serving individuals who use substances, infants, and families. The CFPRP has engaged the following groups throughout the statewide implementation process:
    - o Child and Family Futures for technical assistance
    - o Pregnant and parenting individuals who use substances
    - o Substance use disorder treatment professionals
    - o Health care professionals (doctors, nurses, midwives)
    - o Hospital social workers
    - o Oregon Hospitals and Health Systems Association
    - o Treatment Courts
    - o Oregon Judicial Department
    - o Peer mentors (parents in recovery)
    - o Oregon Health Authority
    - o Community Care Organizations
    - o Community health nurses
    - o Oregon Medical Board
    - o Oregon Nursing Board
    - o Child Advocacy Centers
    - o Office of Tribal Affairs
    - o Early Intervention
    - o Medicaid
- Child Fatality Prevention and Review Program Suicide Prevention coordinator engaged in frequent and ongoing communication with community members via local and regional statewide suicide prevention coalitions. Recent efforts have included one on one listening sessions with coalition members, particularly various school systems, and, based upon feedback received by the coalition members, engaging in the development

of internal CW processes for streamlining and enhancing suicide prevention efforts between CW and school personnel.

- Ongoing collaboration with the Confederated Tribes of Grand Ronde Children and Family Services to develop a plan for neglect training delivery.
- Established open connection and nurtured engagement with child formerly in foster care for consultation on the work of the Child Fatality Prevention and Review Program.
- In collaboration with the State Child Fatality Review Team, coordinated and implemented county child fatality review team needs assessment and developed action plan to respond to the identified needs. All 36 county multidisciplinary teams had voice in the assessment and the plan.
- Contracted with Comagine Health, in part, to ensure Comprehensive Addiction and Recovery Act implementation has and continues to engage and respond to impacted individuals, families, and organizations across Oregon's communities.
- Collaboration with Oregon's Early Learning Council to improve Early Intervention referrals as required by CAPTA.
- To facilitate alignment with existing community health initiatives and better understand community specific needs, CFPRP conducted an analysis of the Community Health Assessments and Community Health Improvement Plans for all 36 counties in Oregon.
- In response to increasing Fentanyl related overdoses, partnered with the Overdose Response Strategy to identify strategies to educate CW professionals and families on the risks associated with Fentanyl. Also advocated through the CIRT process the critical need to provide training on Fentanyl and Narcan administration to CW staff which is now in progress.
- Communication and coordination with various statewide Coordinated Care Organizations in exchanging community social determinants of health gap analysis data for the purposes of assessing and developing localized ORCWP avenues for familial and community support provision.

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)

CW leaders are members of the Juvenile Court Improvement Program (JCIP) Advisory Committee. The Advisory Committee meets quarterly and provides JCIP oversight. In 2021 the JCIP Advisory Committee focused on four areas (committees) and worked on the activities described in Figure 45.

Figure 45

Focus Area	Activities
Continuous Improvement of Dependency Hearings and Reviews	• Surveyed courts on shelter hearings to understand needs and narrow subcommittee topics. • Continued to research and understand jurisdictional court practices and how they align with best practices.
Continuous Improvement of the Quality of Representation for Parents, Children, and ODHS	• Focused on training, education, certification, and resources for attorneys. • Considered application of attorney standards. • Identified ways to improve recruitment and retention.
Joint work with ODHS to reduce time to permanency with a focus on reunification	• Collaborated on a joint Program Improvement Plan (PIP) to achieve timely permanency. • Data and CQI work for the joint-PIP adoption strategies and activities are standing agenda items for quarterly meetings. • JCIP staff and the Child Permanency Program leadership meet quarterly to enhance communication and positive working relationships, share information about the joint-PIP strategies and activities, and review progress and plan for future steps of the joint-PIP. A current priority is timeliness to permanency with Model Court Teams.
State Court-Tribal Court Relationships:	• Concentrated on increasing trauma-informed and culturally-relevant practices in court. • Considered increased ICWA training and education for partners and stakeholders. • JCIP staff helped implement changes in ORICWA law and amendments to the second ORICWA bill.

Subcommittees are developing strategic plans and status reports which are discussed at Advisory Committee meetings.

Community-Based Child Abuse Prevention Grant (CBCAP)

The CBCAP State Lead facilitates collaboration, coordination, and provides technical assistance and support to Family Support and Connections (FS&C) providers and local community collaborations. In the past year, the CBCAP State Lead retired, and the new CBCAP State Lead (hired in September 2021) is establishing relationships and connections across the prevention continuum. The following are regular agencies or systems that the CBCAP State Lead and community-based organizations collaborate with:

- CW
- 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 Nation programs
- ICWA
- Fatherhood programs
- Maternal Infant and Early Childhood Home Visiting Program (MIECHV) state advisory member
- Attorney General's Sexual Assault Task Force

Key CBCAP State Lead collaborations are listed in Figure 46.

Figure 46

Partner/ Collaboration	About
TANF	Partner on TANF and TA-DVS program and policy development activities as an active team member.
Oregon Attorney General Sexual Assault Task Force	Participate in the Attorney General's sexual assault task force.
Child Welfare	Self-Sufficiency and CW collaborate on Family Preservation to serve more families in-home and in their communities than in foster care.
Early Learning Council	Serve on the state advisory committee for Maternal Infant and Early Childhood Home Visiting Program (MIECHV) and partner with the Early Learning Commission, which advises the governor and legislature on early learning issues and initiatives.
Oregon Parenting Education Collaborative Hubs (OPEC)	Participate in the Parenting Education Collaborative, a multi-year initiative led by The Oregon Community Foundation (OCF), The Ford Family Foundation, and Oregon State University, and funded through Meyer Memorial Trust, the Collins Foundation, and OCF Donor Advised Funds. The initiative's partners believe parents are children's first and most important teachers. Investment in parenting ensures children are ready to learn. Regional parenting education "hubs" work with community partners to deliver parenting education and build coordinated regional systems. Organizations build their region's education infrastructure and expand best practice programs for parents of children prenatal to age six. Hubs also develop a regional framework

	for parenting education in their first year and identify gaps and strategies.
	CW contracted with Oregon State University and the OPEC parenting hubs to increase evidence-based, culturally responsive programs and support for families with school-age children. The agreement includes training facilitators and providing evidence-based TANF/CW-specific curricula and subsidies to minimize participant costs.

Collaboration with Coordinated Care Organizations (CCOs)

Family Preservation

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?

Intentional collaboration with community partners and CW staff prioritizes equitable, inclusive, and diverse services. Sixteen CW Resource Family Retention Recruitment Champions lead retention and recruitment efforts in the districts. They develop and recruit diverse resource families using data-informed and customer-focused strategies to meet children's needs, using a community and family-centered approach. The champions develop recruitment action plans that reflect children and young people in Oregon foster care. CW partners with The Contingent and other community organizations to recruit diverse populations, particularly BIPOC, Tribal communities, and LGBTQIA2S+ affirming families.

CW tracks foster care population demographics and disproportionality to inform recruitment needs. District Action Plans focus on targeted recruitment for affirming families with lived or professional experience caring for LGBTQIA2S+ children and young people, BIPOC families, and families for teens with complex behavioral and mental health needs. Champions report monthly and provide quarterly updates on action plan goals.

CW gathers data on the race and ethnicity of resource families through the ORFRRS system. At this time, the data can only be pulled as a point in time, which does not allow for planning based on short- and long-term trends. The Foster Care program is working to create a data dashboard that will allow for seeing and analyzing trending data.

The Foster Care program created a procedure to engage applicants and resource parents in supporting a child's culture, race, and ethnicity, and affirming a child's LGTBQIA2S+ identity.

This procedure will be discussed with training certification staff in 2022. It will be included in the resource parent facilitator training. (Attachment 20)

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 CW Interstate Compact for Placement of Children (ICPC) staff predominately work remotely and transmit information from Oregon and other states via secure email. Increased availability of video communication with other state ICPC offices enhances professional relationships and bolsters cross-jurisdictional collaboration. Design ICPC staff provide virtual, and as permitted by pandemic regulations in-person, training to CW delivery workers. Most training and consultation are provided individually via IM/TEAMS, email, or phone.

The numbers of outgoing home study requests and actual placements from Oregon continue to decrease, and incoming requests and placements increased slightly, but not to pre-pandemic levels. The dip in requests and placements may reflect the overall case reduction and not a systematic disregard of cross-jurisdictional resources.

Figure 47

	1/1/2019-12/31/2019	1/1/2020-12/31/2020	1/1/2021-12/31/2021
Incoming requests	386	344	349
Outgoing requests	703	507	495
Incoming placements	191	147	169
Outgoing placements	344	228	307

The average Oregon ICPC processing time for new requests in the past year fluctuated between one to eight weeks, an improvement over the 2020 12-week maximum.

Delivery workers complete home studies for incoming placement requests using in-person home visits and virtual interviews. The data shows a marked improvement in meeting the Safe and Timely Interstate Placement of Foster Children Act deadline when dedicated ICPC delivery workers complete the work (79%) vs. local offices (41%).

Figure 48

	Timeliness 7/1/2020-6/31/2021
Completed by ICPC workers	203/256 = 79%
Completed by local office staff	12/29 = 41%

The ICPC program is collaborating with the OR-Kids program, the Office of Information Services, and the American Public Human Services Association (APHSA) to implement the National Electronic Interstate Compact Enterprise (NEICE) by the end of 2022 or early 2023.

C. Enhancing Our Staff and Infrastructure

CW transformation depends on a diverse, supported, skilled, respected, and engaged workforce that reflects and embraces the communities served.

1. CFSR Metrics Directly Related to Oregon's Vision of Enhancing Staff and Infrastructure

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?

Equity, Training, and Workforce Development

The Training Unit is recruiting 19 additional positions to create an Equity, Training, and Workforce Development Program (ETWD) with three of the four separate teams focused on the provision of training, coaching and workforce development for:

- resource and adoptive parents and families;
- recruits, staff, leadership, volunteers, and interns;
- training operations, standards, instruction, and curricula design, data, CQI and evaluation, communications, reporting and technology.

The ETWD's purpose is fourfold:

1. Provide leadership, direction, and support in developing, delivering, and evaluating comprehensive and coordinated program-specific training and workforce development plans that include recruitment, retention, selection, training, coaching, leadership development, promotional readiness and succession-planning best-practices
2. Provide assessment, leadership, and oversight for the delivery of CW program and staff training at all levels, such as classroom, virtual, and hybrid instruction, e-learning, and video conferencing.
3. Oversee the agency's contract with Portland State University's Child Welfare Partnership.
4. Ensure that CW promotes equity throughout all aspects of program and practice and catalyzes equitable systems change for service delivery to children, families, the community, and the workforce.

ETWD completed phase one of an infrastructure building project with the Capacity Building Center for States to plot out the infrastructure for the new program and clear roles and functions for the four teams.

The team is currently receiving additional technical assistance from the Center for States for phase two of the project focused on the development and implementation of a statewide coaching model for Self-Sufficiency and CW. Kickoff was on June 22, 2022.

Caseworkers, MAPS, SSAs, and Supervisors

Initial training for SSS1s (caseworkers) and Social Service Assistants (SSAs) is provided through a Portland State University (PSU) intergovernmental agreement.

Local office orientation and onboarding vary due to staff, geography, resources, and community differences. For example, Marion County staff are assigned to training units upon hire. Once they complete Essential Elements, the three-week training series that all SSS1 (caseworkers) staff must complete before they are assigned cases, they are given one case at a time, as supervisors assess their ability to take on more, easing them into a full caseload. In the CPS training unit, a supervisor accompanies new workers over the first six weeks and gives one assessment per week for the first three weeks. Marion County took this approach to ensure caseworkers received consistent and thorough onboarding support. All SSAs (case aids), SSS1s, and supervisors complete an on-ramp checklist during their initial onboarding. The on-ramp includes a six-step process to learn, practice, and demonstrate proficiency in eight key tasks from their position descriptions. ETWD hopes to support other counties in developing a similar model for consistent statewide onboarding.

Monthly CW webinar sessions are offered for caseworkers on CPS Assessment 101, Permanency Planning 101, and Certification 101. Training sessions were also developed and offered for Laserfiche Basics, Certification – Foster Family Inquiry (also known as Resource Family), and the Family Report rollouts.

MAPS receive a seven-day initial pre-service training before starting MAPS duties. Supervisors get a nine-day pre-service training before starting their role as supervisors in addition to their on-ramp trainings. Supervisor pre-service is a two-week training designed to provide the necessary tools to lead CW staff. Supervisor training also includes a monthly new supervisor cohort call to support overall wellbeing for first year supervisors and provides an opportunity to apply key concepts from the two-week pre-service training. Supervisor training is also available to non-supervisory staff as a developmental opportunity.

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

Attachments 21-24 are training guides for Social Services Assistant (SSA), caseworker (SSS1), MAPS (SSS2), and supervisor positions:

- Initial Training Pre-requisites
- 12-Month Training Plan
- Pretraining Activities
- On-ramp Guide
- On-ramp Checklist
- Intensive Follow-ups for Supervisors

Trainings Provided by PSU in 2021

PSU provided 65 training events (60 in the classroom [predominantly live via Zoom] and five via distance learning) to 3,212 CW staff and 307 other guests in 2021.

In response to PIP Goal 3, Strategy A, Activity 1, in 2021-2023, CW implemented a new performance-based contract with PSU to facilitate cost comparisons and analysis against industry standards. CW identified cost savings by reducing redundant services offered by the PSU Child Welfare Education Program and the PSU School of Social Work.

CW is exploring a cloud-based storage solution for CW, the PSU Child Welfare Partnership Training Unit, and others who require access to curricula. An Instructional Technologist position has been authorized for the ETWD unit and is in recruitment. Once hired, this staff will lead implementation of a centralized cloud-based library. The trainings described in Figure 49 were provided in 2021.

Figure 49

Course	Length	CBT or Classroom	Offered	Staff Participated
Essential Elements of CW Practice	97.5 hours	Classroom	11 times	288
Family Conditions	19.5 hours	Classroom	6 times	224
Well-Being Needs of Children & Young Adults	26 hours	Classroom	8 times	181
Advocating for Education Services	4 hours	Zoom seminar	8 times	173
Trauma-Informed Practice Strategies	13 hours	Classroom	13 times	272
Preparing and Presenting for Success in Court	32.5 hours	Classroom	8 times	222
Certification & Adoption Worker Training	61.5 hours	Classroom	3 times	62
SAFE Home Study	13 hours	Classroom	4 times	100

Social Services Assistant Training	39 hours	Classroom	2 times	57
Supervising SAFE Training	61.5 hours	Classroom	3 times	16
Secondary Traumatic Stress	Self-directed	CBT	On demand	399
CW Ethics & ODHS Values	Self-directed	CBT	On demand	387
CANS	Self-directed	CBT	On demand	218
Multi-Ethnic Placement Act	Self-directed	CBT	On demand	95

Note: many computer-based trainings (CBTs) are provided at a self-directed pace, so length varies based on the needs of the trainee.

Child Welfare Education Program

The Department also partners with PSU to provide enriched social work education for employees in BSW and MSW programs. The program currently serves 15 CW employees and one recruit.

Oregon Child Abuse Hotline

The Oregon Child Abuse Hotline (ORCAH) internal training program provides new employee training (Screening Training Academy and, in partnership with ORCAH Office managers and Business Staff Training Academy) and ongoing training (Training Blocks) for the continuing education of all employees. The training team includes a Program Manager, Supervisor, Hotline Coordinator, Screening Consultant, OR-Kids Trainer, and four MAPS positions. Between February 2021 and February 2022, the ORCAH Training Program provided:
- 2 Business Staff Training Academies (23.5 hours of training each)
- 4 Screening Training Academies (78.5 hours of training each)

The Screening Training Academy (STA) was developed with Action for Child Protection, Portland State University, and multiple CW programs as part of ORCAH implementation and is updated regularly. The goal of the academy is to ensure all screeners and screening supervisors can provide consistent and safe service. The academy includes classroom and technology training.

The Business Staff Training Academy was developed with ORCAH Office Managers and Lead Business Support Staff to train new business support staff on ORCAH protocols, customer service, and the screening practice.

ORCAH's training supervisor and MAPS provide all the onboarding and pre-academy training to new screeners and Post Academy Coaching (PAC). Before STA, each screener spent two to four weeks onboarding, completing pre-requisite online training, shadowing, and working with MAPS. After STA, the screeners receive on-the-job training, support, and coaching. The PAC includes five classroom trainings:

- Comprehensive Addiction and Recovery Act (CARA)
- Commercial Sexual Exploitation of Children (CSEC)
- Question, Persuade, and Refer (QPR)
- Pronouns
- Safe Sleep

After receiving ten to twelve weeks of training, screeners graduate into their shift schedule. All training and onboarding activities for ORCAH can be provided remotely but returned to in-person format in May 2022.

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 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 CW, but work will begin in 2022 to create statewide training requirements for all staff.

Training Advisory Council advises on training and works with the Training Partner Subcommittee (meets quarterly) and the Training Implementation Team (meets as needed).
- The Training Partner Subcommittee brings together training partners to discuss training requests and projects and solicits input from program representatives and partners.
- The Implementation Team takes recommendations from the Training Partner Subcommittee and works on how to implement, structure, and move requests to leadership if needed.

Supervisors and MAPS can access Workforce Wellness for Leadership, an hour-long training offered twice per month. It focuses on peer support and wellness for leadership positions and includes trauma-informed practices and resilience building.

MAPS and supervisors have access to 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 are open to all MAPS.

The CW Leaders Institute is a learning collaborative for CW line supervisors, consultants, office managers, and MAPS. It is a regular training opportunity that started in 2021, is held three times per year, and focuses on providing a space for healing, listening, being heard, and wellness.

The transition to Workday Learning provided an efficient logistical platform for the Department to offer new training opportunities and requirements and consolidate staff training records (PIP Goal 3, Strategy A, Activity 3). This will support training plan development for all staff. Solicitations are also in progress for eLearning development, curriculum design and to support professional development for the new ETWD training and operations staff.

The 90-minute "Assessing Patterns & Behaviors of Neglect" overview training for all SSS1s was updated. A modified version of the 90-minute training was developed for the ORCAH Screening Academy. In April of 2021, the two-day advanced "Oregon Assessing Patterns & Behaviors of Neglect" training was updated to include a virtual format for supervisors, MAPS, and Active Efforts Specialists and was offered four times in 2021. Over 200 Supervisors, MAPS, and Active Efforts Specialists participated in the training. Over the next year, the CFPRP will partner with the Child Safety and Permanency Programs to coordinate and deliver the virtual training. This will be open to caseworkers with over one year of service. Local office staff at Family Preservation demonstration sites will receive priority registration.

As a critical part of the child safety community, CW professionals help families reduce the risk of sleep-related death through safe sleep education and conversation with families. This starts by providing education and resources to staff. CW collaborates with state agencies and community partners to ensure consistent family messaging. Current staff are trained, and self-study training is available for social service specialists in screening, safety, permanency, certification, and adoption staff. There is also training for certified resource families and other family-serving professionals. All training is updated based on learning and input from case reviews, CW professionals, Oregon Tribal Nations, and community partners. In addition, CW solicited input from parents of infants and family-serving systems to create the training, including substance use disorder treatment providers, domestic violence shelter professionals, the Office of Child Care, community health nurses, Public Health, Oregon Foster Parent Association, Oregon Tribal Nations, Self Sufficiency employees, domestic violence advocates, and Oregon Parenting Education Collaborative parent coordinators and trainers statewide.

CW utilized Garrett Lee Smith Grant funds to support training for approximately 8,000 ODHS staff in QPR (Question, Persuade, Refer), including advanced training for over 800 CW staff. Resource parents have access to a specially designed virtual QPR offered and administered by ODHS. Information about Resource Parent and publicly offered QPR sessions are available on the CW Resource Parent community information web page. CW staff must complete QPR Gatekeeper training within 90 days of hire. The training teaches a person how to identify suicidal behavior, encourage a suicidal person to accept help, and ensure the person has an adequate support system to address their suicidality. The QPR computer-based training is led by Department facilitators (two per session) who provide instruction, resolve technical difficulties, and guide a question-and-answer session. All facilitators attend an hour-long pre-training Facilitator's Guide Session to prepare for the training, including what to do if a participant expresses suicidal thoughts. Trainings are capped at 30 participants, and participants are asked to complete a pre-and post-training survey.

The previous APSR outlined CW's response to PIP Goal 4, Strategy C, Activities 1.2 and 1.3. ETWD partnered with the Butler Institute for Families at the University of Denver and Casey Family Programs to help make "a more effective training system." Butler provided a robust report with recommendations. ETWD, in collaboration with the PSU Child Welfare Partnership,

is operationalizing and implementing the recommendations. In addition, implementation of FFPSA will require a shift towards prevention and preservation and away from intervention, which will address PIP Activities 1.1, 2, 3, and 4. PSU is currently reviewing all curricula and updating to:

- Ensure that the content reflects the ODHS Equity North Star and CW Vision for Transformation.
- Identify instruction that focuses on intervention over prevention and update.
- Incorporate Family First Prevention Services Act tenets into pre-service training.

Delivery and design Program Managers meet monthly for peer connection, give and receive program updates, and engage in program development and strategic planning. Topics for each month are provided by lead design Program Managers and CW Deputy Directors. ETWD staff coordinate with presenters to support presentation planning. Each meeting reserves time for Program Managers to engage in discussion and strategic planning around how to influence and implement ideas within their offices and teams.

Focus on ADA Training
Over the past year, CW has developed and provided several learning opportunities for staff in serving families and children who have disabilities.
- A required training "Applying the ADA to your work with children and families" for all staff was created and implemented in October 2021. 2,766 staff members completed the training (3,300 positions with 442 vacancies and 125 on leave).
- Multiple guides are sent to all staff for ongoing learning around communication, engagement, and resources for people experiencing a disability.
- Equity SharePoint updates on resources, training opportunities, and ADA and Equity consultation are available upon request.
- ADA/Disability Consultations occur about four times per month with caseworkers and teams. This can be a group setting to share information and resources and encourage questions.
- District 2 co-created/co-facilitated a learning opportunity, "Understanding Autism Spectrum Disorder & Best Practices for Casework."
- Provided District 3 (Polk County) ADA/Disability training to the management team.
- Provided District 3 (Polk/Yamhill) ADA/Disability training to all staff.

Oregon Child Abuse Hotline
As mentioned on pp. 88-89, the ORCAH Training Program provides ongoing training and education to screeners and supervisors. Training blocks are developed by the Hotline Coordinator and Screening Consultant in collaboration with the ORCAH OR-Kids trainer, ORCAH MAPS, and other CW program consultants and coordinators. They are delivered to units in two-hour sessions with a follow-up two weeks later in a one-hour coaching session. Between February 2021 and February 2022, five training blocks were provided:

- Drugs and Alcohol and CARA
- Safe Sleep for children under twelve months
- Commercial Sexual Exploitation of Children (CSEC)
- OpenScape Agent Portal
- ORCAH Documentation Guide Participant Matching

In addition, ORCAH supervisors trained their staff in the use of pronouns (two-hour training) and coached staff on how to ask for date of birth, a new practice to better identify mandatory reporter demographics.

Since ORCAH's implementation, CW has utilized national research, data analysis, and continuous quality improvement to improve and enhance screening. This includes partnering with Casey Family Programs and contracting with Evident Change to develop and implement a Structured Decision Making (SDM) screening and response assessment tool. This new tool should be available in 2022, and all staff will be trained. For ORCAH, SDM® will improve:

- Consistency in screening decisions and assignments to Child Protective Services (CPS).
- Department's response to reporters.
- Ability to refer to community resources and services.

ODHS' response to CSEC includes comprehensive, continually updated trainings about trafficking and recent trends and research. This expands beyond the case worker training requirement (PL 113-183). The CW Safety Team developed and implemented required training for ORCAH and presentations for educational professionals (teachers, counselors, and social workers) to understand the dynamics of trafficking, mandatory reporting, what they may encounter, and training for resource parents (trafficking 101 and internet safety). The Department prioritizes access to new and ongoing training and opportunities for staff including virtual conferences, webinars, short informational sessions, 24/7 access to the OWL (intranet) CSEC resources for parents, staff, and youth, and more.

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?

Note: the following section addresses PIP goals 3.A.1 and 3.A.3, both of which were transferred to Oregon's APSR for reporting.

Resource parent training contains three tiers:
1. Orientation
2. Pre/in-service training
3. Ongoing and advanced training

These tiers are required for a resource or pre-adoptive parent to remain in compliance with certification standards. The below outlines current and planned activities for each tier.

Orientation Training

A revised recorded Orientation was drafted and provided to internal CW staff, the ODHS Training Partner Subcommittee (comprised of ODHS staff and community partners) and Parent Advisory Council members for review and comment between September – November 2021. In November 2021, the ETWD worked with the Communications and Creative and Publications departments to produce a recorded Orientation.

The recorded Orientation is 1 hour 30 minutes and includes professional voiceover, live footage, animation, and an accompanying participant guide. The English version was launched in May 2022, and the Spanish version is projected to be launched in summer 2022. The training can be completed by watching a recording or participating with the resource parent's local CW office[6].

Pre/In-Service Training

The Foundations training was offered virtually, and participants were encouraged to register with their local CW office or for a statewide cohort. The Foundations training cohorts were offered during the day, evening, and on weekends. It was offered in English, Spanish, and simultaneous interpretation (ASL and spoken language). Between July and December 2021, 25 cohorts served approximately 322 registrants, and from January to April 2022, 25 cohorts served approximately 315 registrants.

ETWD coordinated regular bi-monthly meetings for Foundation's trainers and any other interested staff. Topics included:

- Brave Spaces
- Indigenous in Plain Sight (with special presenters from the Office of Tribal Affairs).

The Foundations training series ended in April 2022 because CW launched a new pre/in-service training series, Resource and Adoptive Family Training (RAFT).

The RAFT curriculum is modeled after Spaulding's National Training and Development Curriculum (NTDC). It has been adapted to meet Oregon's language, process, and content needs. Pre-RAFT training includes participation in Orientation and Mandatory Reporting and optionally viewing two videos that set the stage for the series. One provides a high-level overview of the national child welfare system. The other focuses on shifting the parenting paradigm. This includes recognizing if you have previously parented or not, parenting for youth experiencing foster care, and acknowledging that loss and trauma impact the child and necessitate other parenting skills.

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[6] Resource Family Training

The RAFT series is nine three-hour sessions (27 hours total). It was developed using the Vision for Transformation and multiple focus groups with design and delivery staff, partners, Tribal Nations, the ICWA Advisory Council, the Parent Advisory Council, and the ETWD Training Partner Subcommittee. Feedback sessions (September to December 2021) informed content changes and needs. In January and February 2022, CW piloted the content. Resource parents were crucial to help identify revisions before the training was finalized in March 2022.

The training is shared with staff on the OWL Resource Family Training RAFT page. On this page, staff have access to several facilitation tools, all the content and media, and preparation activities. The training and participant guide will be translated to Spanish by summer 2022. RAFT officially launched statewide in May 2022.

Public facing website changes occurred in April 2022 to align with the launch of RAFT in May 2022 and allow people to review the media, participant guide, and access asynchronous videos[7].

RAFT is different from the Foundations training because it focuses on and prioritizes:
* The unique identities of each child (culturally, racially, sexually, etc.);
* Resource/adoptive parent cultural humility, and exploring and celebrating multifaceted identities;
* Partnering with the child's birth family and Tribe; and
* Understanding separation and loss and how that may be demonstrated through behavior with tangible actions and skills.

The content builds, meaning information from previous sessions is repeated to solidify lessons learned when new material is shared.

Forty-eight people completed the 6.5-day facilitator training. Multiple coaching sessions occurred between May and June 2022, and more will be held in the future. In addition, CW implemented an evaluation process including participant input, facilitator self-reflection, and ETWD facilitator observation.

Ongoing Training
Ongoing training continues to be coordinated by the Resource Family Training team. There are two types of ongoing training:
1. Live/Virtual Training
2. Asynchronous Training

Live/virtual training is offered every six months. Training is marketed, and registration is available on the CW website[8].

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[7] RAFT Website
[8] Ongoing Training for Resource Parents

- Between September and December 2021, CW coordinated 41 trainings with 458 attendees.
- Between January and April 2022, CW coordinated 58 trainings with 426 attendees

CW offers asynchronous training (launched in April 2022) that connects directly to the RAFT content for additional support. The asynchronous trainings include short videos, podcasts, accompanying resource guides, and Just-in-Time training. These training come from the Spaulding NTDC project and will continue to expand[9]. In addition, families can access the self-study for Safe Sleep for Oregon's Infants, a self-paced course. This course is available in English and Spanish.

Consolidation of Training Records

As mentioned on p. 72, CW has contracted with Stabilify to develop a resource/adoptive parent inquiry and certification system to increase the efficiency of training tracking for resource parents. Until the new system is implemented, CW uses Smartsheets to track training registration and completion.

KEEP

CW successfully piloted KEEP, a training and mentorship program for resource parents and families. Resource parents attend training as a cohort to create a network that provides opportunity for processing the stressors related to parenting, connecting for respite support, and sharing other resources

KEEP is an evidence-based support and skill enhancement program for resource and kinship parents of children ages three to 12 (KEEP Standard) and teens (KEEP SAFE). The evidence 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 disruptions, decreased caregiver stress, and increased resource parent retention.

KEEP received legislative funding for statewide implementation in July 2019, and the contract period began in November 2019.

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[9] Just in Time Training

Summary of KEEP services in Oregon

Figure 50

Contracted Providers	Where Providers Delivers KEEP
Options PDX	Districts 1, 2, 15, and 16
Native American Youth and Family Services	Native homes and homes with Native children statewide
Centro Cultural	(Spanish language) Districts 3, 15, and 16
Options Mid-Valley	District 3 and 4
Oregon Community Programs	District 5
Family Resource Center	District 10 and Spanish language KEEP groups statewide
Options Douglas	District 6 and 7
Family Nurturing Center	District 8
Oregon Social Learning Center Developments, Inc. (ODI)	Delivers remote KEEP to all other districts, affinity groups, Spanish-language groups, and KEEP for Kin

Enrollment

As of April 26, 2022, 2,035 resource and kinship families were enrolled in KEEP from all 36 Oregon counties, and 231 focus groups and 4,453 sessions were held. Twenty-nine KEEP groups are in progress. All KEEP groups are currently conducted online.

Sustainability

Certified group leaders successfully led three 16-week groups, demonstrated consistent model fidelity and participated in monthly coaching. Forty-six staff from eight provider agencies were certified in the KEEP Standard model, 39 staff from eight provider agencies were certified in the KEEP SAFE model, and there is one local Coach/Trainer.

KEEP Booster

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

Culturally Specific and Other Affinity Groups

Figure 51

Groups	About
Families caring for Native American children and youth	• In collaboration with NAYA and the Oregon Social Learning Center, OLSC Developments Inc. made cultural adaptations to the KEEP curriculum and materials. • Two NAYA-led groups in progress. • 11 NAYA-led groups graduated.
American Sign Language	• One KEEP group with American Sign Language (ASL) interpreters graduated.

LGBTQIA2S+	• One LGBTQIA2S+ KEEP SAFE affinity group in progress. • Four LGBTQIA2S+ KEEP SAFE affinity groups graduated.
Spanish-Language	• One Spanish-language groups in progress. • Nine Spanish-language KEEP groups graduated.
Resource Parents Caring for Unaccompanied Minors	• Two KEEP unaccompanied minors-groups graduated, one in English one in Spanish.
Transracial Fostering	• Group for families caring for a child/youth of a different race, culture, or ethnicity than themselves. • One Transracial Fostering Standard group graduated. • One Transracial Fostering SAFE (adolescents) group currently in progress.
Toddler	• Toddler group for families caring for children 3-4 years old. Supplemental material created with age-appropriate examples. • Two KEEP toddler groups currently in progress. • Five KEEP toddler groups graduated.
KEEP for Kin	• Partnered with the Oregon Kinship Navigator program to deliver KEEP for Kin (for grandparents, aunts, uncles, siblings, and relatives caring for youth and children not actively involved with CW). • CW used federal grant money to fund eight KEEP for Kin groups. • 88 kinship caregivers from 17 counties enrolled. • One KEEP for Kin group in progress. • 12 KEEP for Kin groups graduated.
KEEP training for ODHS staff	• Trainings on KEEP principles and strategies
KEEP as prevention for Native American families at risk of child welfare involvement	• (In development) Klamath and Grand Ronde expressed interest after workgroups and are proposed as initial sites. • Expansion from Closed at Screening as point of entry to other avenues of recruitment.

Focus Groups	• Focus groups collect input and feedback from former foster youth and historically underrepresented groups, and from resource parents who participate in KEEP affinity groups.
	• Five focus groups for resource parents who have participated in KEEP affinity groups were completed
	• Scheduling two focus groups with:
	   ○ Young adults who are Black/African American with lived experience in the Oregon foster care system.
	   ○ Young adults who are LGBTQIA2S+ with lived experience in the Oregon foster care system.

Integrating KEEP in Foundations training	• English-language and Spanish-language video overview of the KEEP program are shared in Foundations trainings. • Recruiters attend Foundations trainings to answer questions. *Maximizes KEEP's reach*
Integrating KEEP in resource parent recruitment and certification	• Recruitment event for new resource parents created in partnership with CW Champions (May 12th). • Targeting outreach to temporary certifications and newly certified Resource Parents. *Maximizes KEEP's reach*
ORPARC	• CW contracts with Oregon Post Adoption Resource Center to coordinate and recruit adoptive and guardianship parents for Oregon Social Learning Center led KEEP support groups. • ORPARC uses public general and family-specific recruitment to identify parents who need support. • ORPARC supports families with a psycho-educational resource package to encourage participation. • At graduation, OPARC gives each parent a resource package and invitation to join a private online group for KEEP parents. This helps maintain skill and peer connections.
Other affinity groups requested by CW staff and families	• Resource parents caring for a youth who is parenting or expecting themselves. • Resource parents caring for a youth who is about to age out of the foster care system.

D. Enhancing the Structure of Our System by using Data with Continuous Quality Improvement (CQI)

The CW transformation is built on data-informed practice and supported by continuous quality improvement and modernized information technology systems and tools.

1. Progress of Planned Enhancements

CW is creating a CQI structure by establishing a standard method to collect and use data. Streamlining the data request process leverages the Office of Reporting, Research, Analytics, and Implementation (ORRAI), an agency-shared data support program. This process also provides insights and trends on requests and department need. In 2021, the CW Deputy Chief of Strategy and Innovation formed a CQI Workgroup to solicit recommendations regarding the CW CQI program. The workgroup included design and delivery staff, persons with lived child welfare expertise, a Tribal Nation representative, and community partners. Recommendations were provided on:
- CQI Structure
- CQI Resource and Gap Analysis

- Engagement of Communities of Color and Tribal Nations Around Meaningful Measures
- Engagement of Design Staff
- Engagement of Delivery Staff
- CQI Advisory Committee Function and Structure
- Communication and Change Management Plan
- Philosophy for Data Use and Engagement

The CQI workgroup ended in October 2021, and staff for a CQI team was hired, including a CW CQI manager and two Operation and Policy Analysts (OPA3). The CQI team is implementing recommendations from the CQI Workgroup, including piloting the CQI structure in two districts beginning in July 2022, developing tools and resources to support implementation, and building a data literacy program.

A CQI Advisory Committee convened in February 2022. It included design and delivery staff, a Tribal Nation representative, persons with lived child welfare experience, a resource provider, community partners, and community members. The group's priority is to work on the CW data vision and philosophy. This Advisory Committee will review delivery CQI plans and provide feedback and suggestions. They will also support statewide CQI implementation and infrastructure building.

CW staff meet weekly with experts from Chapin Hall and Casey Family Programs to plan and guide CQI implementation, staff and community engagement, workgroup and advisory committee formation, and data literacy topics. CW presented the CQI structure formation and implementation at the Child Welfare League of America's annual conference in Washington, D.C. in April 2022. The CQI team is also building capacity and expertise by leveraging the Capacity Building Center for States CQI Academy curriculum.

2. CCWIS Enhancements

Over the last year, CW made multiple CCWIS enhancements, including:
- 10 major system updates to include Person Management Disability Tracking, Integrated Eligibility System Interface, Screening Person Matching, All About Me, Qualified Residential Treatment Program Directors Extension, Targeted Case Management, and a new Judicial Data Exchange;
- 30 minor enhancement releases;
- 43 maintenance releases; and
- 18 environment releases.

In 2021 CW reprioritized CCWIS work, assessed resourcing, and changed the Resource Family Recruitment & Training module. This resulted in roadmap shifts (see Figure 52). The Placement Management, Placement Search, and DOJ Interface were reprioritized and added and will start in late 2022. ERWIN was delayed due to contracting issues and was started in January 2022.

2021 Roadmap

Figure 52

	Q1 2021			Q2 2021			Q3 2021			Q4 2021		
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

Provider Portal: Provider Information/Child Information

Placements: Placement Management; Placement Search

Maintain Case: Target Case Management

Screening: Person Search/Research; Screening Documentation; Screening Determination

Person Management: Person Data Structure Conversion; Generic Person Interface

Other: Mobile iOS / Android Client; Replace Batch Financial Sub System with Stored Procedures and Eliminate Cobol; DOJ Interface

Screening Module - Person Matching

In 2021 the Screening Module Person Matching process was completed. This module matches people identified during intake to people already in the system. The module uses a weighted search, meaning a score is given for different matching attributes. This process interacts with multiple systems and allows users to link and add individuals to a screening. The user also can use attributes from multiple records to provide more thorough documentation.

The team also engaged with Evident Change to develop and design Structured Decision Making® (SDM) screening and response assessment for Central Intake. This change will impact how screenings are designed and implemented.

Targeted Case Management

CW uses the Random Moment Survey (RMS) to determine Targeted Case Management (TCM) reimbursement. As part of the State Plan, workers submit monthly TCM claims to MMIS for eligible children. In July 2021, CW released a new TCM process as part of the Case Management

Module. This automated function uses Angular and .Net Core APIs and is accessed using the OR-Kids system.

Family First

Family First legislation included two developed or enhanced functions in 2021.
1. The in-Home Services Candidacy Determination (ISCD) was developed for the case module.
2. The Qualified Residential Treatment Program (QRTP) was implemented in 2020, and enhancements to include a Directors Extension were implemented in 2021.

The ICSD was completed in January and released in February 2022. It is only available at the three FFPSA demonstration sites. The initial phase does not include enhancements to ensure financial accuracy since executive leadership determined claiming is not necessary immediately. It will be included in a future iteration.

Person Management (Disability Information)

Disability Information was added as the first automated Person Management Module function. It was released in November 2021. CW needed disability data for parents and guardians and the ability to report this data. The team continues to automate Person Management Module functions.

Common Modules Developed

Common Modules (CMs) are used by multiple business functions and across multiple applications to maximize the use of code within and across modules to minimize development work. These CMs stand alone and are accessed through API calls.

Security or Token Service
Token services standardize sign on and communication between modules and the legacy OR-Kids system. Applications register a user on login and pass the token from module to module for authentication and role information.

Notification Service
The notification service allows modules to send notifications via email and other mediums. If a module needs to send a communication, it calls this service, provides the communication and who to send it to. The service builds, logs it, and sends the communication.

SSRS Service
The SSRS service was created to launch SSRS reports from online systems using the user's access. This separates report functionality from system functionality while allowing users seamless report presentation.

Person Service

The Person Service was created to manage person information within the modules. The Master Client Index (MCI) and the Client Index identify citizens and providers across systems. The person service hides system complexity while keeping needed details. This work reengineered the person data structure and developed data quality standards and monitoring.

Search Service

The Search Service searches multiple data sources for person information using a complex algorithm and weighting to determine the best results.

Data Quality Plan

ODHS and CW partnered with the Administration for Children and Families (ACF) to document the data quality plan, which helped create a template for all states. Feedback from ACF was used to improve the data quality plan.

3. Oregon's Current Case Review Instrument

CW uses the federal onsite review instrument with an ICWA Addendum. The ICWA Addendum was created in partnership with the ICWA Advisory Council and captures information not included in the CFSR tool. The CFSR team collaborates with the ICWA Advisory Council, attends quarterly Advisory Council meetings, and presents CFSR data. The CFSR team reviews five additional CW-managed ICWA cases monthly. The additional case data helps identify patterns, areas for improvement, and potential initiatives. The CFSR team was working to meet with all of Oregon's federally recognized Tribal Nations, but that work was interrupted by the pandemic. This work will resume now that restrictions are being lifted. CW shares Tribal Nation-specific CFSR data and general information about the CFSR process and tool during these meetings. If the CFSR team reviews an ICWA case where the child or family member is a tribal nation member, the team schedules a debrief with the Tribal worker, caseworker, and supervisor to collaborate and review the results.

4. Sustaining a State Case Review for CFSR Purposes

The Office of Program Integrity conducts state-led CFSRs. Each district is reviewed annually, and the CFSR team provides a debrief six weeks after the onsite review. Over the past year, the CFSR team enhanced the debrief meetings to change the focus from data as a disciplinary tool to demonstrating excellent practices and identifying areas for improvement. The CFSR team added a facilitator, permanency and safety consultants, and other staff (e.g., Active Efforts Specialists) into the review and debrief process. These participants discuss the results of fidelity reviews and other data (such as ROM reports related to the CFSR findings) and local practice to discuss differences in CFSR and other data. The CFSR team analyzes and discusses root cause analysis and includes all design consultants who work with the local offices. This enhancement is going well.

5. CFSR Metrics Directly Related to Oregon's Vision of Enhancing the Structure of Our System by using Data with Continuous Quality Improvement (CQI)

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?

Dashboards

Three internal operational dashboards were created for managers to better understand services, improve the data, and meet the Vision for Transformation goals.

Families Served Outside of Foster Homes

This dashboard helps CW understand the populations (e.g., demographics) served outside of foster care. The dashboard focused on three populations over the last two years:

1. Children and young adults in protective action and initial safety plans
2. Children and young adults with safety plans; and
3. Children and young adults in trial reunification.

The dashboard helps CW improve services provided outside of foster homes.

Caseload Dashboard

The Caseload dashboard uses OR-Kids assignment module data to quantify the number of assessments, cases, or providers each worker is assigned. This allows managers to understand their staff's workload and identify resource needs.

CW Executive Dashboard

The CW executive dashboard includes various metrics, including foster care entries/exit, number of kids in care, and assessment data. It provides insights on child welfare practice overall.

Federal Performance Measures Dashboard

The Federal Performance Measure Dashboard is publicly available and includes the federal Statewide Data Indicator (SWDI) measures. The dashboard uses CW data files from the University of Kansas Center for Research Results Oriented Management Application (ROM).

ORFFRS Dashboard and GIS

The Oregon Resource Family Retention Recruitment and Support (ORFFRS) dashboard includes data for Retention and Recruitment Champion staff. The dashboard has real-time data on Resource Family Inquiries, Certified Resource Families, Characteristics of Children and Young

people in care, and vital Resource Family Exit Survey Data. It informs local District Action plans and SMARTIE goal development.

ORRAI created a GIS map (Power BI) that geocodes all certified resource families in Oregon and children in care. This map helps assess gaps and is used to develop Targeted Recruitment Campaigns. The map can be filtered by zip code, county, and radius.

Foster Home Certification
Please refer to Item 33 on pp. 62-63 for an in-depth discussion of the internal QA process for ongoing fidelity to the SAFE home study model and federal foster home safety requirements.

Permanency Program
The Permanency Program conducts QA reviews every six months in every district across the state. Including local office staff has increased interest and understanding of the QA tool, promoted transparency, and increased ownership and action planning. Additional local office reviewers (program managers, supervisors, and staff) were included and helped review cases from other local offices. This positively impacted action planning and the incorporation of areas for improvement in Family Engagement Plans.

Oregon Child Abuse Hotline (ORCAH)
The Oregon Child Abuse Hotline receives and screens reports of alleged child abuse. In October 2019, six months after initial implementation, ORCAH established a CQI program.

Figure 53

CQI Program Elements	About
Screening Report Quality Assurance (QA) Reviews	Trained screening QA Specialists review a random selection of screening reports each month (one per screener).
Monthly QA reviews of live calls	Screening QA Specialists and screening supervisors listen to and review a random selection of live calls (2-3 calls per screener).
Feedback box requests for review of screening decisions	Screening QA Specialists review requests from service delivery offices to reconsider screening decisions and evaluates whether the decisions were made in alignment with rule and procedure.
Data reporting	Monthly and QA quarterly reports are used to inform continuous quality improvement efforts.
Child and Family Services Reviews (Item 1)	QA specialists review screening reports to determine if they were assigned in a timely manner, which effects timely contact.
Critical Incident Review Team reviews	Program managers and coordinators review closed and assigned screening reports using Oregon's Critical Incident Review Team process. A QA tool is used to review and report system-level recommendations to the team.

Supervisors share QA reviews (reports and live calls) with screeners during clinical supervision. The reviews help with coaching and continuous improvement. Data shows that screeners

generally make decisions (e.g., around whether to assign or close a case and timeliness) that are aligned with statute, rule, procedure, and practice guides. Areas for improvement included:

- Overall information collection;
- Improving proficiency in inquiring about Native American heritage; and
- Identifying signs of power and control dynamics that could be part of a domestic violence situation in the family.

Improvements were demonstrated in the first two items. ORCAH's Inclusion, Diversity, Equity, and Accessibility (IDEA) committee facilitated training to address the third item in May 2022. ORCAH's CQI and training program are linked, enabling robust training based on identified improvements.

The feedback box helps ORCAH identify what staff find confusing and allows the CQI and training team to proactively address misunderstandings. For example, in March 2021, statutory changes led CW to assign third-party reports for investigation or assessment (the alleged perpetrator is not a family member or household member). The feedback box data revealed feedback and change requests increased by approximately 25% in the three months after implementation. ORCAH used the feedback data to inform coaching and support screeners.

ORCAH's participation in the CFSR process helps identify how timeliness to decision-making impacts a CPS worker's ability to make timely contact. In 2021, ORCAH made timely decisions and assignments on 88% of CFSR-reviewed screening reports.

Critical Incident Review Team participation is a critical and collaborative step in ORCAH's CQI efforts. The QA review includes information gathering and whether correct screening decisions (e.g., assign/close, response time, allegation selection) were made. In 2021, the findings indicated that 90% of ORCAH closed or assigned reports were correct, 94% of the response time decision were correct, and 78% of cases had correct allegations.

Child Fatality Prevention and Review Program

The Child Fatality Prevention and Review Program (CFPRP) was formed in 2020. Existing initiatives were embedded into the program, including CIRTs, suicide prevention, and chronic neglect. The CFPRP built quality assurance processes into existing and new work. Regular and frequent collaboration occurs with community partners, CW professionals, those with lived expertise, and populations most at risk for maltreatment, to analyze gaps and inform the CFPRP work.

Critical Incident Review Team

The Critical Incident Review Team (CIRT) has been an integral continuous quality improvement process for CW since 2004. It is an important and unique tool to help protect Oregon's children from abuse and neglect and prevent future child maltreatment fatalities. A Critical Incident Review Team (CIRT) is a designated committee assigned by the ODHS Director to conduct an executive child fatality critical incident review when (1) abuse is suspected and (2) there is

contact with CW as described in ORS 418.806 to 418.816. During a CIRT, the CFPRP compiles a case file for CIRT review. Members identify actions and/or inactions by CW and law enforcement leading up to the critical incident or events surrounding the critical incident. System improvement recommendations are developed based on the findings.

A final report is published on the CIRT public website. It includes relevant family history with the Department, recommendations, and timelines. CFPRP tracks recommendation progress and completion through an internal system (Smartsheet). A CFPRP coordinator regularly communicates and collaborates with team members and ODHS staff to gather progress and improvement updates. At the end of the review process, the CFPRP completes surveys with CW staff involved in a CIRT. Anonymous feedback is compiled and shared with CIRT coordinators for continuous quality improvements.

As the CIRT process develops, the CFPRP will be embedded in local office engagement plans, Child and Family Services Reviews, and program fidelity reviews.

Internal Discretionary Reviews

The CFPRP facilitates Internal Discretionary Reviews, convened by the ODHS Director. These occur for a fatality, near fatality, or other serious incident involving a family with CW contact that does not meet CIRT criteria. The reviews analyze CW actions related to the incident to ensure the safety and well-being of all children served by CW. It provides an opportunity for further learning and system improvement.

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 supportive follow-up inquiry, the CFPRP gathers important information about casework issues identified through critical incident reviews. In some cases, the safe systems analysis includes individual debriefings. Debriefings help consider the "second story" from those involved. Debriefings are not completed on every case, but they provide important detail to supplement Safe Systems Improvement Tool (SSIT) information (Attachment 25). These debriefings are voluntary, trauma-informed, and use supportive inquiry to help CW staff share their experiences.

The SSIT facilitates debriefing conversations that capture complex case information and improvement opportunities. In each safe systems analysis, improvement opportunities are evaluated for their proximity (e.g., closeness) to the outcome. Proximity does not imply causality or inaction but describes the relationship between the improvement opportunity and the incident. SSIT results are collected, analyzed, and aggregated. The SSIT reinforces system learning and shifts focus away from blame to creating a culture of safety and system improvement. The data gathered through safe systems analysis is stored within the REDCap database. Data is used to identify trends for prevention of child maltreatment deaths. See Efforts to Track and Prevent Child Maltreatment Death on pp. 113-119.

SSIT findings, CIRT recommendations, Child Safety and Permanency program fidelity reviews, and Child and Family Services Reviews (CFSR) are compared to identify correlations, trends, and intersecting CQI initiatives.

Oregon is proud to be an early adopter of a systems-focused approach to reviewing critical incidents, and regularly provides leadership and support to other jurisdictions[10].

Data Gathering

CFPRP's efforts to prevent child maltreatment deaths are data-informed, equity-centered, and prioritize strategies that dismantle systemic racism and oppression, engage the community, focus on protective factors, and consider the social determinants of health, adverse childhood experiences, and trauma. Please reference Efforts to Track and Prevent Child Maltreatment Deaths on pp. 113-119 for more information on CFPRP data collection.

Oregon statute requires ODHS to implement Race, Ethnicity, Language, and Disability (REALD), a demographic data standard initiated by community leaders. They revealed previous data categories were so broad they overlooked groups of people. REALD is based on local, state, and national best practices and informed by community input and rigorous academic research. As CW implements REALD, the CFPRP will integrate the standards into the fatality data gathering process to understand populations most at risk for maltreatment and identify and address inequities.

Nurture Oregon

Nurture Oregon is an integrated care model providing pregnant people who use substances with peer recovery support services, prenatal and postpartum care, substance use and mental health treatment, and service coordination. The CFPRP partnered with Nurture Oregon to understand participant experience with:
- Intake & Assessment Procedures;
- Service Delivery;
- Team Integration; and
- Plan of Care & Safe Sleep Materials.

In February 2022, Nurture Oregon launched a participant feedback survey via the web, paper, and phone. Participants completed the survey 30 days after engaging with Nurture Oregon, 60 days after delivery, and one year after delivery. CFPRP was closely involved in question development, facilitated dissemination, and will review feedback.

Infant Safe Sleep

The Safe Sleep for Oregon's Infants program is a self-study training module. The Self Study assesses participants' learning using a feedback form. The form asks participants to rate their

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[10] [Oregon's role in the NPCS](#)

knowledge before and after the self-study, comfort level of sharing information learned with families, and overall impressions and feedback. The feedback is reviewed quarterly.

CPS Fidelity Reviews evaluate the completion of required safe sleep-related activities on CPS assessments involving infants (twice a year). The fidelity reviews results inform workforce support and training to support sleep-related infant death prevention. In addition, contracted nurses conduct safe sleep assessments on all nursing encounters with children under one.

Suicide Prevention

As part of the Suicide Prevention Question, Persuade, Refer Gatekeeper Training, CW partnered with Portland State University to create and administer pre-and post-training surveys. The surveys assess knowledge, comfort, and utility of suicide prevention and intervention strategies. A survey to assess training/knowledge drift six months after the training will be implemented by June 2022.

Sensitive Issue Reporting and Procedure

CFPRP led Sensitive Issue Report (SIR) quality assurance efforts by creating and facilitating a workgroup. The workgroup included local office CW professionals and convened to:
- Update existing SIR procedure;
- Create increased clarity on SIR roles and responsibilities;
- Reduce duplication and workload; and
- Improve the quality of information reported through the SIR process.

Workgroup-led improvements were implemented in February 2022, and the CFPRP will continue to evaluate the changes and their effectiveness.

State Child Fatality Review Team

CFPRP co-chairs and coordinates (with OHA Public Health) the state fatality review team, which includes county child fatality review teams. CFPRP helped conduct a county fatality review team needs assessment. This assessment included input from counties to identify how the State Child Fatality Review Team can better support them. Please see the resulting Child Fatality Review Resource and System Improvement Plan. (Attachment 26)

Treatment Services Program

The Treatment Services Program conducts formal and informal reviews for contracted Child Caring Agencies (CCAs). Comprehensive reviews occur every two years, and informal reviews every six months, with a one-year follow-up. An audit guide establishing clear standards for each domain is being developed. The audit tool is used in comprehensive reviews and ensures consistent interpretation of rules. In 2021, a desk manual was created to synthesize and consolidate information, procedure, and expectations for CW oversight, monitoring, and technical assistance.

Additional quality assurance efforts in 2021 expanded the amount and type of information Treatment Services receives about CCA care and services to children and young adults. By the end of 2022, Treatment Services will establish two new methods to monitor and track contracted CCA services and care. Youth feedback was implemented in spring 2022 to obtain feedback every six months. This allows Treatment Services to evaluate service quality and provides more frequent feedback than the two-year audit. A similar six-month process to solicit feedback from caseworkers who have a child in contracted CCA care will be established in the fall of 2022. These feedback loops help identify areas of strength and opportunities for improvement. Consistent and structured questions to children and young adults and their caseworkers will allow Treatment Services to evaluate program-specific and system-wide quality improvement efforts.

Child Safety Program

The Child Safety program utilizes CPS fidelity reviews for training, education, and performance evaluation. Two reviews are conducted annually from a randomized assessments sample selected from a six-month review period. The measures use standardized language from rules and procedures. A review guide help ensure consistency between reviewers. Each assessment is read by two reviewers who submit a joint review. The reviewers are recruited through Tribal Affairs, Portland State Child Welfare Partnership, ORCAH, the CFSR team, and CPS delivery staff. These reviewers partner with child safety experts to build relationships and provide multi-disciplinary perspectives.

The CPS fidelity review evaluates CPS responsiveness, information gathering, safety determinations, interventions, and dispositions. The information is compiled in a series of reports:

- The statewide report provides an overview of statewide practice;
- The comparison report includes all the local offices and districts;
- The district reports provide information for each local office.

These reports identify strengths, areas for improvement, and strategies from the local office that may be beneficial to implement statewide. As new practices are implemented, measures can be added to evaluate them. Over time, the reviews demonstrate that the practice model is effectively manages safety when a comprehensive assessment is completed. Safe outcomes decrease when assessments are incident-based and disposition-focused rather than focusing on family engagement, cultural responsiveness, and prevention.

IV. Services

A. Journey of a Family

Oregon offers an array of child and family programs and services to prevent child abuse and neglect and promote safety, permanency, and well-being.

Figure 54: Services and Programs Provided throughout the "Journey of a Family"

Safety		Well-Being		Permanency
Child Welfare Services				
Screening	**CPS Response/ Assessment**	**In-Home Services**	**Out-of-Home Services**	**Adoption/ Guardianship**
Screening reports from community Kinship Navigator CW Training	CPS assessment Kinship Navigator Family Preservation funds Addiction Recovery Teams CW Training Intake nursing assessment Personal care services CANS screening Early Intervention screening	Family Preservation funds Parents as Teachers Parent-Child Interaction Therapy Functional Family Therapy Motivational Interviewing Addiction Recovery Teams Tribal programs (IV-E subpart 1) In-home nursing assessment Early Intervention screening	Parent-Child Interaction Therapy Motivational Interviewing Addiction Recovery Teams Intake nursing assessment Personal care services CANS screening Early Intervention screening Recovering Families Mutual Homes	Motivational Interviewing Personal care services CANS screening Adoption mediation ORPARC
ORCAH Safety Family Preservation Training	Safety Family Preservation Health & Wellness Training Foster Care Treatment Services	Safety Family Preservation Health & Wellness Training Treatment Services Youth Transitions	Reunification Post-adoptions Safety Adoption Health & Wellness Foster Care Treatment Services Youth Transitions	Safety Adoption Youth Transitions Health & Wellness Foster Care Treatment Services Post-adoption
Programs Involved				

B. The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1)

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 who need substance use services and were referred to child protective services. ART Teams use 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 parents to assist them with their efforts to sustain recovery from addiction to alcohol and other drugs. Team members assist parents 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 involved with the child welfare system. Specifically, the funds paid for basic needs (including food, clothing, and supplies), housing costs, parent training/mentoring, and communication services. Local CW 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.

Additional Services – CW contracted for the following services using Title IV-B, subpart 1 funds:
- With Love Oregon - Supports resource families by providing safe, clean, and quality clothing and supplies for children ages 0-6.
- Kindred Matters
  - Camp to Belong – Summer camp connecting siblings separated by the child welfare system.
  - Sibling Connect events - Various events for siblings separated by the child welfare system, that are held throughout the year for events of fun, emotional empowerment, and sibling connection.
  - Family Camp - Summer camp for certified resource families (including all children in the home), which includes fun camp events for all, and specific training opportunities for resource parents.
- Know Me Now - Connects incarcerated parents with their children for an in-person visit at least once a month. Children may be in-home or in foster care.

See the CFS-101, Part II form for the estimated number of individuals and families to be served in FY 2023, the population to be served, and the geographic areas where the services will be available.

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

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

3. 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

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

Addressing Developmental Needs

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

CW Comprehensive intake nursing assessment: As a result of these assessments, which occur shortly after a child comes into foster care or after a child is placed into Oregon from another state, children under five are being identified and referred to personal care services much sooner.

CW In-home Nursing Assessment: CW nurses provide comprehensive nursing assessments to children returning home for trial reunification, including children coming to Oregon from other states. 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.

CW Personal Care Services: When appropriate and where available, these children are referred to the community health nursing program CaCoon. CW provides in-home nursing supports for three medically fragile children under the age of five.

Child and Adolescent Needs and Strengths screenings (CANS): This tool aids caseworkers, parents, and resource families to identify a child's ongoing needs and ensure they are met.

Early Intervention Screening: CW 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. 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.

4. Efforts to Track and Prevent Child Maltreatment Deaths (section 422(b)(19))

Since February 2020, the Child Fatality Prevention and Review Program (CFPRP) has been a program within CW focused on systemic issues in the broader child safety system that may help prevent child maltreatment, including serious physical injuries and fatalities. See Attachment 18, the Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities.

The mission of the CFPRP 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.

The work of this program is inter-related and primarily includes:

- Coordinating Critical Incident Review Teams (CIRT) as required by ORS 418.806
- Co-chairing and coordinating the work of the State Child Fatality Review Team in partnership with OHA Public Health, including the support of county child fatality review teams as required by ORS 418.748
- Gathering and reporting child fatality data using REDCap and other agency electronic data base systems.
- Safe systems analysis, which employs the Safe Systems Improvement Tool (SSIT) and individual safe systems debriefings 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 25)
- Promoting and coordinating the advancement of safety culture in the workplace to improve outcomes for children and families
- Coordinating and supporting the development and implementation of recommendations for system level improvements as identified in the CIRT
- Coordinating and supporting prevention efforts related to:
  - Suicide
  - Sleep-related infant death
  - Chronic neglect
  - Infants exposed to substances

CFPRP's efforts to prevent child maltreatment deaths are data informed, centered in equity, prioritize strategies that dismantle systemic racism and oppression, engage the community and persons with lived experience, focus on protective factors, and consider the social determinants of health, and adverse childhood experiences and trauma.

To better serve Oregon's diverse and underserved communities in child maltreatment prevention efforts, CFPRP has created spaces and opportunities to listen to and learn from the following individuals and groups:

- CW staff and programs
- Oregon Tribal Nations
- Groups experiencing disproportionate impact
- Individuals most at risk for maltreatment
- Children and adults who are currently receiving or formerly received services from CW
- Public and private family serving agencies

The CFPRP has continued regular outreach and engagement with the community to find new resources where families naturally go when needing assistance. This has provided an opportunity to create new meaningful partnerships with other prevention entities and family serving agencies to support systemic change related to child safety and well-being.

Collaboration

Collaboration is part of the CFPRP mission and integral to ensuring community voice in all work. Some of the collaborative efforts are detailed below and demonstrate how the work is aligned with the Vision for Transformation, including supporting families and promoting prevention, enhancing our staff and infrastructure, and enhancing the structure of our system by using data with continuous quality improvement. For more information on how the work of the CFPRP aligns with the Vision. (Attachment 27)

- The CFPRP partners with the Oregon Alliance to Prevent Suicide and other regional suicide prevention coalitions to increase networking and information sharing with statewide suicide prevention collaborators in the fields of education, behavioral health, civic engagement, and human services.

- The CFPRP Suicide Prevention Coordinator, in collaboration with ODHS Shared Services Trauma Aware and Portland State University, presented on ODHS suicide prevention initiatives and outcomes at the Annual Oregon Suicide Prevention Conference in October 2021.

- The CFPRP, as part of the CIRT process, leads the creation and oversees the implementation of system and practice recommendations developed in response to child fatalities through collaboration with numerous and varied system partners.

- Through the National Partnership for Child Safety (NPCS), the CFPRP collaborates with 26 state, county and Tribal child and family serving agencies and technical assistance advisors in support of safety science implementation.

- The CFPRP collaborates with the interdisciplinary State Child Fatality Review Team and all 36 multidisciplinary county child fatality review teams to enhance Oregon's death review system, death review data collection, and resulting prevention efforts.

- The CFPRP initiates and engages in extensive collaboration statewide with child and family serving professionals and organizations and those they serve in efforts to support infant safe sleep practices. One example of such a collaboration is the Safe Sleep for Oregon's Infants self-study for Oregon Professionals. (Attachment 28)

- The CFPRP is actively collaborating with individuals, professionals, and organizations impacted by or essential to implementing the Comprehensive Addiction and Recovery

Act (CARA) and specifically Plans of Care with the objectives of increasing engagement, maintaining infants safely with their families, eliminating or reducing CW involvement, mitigating the impact of substance use, and supporting parents diagnosed with substance use disorder with their recovery.

- The CFPRP is engaged in ongoing collaboration with numerous ODHS and OHA programs serving children and families.

- The CFPRP has ongoing collaboration with over 40 external partners to develop data-informed and innovative strategies for prevention

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)
- CW electronic case record (OR-Kids)
- 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
- Oregon Health Authority, Division of Behavioral 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

Sensitive Issue Reporting

The process for CW staff to report sensitive issues to leadership is critical in identifying fatalities in a timely manner that come to the attention of CW. CFPRP coordinates continuous quality improvement of the process and tracks sensitive issues reports involving all child fatalities. The CFPRP recently implemented changes to the process informed by those most impacted which included revisions to the form and the procedure. (Attachment 29)

Enhancements include:
- Clarity about roles

- Reduced duplication
- Increased efficiency
- Reduced workload
- Allowance for focused attention on child safety and
- Support to data collection and tracking

Fatality Protocol

The fatality protocol (Attachment 30) directs CW staff on required steps when a child dies. CFPRP is responsible for maintaining the protocol and recently enhanced the protocol through a collaborative process. Enhancements include:

- Including young adults
- Cultural awareness and responsiveness section added
- Clarifying when to notify the Oregon Child Abuse Hotline of the death of a child or young adult
- Including permanency consultants, CIRT coordinators, Tribal Affairs, Tribal Nations representation, and a Critical Incident Stress management trained employee in the fatality staffing when applicable
- How to request expedited toxicology results

Critical Incident Review Team (CIRT)

The Critical Incident Review Team (CIRT) process has been an integral continuous quality improvement process for CW since 2004. It was created as an important and unique tool to help protect Oregon's children from abuse and neglect and to prevent future child maltreatment fatalities. Child Fatality Prevention and Review Program both provides an objective review process for child fatalities along with researching, recommending, and implementing innovative strategies and efforts that are focused on child maltreatment prevention at all levels including primary, secondary, and tertiary.

The CIRT is assigned by the ODHS Director to conduct the executive review of an incident that resulted in a child fatality when maltreatment is suspected and criteria are met related to contact with CW, as outlined in ORS 418.806 to 418.816. Oregon 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 CW Deputy Director, an ODHS communications representative, ORCAH continuous quality improvement and training program manager, DOJ representative, the CFPRP 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 CW contact has occurred. In addition to the typical members, depending on the specific circumstances, a CIRT may include ODHS experts (e.g., the Alcohol and Drug coordinator, Domestic and Sexual Violence coordinator, or Suicide Prevention coordinator), Tribal Affairs, Oregon Tribal Nations, 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).

The CFPRP has team members (CIRT Coordinators) assigned specifically to the CIRT work that involves facilitation of the meetings, engaging and preparing CIRT members for the process which include CW staff, community partners and CPS, Permanency and Foster Care program experts. The CIRT Coordinators complete the case file review and associated public report once the review is complete. The CIRT Coordinator also assists in the development of system improvement recommendations resulting from actions or inactions of ODHS or Law Enforcement leading up to or surrounding the critical incident. A CFPRP Prevention Coordinator is dedicated to tracking CIRT and fatality data, facilitating regular cross program meetings to ensure the completion of all system improvement recommendations. Despite the role of the CFPRP in the CIRT process, the CIRT is separate and distinct from the CFPRP. (Attachments 31 and 32)

Internal Discretionary Review

The CFPRP is also responsible for leading discretionary reviews which are initiated by the ODHS Director when CW becomes aware of a fatality, near fatality, or other serious incident involving a family that has had contact with ODHS and the incident does not meet the criteria for a critical incident review team (CIRT). These reviews are an important opportunity for system learning and the development of system improvement recommendations and actions similar to the CIRT process.

CFPRP team members are assigned to complete much of the work of the internal discretionary review process, including engaging and preparing participants, facilitating meetings, partnering with other CW programs to conduct case reviews, and develop and assist in the implementation of system improvement recommendations.

Near Fatalities/Serious Physical Injuries

In addition to the data collected by the CFPRP on child fatalities, the CFPRP now gathers data from near fatalities and serious physical injuries and utilizes this data to inform CW case practices changes. The CFPRP is in the early stages of collecting this specific data and understands it is critical to understanding system factors and prevention of child maltreatment and fatalities.

National Partnership for Child Safety & Safe Systems Analysis

In early 2020, the CFPRP joined the National Partnership for Child Safety (NPCS) which is a collaborative of 26 jurisdictions focused on applying safety science and sharing data to develop strategies in child welfare to improve safety and prevent child maltreatment fatalities. Safety science provides a framework and processes for child protection agencies to understand the inherently complex nature of the work and the factors that influence decision-making. It also provides a safe and supportive environment for professionals to process, share and learn from critical incidents to prevent additional tragedies. 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 individual debriefings. These debriefings are the mechanism for gathering the "second story" from those who experienced the outcome in the specific case. While debriefings 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 debriefings are voluntary, trauma responsive and use supportive inquiry to help CW staff in sharing their experiences.

The aim of CFPRP is to facilitate a robust critical incident review process that builds safety and trust with the professionals working directly with families 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 outcomes for children and families are developed. As members of the NPCS, the CFPRP receives technical assistance from the Safe Systems Team at the University of Kentucky Center for Innovation in Population Health. This technical assistance has been ongoing since 2019 and includes a broad array of training and support:

- Training for CFPRP and other CW programs on safety culture and systems-focused critical incident reviews
- Skill building labs for CIRT/Safe Systems Coordinators on drafting improvement opportunities, using the SSIT, conducting safe systems debriefings, as well as facilitating safe systems mapping
- AWAKEN training for CIRT/Safe Systems Coordinators (AWAKEN is a framework for identifying and addressing bias in decision-making)
- Technical support to maintain a REDCap database which houses SSIT and NPCS Data Dictionary information
- Peer-to-Peer support for Critical Incident Review Leaders
- Innovation and Implementation Learning Communities (I2LC) on the intersection of Safety Culture and Justice (2021) and Workplace Connectedness (2022)
- Support facilitating safe systems mapping (2021 and 2022)
- SSIT review and support on a case-by-case basis
- Facilitated cross-jurisdiction communication to support continued learning and improvement in different areas of the work
- Drop-in office hours for technical support questions
- Other technical assistance as requested

The CFPRP will be actively participating in a newly developed CW Worker Safety Workgroup, bringing important information related to safety culture and safe systems analysis that may be beneficial in the efforts and strategies created.

5. Documentation of Data on Child Maltreatment Deaths

Oregon documents data on maltreatment deaths in multiple places:
- The CW information system, OR-Kids, is used to enter family specific death data in the electronic case record, primarily in narrative form.
- The Sensitive Issue Report Application (SIRA) captures child fatality and near fatality/serious physical injury data reported through the sensitive issue reporting process, and additional data gathered through case review and the CIRT process.
- The CFPRP shared drive with an Excel spreadsheet serves as a back-up and quality control mechanism to the automated and newer systems and captures the broadest set of data on child maltreatment deaths.
- REDCap database is now being used to document data gathered through safe systems analysis. This includes SSIT results as well as the NCPS Data for each case reviewed. The CFPRP is receiving technical assistance through the NPCS to develop reports and better understand the story behind the data.

CFPRP collaborated with ORCAH to draft questions aimed at gathering child death data when screeners document reports of child abuse. The questions will be part of the structured decision-making process which is currently being designed and will go live in the summer of 2022. The 2024 APSR will provide updates on the implementation of the new screening questions and progress occurring within Oregon's REDCap database.

6. Review of Child Maltreatment Death Data

All child maltreatment death data gathered by CW 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, contributing 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.

7. Use of Child Maltreatment Death Data

Data collected and maintained by CFPRP is used to identify populations most at risk for maltreatment. The information learned from child fatalities and near fatalities/serious physical

injuries informs practice, legislation, training, service gaps, and child abuse prevention efforts across Oregon's child and family serving systems. See section Populations at Greatest Risk for Maltreatment on pp. 126-127.

Through membership in the NPCS, CW will participate in the sharing and analysis of data across jurisdictions, including retrospective reviews to identify children most at risk of fatality. Data from each jurisdiction will be housed in a central database at the National Center for Fatality Review and Prevention, allowing for analysis across the partnership to inform strategies to address children and families at risk and reduce maltreatment and fatalities. Please see the attached National Partnership for Child Safety Frequently Asked Questions for additional information. (Attachment 33)

8. Supplemental Appropriations for Disaster Relief Act

As reported in the 2022 APSR, CW allocated the Disaster Relief funds to five Oregon Tribal Nations located in the counties affected by the fires. CW used percentage of tribal population as an equitable allocation methodology.

The following five Oregon Tribal Nations received the Disaster Relief funds:

- Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians (CTCLUSI)
- Confederated Tribes of the Umatilla Indian Reservation (CTUIR)
- Confederated Tribes of Warm Springs Indian Reservation (CTWS)
- Coquille Indian Tribe
- The Cow Creek Band of Umpqua Tribe of Indians

The goal is for the Tribal Nations 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.

9. Supplemental Funding to Prevent, Prepare for, or Respond to COVID-19

Oregon chose to take two approaches: (1) to assist as many families as possible by accessing a few core statewide services that provided a positive impact for tangible, physical, and emotional support for parents and families; and (2) to provide smaller mini grants to the service community that supported rural and or marginalized groups who often cannot access core statewide services for a myriad of reasons.

Figure 55

Primary funded programs	Purpose
My Neighbor	Provided outreach to families involved with CW in all 36 counties and provided goods, services, resources (education support, groceries, clothing, baby equipment, extracurricular activities for children).
Parenting Support Series	Provide three cohorts of Virtual Parent Education to provide emotional support during the pandemic.
Oregon Relief Nursery	Support to modify curriculum, activities from in-person to virtual parenting support.
Parents Anonymous	Extended virtual support for Parents Anonymous with a focus on rural communities.
Mini grants into communities	**Purpose**
KEEP for Native American families	Targeted outreach to Native families with cultural adaption of outreach and curriculum for virtual support. Multiple communities served.
Sexual & Gender Minority Youth Resource Center	Create and provide pandemic support; hygiene kits, food boxes, clothing closet, virtual 1:1 check-in, virtual support group. Portland Metro area.
Integral Youth Services	Outreach for connection and support during the pandemic through modified outreach and engagement, increased focus on isolation of young adults. Klamath County.
Ant Farm	Engage youth in two Clackamas County communities for youth events focused on supporting their communities; farmers market, pets for seniors and connection.
Next Door	Increased efforts to open a day drop-in center to allow for young adults to access technology, safe place to connect, do laundry etc. Hood River, The Dalles.
Family Faith and Relationship Advocates	Collaborate with other community resources and provide direct outreach to youth who need support, help and connection in rural communities of Douglas County.
CANN stands for COFA Alliance National Network *Compact of Free Association is a treaty between the United States and the different COFA*	Education Outreach to COFA & EOU Students for conversations in agencies (ODHS) and leaders around Eastern Oregon to better understand barriers and help ensure equity and inclusion for COFA residents in Union County. Barriers to access health care needs. A community

Nations (Federated States of Micronesia, Republic of the Marshalls Islands and Republic of Palau).	of people have settled in Union County connected by Eastern Oregon University and are seeking ways in which to share their story and engage within the community they reside. Young people assisted in COVID-19 education to elders.

C. MaryLee Allen Promoting Safe and Stable Families Program (Title IV-B, Subpart 2)

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

1. Family Support

- *Early Learning Division* – Please see the Early Learning Division's Title IV-B, subpart 2 annual report for 2021 (Attachment 34).
- *Tribal Programs* – Oregon Tribal Nations 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. Tribal Nations also use these funds for transportation to alleviate barriers to accessing services, improving family management and life skills.

2. Family Preservation

- *Early Learning Division* – Please see the Early Learning Division's Title IV-B, subpart 2 annual report for 2021 (Attachment 34).
- *Family Preservation Funds* – These funds were used to stabilize families at risk or in crisis, primarily by assisting with utility payments, rental subsidies, and other housing costs. Local CW 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.

3. 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, tutoring, school and non-school activities, and transportation for visits. As with Family Preservation Funds, local CW 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 in Clackamas County and one in Lane County.

4. Adoption Promotion and Support Services

- *Adoption Mediation* – CW contracts with trained, impartial mediators to help birth and adoptive families create a plan that will guide communication and contact after an adoption is finalized. In FFY 2021, CW used this funding to pay for training for four potential mediators. (Completion of the training is one of the minimum qualifications for a mediator to be awarded a contract.) It was determined that paying for the training could eliminate barriers for mediators to qualify for this contract and potentially diversify the pool of mediators. The four participants were approved, in part, based on diversity they could bring to the mediator pool. This type of training payment will likely be made again as part of efforts to continue diversifying and improving mediation services.

- *Oregon Post Adoption Resource Center* – CW 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 children who have been involved with CW. 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.

- *Home Supervision* – Post-placement support and services provided to adoptive parents prior to adoption finalization.

See the CFS-101, Part II form for the estimated number of individuals and families to be served in FY 2023, the population to be served, and the geographic areas where the services will be available.

5. Planned Spending on IV-B, Subpart 2 Service Categories

CW plans to spend at least 20% of the Title IV-B, subpart 2 award for services in each of the four service categories. See the CFS-101, Part 1 form for the specific amounts. 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.

6. Division X Supplemental Funding from the Supporting Foster Youth & Families through the Pandemic Act

CW used some of the funding to develop opportunities for family preservation, support, and reunification with an emphasis on peer parent mentors. Parent mentors bring their lived expertise of past involvement with CW to support parents that are currently involved with the agency. They are also an invaluable resource for informing child welfare system changes. Currently, parent mentors are available in several sites statewide in slightly different models. CW is working with these providers to bring their practices in line with one core model that will lend itself to a program evaluation. CW is currently partnering with Abt Associates in a feasibility study of the Peer Parent Mentor program as a potential Title IV-E Prevention Services Clearinghouse program.

CW is using some of the funding to engage with the community and culturally specific organizations to clarify how batterer's intervention programs can be used to support family preservation.

CW is exploring collaborating with the community to develop culturally specific reunification strategies for children who have experienced residential care and require aftercare.

CW plans to spend Division X Supplemental Funding fully by the end of 2022, and in three of the four Title IV-B, subpart 2 service areas (family support, family preservation and family reunification), based on identified program needs. CW will not be spending at least 20% of the award amount in each of the four services because CW understood that the 20% requirement did not apply to this grant, based on ACYF-CB-PI-21-04.

8. Service Decision-Making Process for Family Support Services

Community-Based Child Abuse Prevention (CBCAP) Grant

Family Support and Connections (FS&C) is an integral component of the state continuum of supports to prevent child abuse and neglect. Contracted community-based providers implement the program within each Self-Sufficiency Program (SSP) district statewide. Each contracted provider has ongoing collaboration with numerous local and state operated informal and formal prevention services and activities. Local FS&C teams continue as co-managed by a steering committee and core team that includes the FS&C contractor, TANF staff, CW staff, and Parent Leaders.

Oregon's FS&C Program funded in part by CBCAP grant, TANF, and some state dollars. As a result of increased TANF funding, FS&C will be expanding its focus beginning July 1, 2022. Currently, FS&C serves primarily TANF families, and is expanding to serving low-income families, defined as those eligible for either SNAP and/or TANF. Families must also be at risk of needing CW services.

This expansion will prioritize Black, Indigenous, people of color, and rural communities by expanding access to services through contracts with Oregon Tribal Nations and culturally specific community-based agencies. The cultural enhancement demonstration began in five districts with the July 1, 2021, contracts. These districts were identified to increase culturally responsive services based on having the highest representation of children from underserved populations. Service enhancements included not only increasing access to current programs, but the services were also adapted to the specific needs of these communities including varied approaches such as hiring staff with skills, knowledge and understanding of families to be served, increasing use of interpretation and translation services, and completing community needs assessment to guide service enhancements. The cultural enhancement demonstration will be extended to all FS&C Providers beginning with the July 1, 2022, contracts.

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

The Child Fatality Prevention and Review Program (CFPRP) is committed to understanding how systemic racism and historical trauma impacts the families and children the Oregon child welfare system serves. The fatality data gathered by CFPRP includes data on race, ethnicity, culture, generational involvement with the Oregon child welfare system, family experiences with substance use, mental health, and violence, as well as age, and factors surrounding and influencing the critical incident.

The CFPRP recognizes that the available data is small and does not provide a clear understanding of what disproportionalities exists within maltreatment fatalities in Oregon. Also recognized are the ongoing efforts by CW to explore and implement efforts related to accurate, efficient data entry and quality assurance, which will provide clearer and more comprehensive data for the CFPRP by the expansion of continuous quality improvement efforts. The CFPRP is committed to better understanding and learning what disproportionality exists and which populations may be disproportionality impacted.

Oregon Revised Statute requires ODHS programs to implement REALD data standards. REALD stands for Race, Ethnicity, Language, and Disability and is a demographic data standard that was initiated by Oregon community leaders who revealed that previous data categories were overly broad and sometimes overlooked whole groups of people. REALD is based on local, state, and national best practices and informed by community input and rigorous academic research. As CW implements REALD, the CFPRP will integrate the standards into the fatality data gathering process to better understand populations most at risk for maltreatment and to identify and address inequities.

Throughout the past two years the child fatality data gathered by CFPRP has shown that infants and adolescents (14-17) are the highest represented age groups. Further analysis of the available fatality data shows the following factors which are commonly present in those fatalities:

- Adolescent substance use
- Parental/caregiver substance use
- High-risk sleep practices
- Patterns of neglect in child welfare case histories

Often these factors are not isolated but intersect and co-occur. In response, several initiatives have begun and/or have been enhanced. Within the scope of each of these efforts, exploration aimed at identifying the specific needs for urban, frontier, and rural areas within Oregon occurred or are occurring. These initiatives include the following:

- **Substance use disorder training, education, and resources for CW staff**
  Specific guidance includes working with youth and young adults, families experiencing substance use disorder while caring for an infant, and reduction of harm strategies in conjunction with culturally responsive casework practice
- **Safe systems mapping to identify specific strategies for serving parents/caregivers with a substance use disorder**
  Recommendations identified include diversifying the pool of support resources available to parents, caregivers and caseworkers, such as peer mentors and contracted nurses, to further increase outreach and engagement with overrepresented families and families caring for infants
- **CFPRP representation on the Oregon Health Authority (OHA) Youth and Young Adult Substance Use Disorder (YYASUD) workgroup**
  This workgroup is focusing on collaborative strategies targeted at youth and young adults experiencing substance use
- **Safe sleep training, education, and self-studies**
  Self-studies, specifically for CW staff, are developed to address culturally responsive engagement and alternative safe sleep surfaces when serving Tribal Nations. Reduction of harm strategies are included within curriculum to address cultural traditions, practices and alternative sleep practices
- **Comprehensive Addiction Recovery Act (CARA) education, training and support for CW professionals**
  Workgroups and trainings are held for CW professionals to support culturally responsive case practice with families experiencing substance use and parenting infants throughout all Oregon's 36 counties.

As noted on pp. 120-121, participation in the National Partnership for Child Safety offers an opportunity for Oregon's data to be aggregated with other jurisdictions around the country for a more accurate analysis of maltreatment related fatality data. This will allow CW to better understand and identify populations most at risk along with national guidance on effective and innovative prevention strategies.

10. Kinship Navigator Funds (Title IV-B, subpart 2)

Oregon Kinship Navigator (OKN) program, with the assistance of the federal grant award, continues to provide an array of services and supports necessary for kinship families in Oregon as CW moves toward Prevention and Family Preservation models in support of the Vision for Transformation.

Oregon has broadened 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.

Challenges during this past year have been very similar to various other programs because of the COVID-19 pandemic: children have been re-entering school settings, engaging in extracurricular activities or other services after an 18-month absence. Kinship caregivers have had significant challenges adjusting to the children's renewed schedules, and many kinship caregivers have either returned to in person work, remain with remote or a hybrid model for employment. All these pressure points have impacted kinship caregivers' ability to care for themselves by attending training, support groups, and advisory meetings.

Oregon has struggled with the reduction in the federal Kinship Navigator grant award which was nearly 1/3 of the prior year's budgets. Oregon is now a minimally funded program which required a re-examination of what services and supports have been provided and decisions about service cuts. OKN took a three-pronged approach; first slow the planning for expansion, second leverage other possible resources and opportunities and third, add additional funding from other sources. Together this planning has allowed the Oregon Kinship Navigator program to continue to move forward, embrace other partnerships and to be very intentional about what is added to the OKN model.

There have also been many successes as a result of the Oregon Kinship Navigator program.

   A. Continuation of providing KEEP for Kin educational program[11]
   B. Conversation and connections; a monthly online meet and chat about kinship family boundaries, trauma, parenting, grief, and more.
   C. Online "hang out" for children under 12 that is a structured and staff supervised opportunity for children to connect with others who are also being raised in kinship settings.
   D. Positive Parenting Program (Triple P) has expanded to Spanish language families.
   E. My Neighbor program which provides for concrete supports and tangible needs of a family. During calendar year 2021, there were 188 families who received a level of support ranging from in-home tutoring for a child, groceries, transportation, assistance

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[11] https://www.keepfostering.org/

with utilities, all coming from local communities by means of leveraging resources and increased communication.

CW is increasing outreach to Spanish speaking communities through bilingual and bi-cultural staff. The program adjusted the plan from primarily outreach through digital formats back to in person, community-based events to better reach these communities. OKN has engaged in a contractual agreement with La Campenona, a Spanish language radio station to run ads to increase CW's reach within the Latinx community. The contract includes advertising OKN via social media, which has a following of over 18,000 people on Facebook.

The Oregon Kinship Navigator model remains focused on two program designs, a core model which incorporates the required tenets of the federal regulations and the enhanced model for additional supports and services.

Core model includes:

a) Coordination with other state and local agencies, Oregon 211 Info line,
b) Accessing feedback from kinship caregivers and others impacted by kinship care through conversation, survey and a formal Kinship Advisory Committee comprised of kinship caregivers, public and private organizations.
c) Toll-free phone line, an active website and Facebook page for routine and ongoing conversation and information sharing.
d) Website provides a plethora of resources and referrals for public assistance, legal guide, resource guides.

Enhanced model includes:

a) Online education support KEEP for kin, an evidence-based program
b) Positive Parenting Program - Triple -P provides parents simple and practical strategies to help them build strong, healthy relationships, confidently manage their children's behavior, and prevent problems developing. *This program has a supported rating with the IV-E Clearinghouse.*
c) My Neighbor a partnership between Oregon Kinship Navigator and Every Child to provide the concrete tangible supports for kinship families. This model is built on accessing and leveraging community resources to help with immediate needs and help build family capacity for the future.

Oregon has chosen this two-program design that is experienced by caregivers as one program. In administering the program, CW is guided first by the federal regulations for the Kinship Navigator grant: the core model. CW is also guided by the desire to incorporate evidence based and evidence-informed programs to enhance supports to caregivers.

CW assessed how Oregon differs from many other states who are developing their Kinship models through the assistance of Kinship navigator grants. Oregon already provides kinship

families with opportunities to become certified (licensed) as relative caregivers for children, who receive monthly reimbursement for cost of care, referrals to provider resources, training and support as other resource families receive.

In 2020, relatives cared for 47% of the children placed into CW state custody. This differs from other states who do not provide this opportunity. Oregon is attempting to reach a different population of kinship families, reaching into the Prevention and Family Preservation efforts but engaging and supporting families prior to full CW system involvement. In addition, CW acted on feedback from the community and engaged a private organization as the face of Oregon Kinship Navigator.

Oregon continues to seek opportunities for active participation in a program evaluation for Kinship Navigator programs. There has been interest from a few different national evaluation groups this past year to further explore KEEP for Kin as a potential Title IV-E Prevention Services Clearinghouse program. KEEP is already recognized with the California Evidence Based Clearinghouse, and National Institute of Justice Clearinghouse.

CW anticipates making an application for the funds made available by Federal Fiscal Year 2022 Title IV-B, Subpart 2 Funding Available to Develop and Enhance or to Evaluate Kinship Navigator Programs: ACYF-CB-PI-22-06.

D. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits

As discussed on p. 49-50 (Item 14 – Caseworker Visits with Child), CW's performance has met the PIP goal for performance on monthly caseworker visits, and ROM data puts CW within 0.6% of meeting the federal goal of 95%. During fiscal year 2021 the primary barrier to meeting the goal was the pandemic. CW continues to also work on the quality of face-to-face contact, which has historically been an issue identified in CFSR reviews. The following measures are designed to increase quality engagement in face-to-face visits and to create a workplace culture where supervisors coach caseworkers and caseworkers share openly with their supervisors.

1. Alia Innovations

The MCV Grant was used again this year to contract with Alia Innovations. Last year, Alia worked with 31 permanency supervisors and permanency consultants to increase their clinical supervision and consultation skills respectively (see last year's report for more information). CW continues the work with Alia Innovations this year, this time with an additional three cohorts of permanency supervisors, three cohorts of CPS supervisors, two cohorts of delivery program managers, and one cohort of CPS/safety consultants.

The purpose of the supervisory learning circles 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 practice that focuses on the

human need for belonging and the need for the child welfare system to move from one of surveillance to one of family support and preservation. The learning circles keep the family at the center while the system focuses on building resilience, well-being and health. The intended outcome of this work is that supervisors will use this opportunity to deepen the knowledge of caseworkers as it relates to their work with both parents and children, including the engagement of relatives (CFSR items 9 and 10). In addition to the learning circles, each supervisory cohort has two case consultations per month, which provide an effective strategy for gaining insight into case-specific responses.

Alia's work with delivery program managers is focusing on their role as change leaders responsible for building employee well-being, resilience, and retention. Emphasis is placed on moving out of chaos and into proactive response, from a scarcity mentality to abundance.

Alia is providing five statewide trainings open to all CW employees. The goal of the five trainings is to create a thorough understanding of the knowledge and insights needed for CW staff focusing on racial equity and inclusion, trusting the wisdom of children and families, protecting connections and sharing power.

2. Connected Parent Book

Adoption and Resource Care program staff around the state have identified challenges with resource and adoptive/guardian families not having or understanding the parenting skills, abilities, concepts, and attitudes to care for children with multiple issues including trauma, attachment challenges, developmental issues and neurological differences. CW used the grant to provide a copy of *The Connected Parent* every resource family in Oregon, with additional copies available for caseworkers and certifiers. This book offers science based, hope filled strategies for caring for children and promoting their healing. The book stresses the importance of a parent gaining perspective on the child's prior traumatic experiences as a means of understanding why a child reacts the way they do. This moves the parent from blaming the child to understanding the child is only living out how their brain has wired them to respond.

3. All About Me Books

CW worked with Oregon Post Adoption Resource Center to fund printing All About Me books completed by workers and children that would be in color copy on heavy card stock paper. Workers can then carry the books with them to share with the children on their caseloads as an engagement tool, also to assist in helping children feel safe enough to write their own books.

E. Additional Services

1. Adoption and Legal Guardianship Incentive Payment Funds

Child Care for Resource Parents: Alternative Care
CW began reimbursing foster parents for Alternative Care during the COVID-19 pandemic. Alternative Care provides for supervision needs outside of traditional work or school due to work and school changes that occurred because of COVID-19. The Adoption and Legal

Guardianship Incentives Payment grant was one funding source used for Alternative Care during FFY 2021.

Bridge Meadows

This contract supports relative adoptions through a multi-generational housing community. Bridge Meadows uses the power of community to help children heal from the trauma of foster care. This program includes high-quality affordable housing, therapeutic programs, and intergenerational community support. Elders live in the community, serving as mentors, friends, and caregivers to the children and each other, forming a safety net of care and interdependence.

With Love

With Love provides supplies to resource parents within 24 hours of placement of a foster child. They provide supplies ranging from diapers, formula, and clothes to baby furniture.

Mediation

These contracts provide mediation between adoptive/guardian families and families of origin for contact after case closure. CW also used these funds to pay for training for the mediators.

Independent Living Program (ILP)

This fund was used to support youth who otherwise would not be eligible for the Chafee Education and Training Voucher or other Independent Living Program (ILP) services because of their age at adoption.

2. Adoption Savings

Services Provided Using Adoption Savings

The Adoption Savings service categories are post-adoption/post-guardianship services, services to support positive permanent outcomes for children at risk of entering foster care, and any service allowable under titles IV-B or IV-E. During FFY 2021, CW used Adoption Savings as described below.

Post-Adoption/Post-Guardianship Services

- Intercept is a service provided to families who have finalized a guardianship or adoption through CW. Intercept currently serves families in the Portland metro area, Marion, Klamath, and Deschutes counties.
- ORPARC screens and makes referrals to Intercept and provides other community resources tailored to address the needs of adoptive and guardian families. Other supports include a lending library, support groups, trainings to include KEEP for adoptive parents, and Training Adoption Competency (TAC) for licensed clinicians, case consultation and coordination.

- KEEP for adoptive parents was created by the Oregon Social Learning Center (OSLC) and is an intervention strategy utilized to support placements and avoid disruption. OSLC has partnered with ORPARC to release a series of KEEP trainings adapted for adoptive and guardian families, with coordinated and supportive trainings to increase placement stability for post-legal cases.
- The Adoption Therapy Certificate Program is a series of advanced, evidence-based courses on specialized theories and practices for treating children who have experienced adoption or foster care and their families. The program is relevant for those mental health professionals and CW caseworkers working with children and families impacted by adoption, foster care, and relative care, and by child abuse, trauma, and neglect.
- Training for Adoption Competency (TAC) is a new certificate training for licensed mental health clinicians. It is a series of advanced, evidence-based courses on specialized theories and practices for treating children and their families who have experienced adoption/guardianship, foster care or relative care, who are impacted by child abuse, trauma and neglect. TAC is one of few elite certificate programs nationwide to have earned accreditation from the Institute of Credentialing Excellence. TAC is coordinated through ORPARC The first cohort of 17 graduated on June 25, 2022. It is reported to be one of the most diverse cohorts in TAC history including two adoptees, three adoptive parents, eight BIPOC individuals, five bilingual individuals, one bicultural individual and at least one self-identified LGBTQIA2S+ individual.

Services to Support Positive Permanent Outcomes for Children at Risk of Entering Foster Care

Alia provides training and consultation related to investigations, family support services, and voluntary cases, with an emphasis on preventing children from coming into foster care and thus able to stay in their homes of origin (including adoptive and guardian homes).

Services Allowable Under IV-B or IV-E

CW provided reimbursement to certified resource parents and relative caregivers for childcare. The reimbursement is currently limited to $375 per child per month. Since August 2019, the reimbursement has been available to support resource parents for children over the age of five.

During the COVID-19 pandemic, CW began reimbursing foster parents for supervision needs outside of traditional work or school due to work and school changes (Alternative Care). Given the 70% limitation on spending in this area, Adoption Savings could not support this service, so most of the expenditures were transferred to other funding sources in FFY 2021.

Services Expect to Provide Next Year

During the next year, CW plans to make the following changes to the use of Adoption Savings.

Post-Adoption/Post-Guardianship Services

- Discontinue using Adoption Savings for the Adoption Therapy Certificate Program and continue with TAC (described above on p. 133).
- Add a Response and Support Network (RSN) for Adoptive and Guardian Families, provided by Maple Star. RSN is a 24/7 response network currently supporting ONLY resource parents in Multnomah and Washington counties. RSN for adoptive and guardian families is a 24/7 response network that incorporates Coordinated Care Organization (CCO) Medicaid supports for eligible individuals and non-clinical supports that are highly trained in the particular needs of adoptive and guardian parents. RSN supports the entirety of the family and any natural supports.
- Add online training through Families Are Forever. CW wants to make access to training convenient for families, especially those who adopt Oregon youth and reside out of state. This training also addresses distance and limiting factors related to in-person education caused by the pandemic. With this new training option, in-state and out-of-state adoptive families can have similar and supported education.
- Provide funding to Bridge Meadows. See description of the program on p. 132.

Services Allowable Under IV-B or IV-E

Adoption Savings has been phased out as a funding source for Alternative Care. As a result, Adoption Savings spending on this service will be low in FFY 2022.

Spending Unused Savings

CW does not currently have an estimated timetable for spending unused savings calculated for previous years. Previously, CW projected that by the 2023-25 biennium there would no longer be an unexpended savings balance, however that is unlikely, given the level of post-adoption/post-guardianship spending.

Challenges in Accessing or Spending the Funds

The Adoption Applicable Child Savings Fund, established by the 2011 Oregon Legislature, allows CW to carry over unspent Adoption Savings to the following biennium, rather than having the General Fund dollars revert to the State. This means the Adoption Savings in their entirety are available for spending by CW.

Any significant program expansion using the Adoption Savings must follow the usual process for approval by the Department of Administrative Services and the Legislature. It is 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

CW is using the same Adoption Savings calculation method and procedures for the current FFY as used in its latest FFY report period submission. CW is not required to complete the Adoption Savings Methodology form.

3. Family First Prevention Services Act Transition Grants

Oregon has not utilized the FFPSA Transition grant funding at this time. CW intends to fully use the grant by federal fiscal year 2025. CW is building on existing resources and relationships around culturally specific services and is focusing on developing and expanding CW understanding and knowledge with help from the Tribal Nations' experience providing prevention and preservation services.

CW plans to use the FFPSA Transition grant funds to expand culturally specific services. Developing relationships, earning trust and a willingness to learn from individuals and community is critical before executing contracts. This relationship-building takes time.

4. Family First Transition Act Funding Certainty Grants

Oregon remains committed to strategically utilizing the Family First Transition Act Funding Certainty Grants to promote and support implementation of Oregon's Family First Prevention Services program.

Oregon was selected to participate in the national initiative Thriving Families Safer Children and will fund this work with some of the FFPSA certainty grant. Oregon will fully utilize the grant funding prior to the grant conclusion in 2026.

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

The services funded under the John H. Chafee Foster Care Program for Successful Transition to Adulthood are administered by the CW Foster Care and Youth Transitions program. The Youth Transitions program (YTP) hired or gained the following positions since February 2022:

- Youth Transitions Program Manager (1-year rotation)
- Youth Transitions Program Coordinator (1-year rotation)
- Postsecondary Analyst (existing position, new employee)
- Administrative Support (new 6-month temporary position)
- Housing Analyst (new permanent position)
- Administrative Support (one new permanent position and one existing vacant position) - started 5/25/2022

The addition of the new positions and hires will increase the YTP team's ability to improve outreach and expand services to eligible youth and young adults.

1. Collaboration

In addition to the collaborations described on pp. 11-19, YTP continued or implemented the following:

- Monthly meetings with Independent Living Program (ILP) provider staff/coaches
- ILP manager meetings with contractors' managers and supervisors
- Quarterly meetings with CW delivery staff
- Collaborating with the permanency consultants to facilitate Youth Summits
- Regular consultation with ILP providers, caseworkers, supervisors, delivery program managers, resource families, CASAs, attorneys, FosterClub, and Oregon Foster Youth Connect (OFYC) specific to an individual young person, especially regarding resources and services available to meet complex and/or urgent needs
- Collaborating with FosterClub for the NYTD surveys, youth Meet Up sessions, and ongoing resources to assist young people in navigating COVID-19
  - FosterClub helps with outreach to Oregon members and other organizations working with young people who experienced foster care to inform them about Chafee funds for eligible children/young adults.
- OFYC and FosterClub continue to assist CW in reaching more young people by including notices, information, and opportunities on their Facebook pages and other social media platforms (TikTok, Instagram, Twitter)
- Consultations with Transitional Living Program (TLP) managers
- Higher Education Coordinating Commission (HECC)
  - Office of Student Access and Completion (OSAC) is a significant partner in reaching and serving young people eligible for the Chafee ETV
  - The ASPIRE program includes Chafee ETV information and materials in training guides for ASPIRE mentors across the state. CW and a panel of young people with lived expertise are invited to present a workshop at the ASPIRE Fall Conference.
- C3 (Career, College Collaborative), a cross-sector action group working to mobilize counselors and educators
- Oregon Department of Transportation and statewide driver's education providers
- Capacity Building Center for States: CW is engaged with multiple projects
  - Collaborating with Embrace Families (Florida/Washington project): Keys to Independence/Paving the Way Project
  - Division X Technical Assistance Project
- Young Adult Transitions workgroup includes decision-makers across CW Divisions
- Youth and Young Adult Program and Policy – OHA Child, Adolescent & Family Behavioral Health & Sciences staff and various CW staff
- My Future My Choice is a Self Sufficiency Program sexual health training, trauma-informed information, and foster care aware training
- Native Wellness Institute: Coordinating and hosting the Native Teen Gathering
- Department of Housing and Urban Development (HUD) – to increase FUP-Y and FYI Voucher utilization

- Our Children Oregon: The parent agency of Oregon Foster Youth Connection (OFYC)
- Portland State University: Research Unit
- Oregon Housing and Community Services[12]
- Oregon Health Authority (OHA)

In addition to the above collaborations, the Permanency program works with groups and individuals with lived expertise on two projects (1) Family Support Services (FSS) and (2) the 18+ workgroups. These workgroups include CW, Self-Sufficiency, other ODHS staff, Oregon judicial partners, and young adults with lived experience. The FSS workgroup split into the FSS and Youth Supportive Services (YSS) workgroups to focus on creating a case type for youth and young adults requesting voluntary services. The YSS workgroup eventually combined with the 18+ workgroup.

The 18+/YSS workgroup interviewed young people with lived expertise to understand the importance of the caseworker/young person relationship, including communication and collaboration. CW tried to represent every district and race for young adults (18-20) with an open case. Interview themes included:

- **Helpful:** ILP services, ILP and CW working together, financial supports, and advocacy when the young adult does not know how to navigate systems
- **Barriers:** Navigating complex systems and the difficulty with changing caseworkers
- **Support needed:** Growing social and family circles, obtaining grants for education, and vouchers for housing were mentioned unanimously by the young adults

18+/YSS workgroup recommendations being implemented include:
- Merging of the 18+ workgroup and the YSS workgroup.
- An end to the traditional "child" safety plans for young adults. The Young Adult Safety Plan includes young adult needs and voice in the safety planning process.
- Planning to develop a jointly managed CW and Self-Sufficiency Youth Supportive Services unit or team.

The 18+/YSS workgroup resulted in supported teen workers and more collaboration between CW and other local offices. A quarterly teen summit was established to highlight youth and young adult needs. A Microsoft Teams channel was created for teen and young adult caseworkers to communicate, share resources, and coordinate across the state.

The workgroup is moving forward with a project to offer foster care reentry beyond the age of 18. This includes implementing a Legislative Concept to allow CW to serve young adults aged 18 to 21 in a Voluntary Placement Agreement. This amendment to ORS 418.312 would support voluntary access to services during the transition to adulthood without custody or wardship. Young adults identified this as the preferred engagement method.

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[12] More about Oregon Housing and Community Services

The 18+/YSS workgroup heard from young adults with lived expertise about the difficulties in accessing services, confusion using 211 (information on health and social services programs), and the importance of localized resource fairs, in-person networking, and mobilizing resource navigators from all agencies. The 18+/YSS workgroup works toward the vision of a "youth welfare system," which includes increased collaboration between the adult Self Sufficiency Programs and CW youth transition services/supports. The workgroup creates strategic plans to remove barriers, increase access to services, and develop a new casework model for young adults.

Another collaboration that aligns with the Vision for Transformation is work with Our Children Oregon (OCO) and the Oregon Foster Youth Connection (OFYC). OFYC is a youth advocacy group of young people (aged 14 to 24) who are current or were formerly in foster care. The grant with OCO engages young people in policy workgroups, Rules Advisory Committees (RAC), teen panels, and local training opportunities for staff and resource parents. Figure 56 is a summary of OFYC activities.

Figure 56

2022: With the extension of the ODHS grant, Oregon Foster Youth Connection (OFYC) began strategic planning during the summer of 2021 to reimagine the future of OFYC beyond Our Children Oregon (OCO). The planning process initiated a OFYC Task Force to support the decision making of OFYC's next steps as a program after June 2022. Below is the extended grant contract.

- Youth Engagement ($10,800)
- Outreach ($1,714)
- Training ($12,352)
- Youth Representation on Groups ($10,800)
- Organizational Support and Development ($78,924)

Following is a chart showing a history of OFYC membership from 2020 to 2022

OFYC Members	2020 (Q1)	2021 (Q1)	2022 (Q1)
Active Members	25	25	10
Adult Supporters	N/A (Unsure)	4	4

To ensure youth voice is supported and accessible, CW engaged in a Capacity Building Center for States technical assistance project focused on building out the states' ability to meaningfully engage youth voice into every aspect of service planning, delivery and system improvement efforts. The project has been temporarily paused given that OCO's contract to support OFYC will end June 30, 2022. Youth and young adults who have been engaged through OFYC and Foster Club will begin to work with CW on a co-create RFP. Upon launching the RFP, selecting a new contractor, and initiating the new contract, the workplan with the Center for States will resume. Additional details will be provided next year.

2. Services Provided

The Youth Transitions Program (YTP) team assesses services to ensure inclusivity, equity, cultural responsiveness, and intentional provision of trauma-informed services. This work considers the Vision for Transformation, the lingering effects of the COVID-19 pandemic, House Bill 4013, and the potential new Oregon legislation. The process includes guidance from young people with lived expertise, ODHS staff (all divisions), OHA, service providers, and community partners.

The following summarizes youth transition services available to young people in foster care or who exited foster care at age 14 or older and had at least 180 days of substitute care placement services after age 13, and who have not yet reached age 24[13]:

- Tiered ILP life skills training: Includes life skills assessment and assisting the young person with crafting a transition plan
- IL Housing Subsidy Program: Provides up to $795 per month for living expenses
- Chafee Housing: Provides up to $1,000 per month for room and board; young people must have exited foster care at age 18 and over
- ILP Discretionary Funds: Flexible funds to assist young people with services/supports related to transition plan goals and engagement in extra-curricular activities
- Chafee ETV: Postsecondary financial aid
- Credit Reports for young people in foster care (ages 14 to 21)
- Driver's Education Course fees (ages 15 to 23[13])
- Transitional Living Programs (ages 18 to 23[13])
- Summer Teen Events (Teen Retreat, DREAM Conference and Native Teen Gathering)
- Youth Transitions Program website[14]
- Sponsorship of two FosterClub All-Stars from Oregon
- Mentoring

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[13] CW uses Chafee funds to serve young adults up to attaining the age of 23. State general funds are used to extend the same services to young adults in Oregon who are 23 (up to attaining the age of 24), as well as young adults who are undocumented.

[14] Youth Transitions Program website

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.

Figure 57

Key Activity/ Intervention	Measure	Benchmark	Progress Update
Improve youth engagement in the transition planning process.	Increase the percentage of youth, age 14 to 20, who participate in life skills assessments each year.	80%. *The current baseline of 43% was set using the FFY2019 NYTD Data Snapshot for Oregon*	There was regression on this measure.

Figure 58
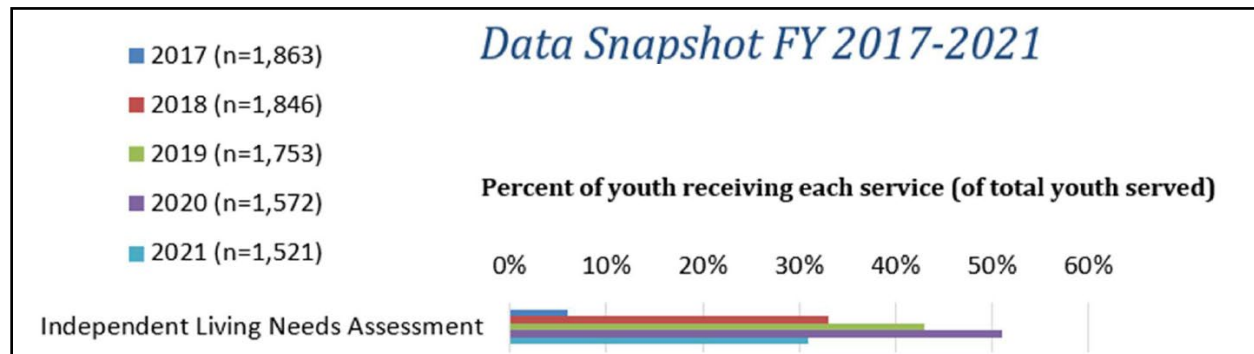
The FFY2021 NYTD Data Snapshot showed the first decline in independent living need assessments in four years. CW will research root causes and resubmit the 2021B NYTD report to determine if the updated report shows an increase. Implementation of the ILP Tiered Model (July 2021) should increase life skills assessments for young people. The following shows Tiers and implementation to date.

- **Tier 1/IL Prep** is a group-based program designed for youth ages 14 to 15 (and 16, if appropriate) to introduce various introductory skills. It prepares youth for Tier 2/ILP skill-building. To date, 96 youth received IL Prep services. Districts/counties and ILP Contractors implementing the Tier 1/IL Prep pilot include large, medium, and small ILP agencies.

Figure 59

District	Organization
District 1	Tillamook YMCA
District 2	Native American Youth and Family Center and New Avenues for Youth
District 3	Catholic Community Services and Polk Youth Services (subcontractor)
District 4	Community Services Consortium
District 9	Next Door, Inc.
District 11	Integral Youth Services

- **Tier 2/ILP** helps youth and young adults aged 16 to 20 focus on the tangible skills for adulthood. Transition planning is integral to guiding service provision. Skill-building is individualized and occurs during monthly one-on-one meetings between ILP staff and the young person and quarterly group skills sessions. Services are implemented statewide.

- **Tier 2A/IL Plus** is for ages 16 to 20 and is a more intensive level than Tier 2. IL-Plus. It uses a structured skills curriculum informed by the evidence supported "My Life" model for older youth in foster care. IL-Plus focuses on building self-determination skills, such as youth-driven goal identification, problem-solving, and stress management. Youth in IL-Plus meet face-to-face and one-on-one with an ILP provider at least twice a month from 1.5-2 hours for one year. After one year of IL-Plus, the young person transitions to Tier 2 for regular ILP services or Tier 3/IL supports, if age-appropriate. Sixty-four young people accessed IL-Plus services. Locations and ILP Contractors implementing the pilot include the largest ILP Providers.

Figure 60

District	Organization
District 2	New Avenues for Youth
District 3	Catholic Community Services and Polk Youth Services (subcontractor)
District 5	Looking Glass Youth and Family Services
District 15	Youth Villages
District 16	Youth Villages: Youth Villages is implementing the LifeSet Model. This is an existing intensive service model. Youth Villages will submit a fidelity tracking sheet as the IL Plus Providers, including outcome data.

- **Tier 3/IL Supports** is for young adults ages 21 through 23[15] who exit substitute care or are foster care alumni transitioning to interdependent living in their community. Tier 3 is like regular ILP in terms of information provided, access to services, and funding (Chafee Housing, Discretionary Funds, and ETV), but has fewer contact requirements. For Tier 3, providers see the young adult face-to-face at least once every two months, with in-

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[15] CW uses Chafee funds to serve young adults up to attaining the age of 23. State general funds are used to extend the same services to young adults in Oregon who are 23 (up to attaining the age of 24), as well as young adults who are undocumented.

between check-ins using the young adult's preferred communication method. The young adult determines the level of support needed. Tier 3 launched statewide on July 1, 2021. With the support of Division X funding, young people up to 26 could access ILP services from April through September 30, 2021. Providers served 56 youth in Tier 3.

CW continues to refine the model to meet youth's needs are ensure providers implement the tiers to fidelity. A feedback loop determines if services meet the needs of young people, caregivers, and CW/Tribal Nations caseworkers.

Because the Tiered ILP Model is still in the pilot stage, reporting for each Tier/service type is in development. Figures 61 and 62 indicate the number of young people served by ILP Contractors and the race of those served compared to the race of the overall foster care population.

Figure 61

FFY 2021 Youth Served in ILP by Race

RACE	NO. OF CHILDREN	
American Indian or Alaskan Native	64	5.2%
Asian/Pac Islander	33	2.7%
Black or African American	115	9.3%
Hispanic (any race)	242	19.7%
Unk/Declined/Unable to Det.	7	0.6%
White	769	62.5%
Total	1230	100.0%

Figure 62

FFY 2021 Total Children Served in Foster Care by race

Primary Race	Number	Percent
American Indian or Alaska Native	409	4.7%
Asian/Pac Islander	130	1.5%
Black or African American	611	7.1%
Hispanic (any race)	1,601	18.6%
Unable to Determine	233	n/a
White	5,636	65.4%
Statewide Total	8,620	100.0%

The number of children in foster care declined by 1,218 children (12%), but the number of young people served by the ILP Contractors increased by eight (1%). As indicated in Figures 61 and 62, ILP Contractors serve youth who identify as American Indian or Alaska Native, Asian/ Pacific Islander, Black or African American at higher rates than the overall population.

Figure 63 shows there are fewer young adults exiting foster care at age 18 or older. The number of young adults exiting foster care decreased 12% during FFY2020, meaning more young people chose to remain in foster care as young adults. While there was a slight increase in young adults exiting in FFY2021 (5%), there remains a nine percent decrease when compared to FFY2019.

Figure 63

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**
FFY 2021	101	40	58	73	**272**
Total 3 year Change	**-30**	**-5**	**15**	**-2**	**-22**

Source: ROM OR07 Youth Exiting Foster Care on/after Turning 18

Figure 64

Children in Foster Care age 14 or older	FFY2019	FFY2020	FFY2021	Total Decrease over 3 years
Total at start of FFY Period	2,240	2,104	1,986	254 or 11.3%

The longer time in care may reflect employment difficulties due to COVID-19, online education challenges, or the lack of affordable housing. It may also reflect the push for young people to remain in foster care during the COVID-19 pandemic. The decline is more striking when considering the overall population 14 and older decreased by 118 (5.6%) compared to the prior year. There is a decrease of 254 youth aged 14 and older (11.3%) in foster care compared to FFY2019. Based on this data, the push for young adults to remain in foster care during COVID-19 was successful.

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

Figure 65

Key Activity/ Intervention	Measure	Benchmark	Progress Update
Improve youth engagement in the transition planning process.	Increase the number of eligible children and young adults receiving independent living type services (both paid and non-paid IL type services).	Foster Youth: 75% *Baseline is currently 62.6% served.*	This measure remained static.
		Former Foster Youth: 40%. *Baseline is currently 15.4% served.*	There was progress on this measure.
Reported by the Oregon NYTD Data Snapshot			

Figures 66 and 67 show ILP eligible and served populations reported in the NYTD Oregon FFY 2016-2020 Data Snapshot and the OR-Kids BU-8013-D, ILP Eligibility History report.

Figure 66

Eligible versus Served; All "IL Type" Services per NYTD Oregon Data Snapshot

Population Type	Eligible (Ages 14 to 23[16])	Served	% Of Population Served
In Foster Care	1948	1202	62.60%
Out of Foster Care	1455*	319	17.23%
Total	3403	1521	44.70%

Figure 67

Eligible versus Served; Contracted ILP Services Only

Population Type	Eligible (Ages 14 to 23[16])	Served	% Of Population Served
In Foster Care	1948	1124	57.70%
Out of Foster Care	1455*	106	7.29%
Total	3403	1230	36.14%

* 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 14th birthday. New eligibility for contracted services did not go into effect until 7/1/2021.

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[16] CW uses Chafee funds to serve young adults up to attaining the age of 23. State general funds are used to extend the same services to young adults in Oregon who are 23 (up to attaining the age of 24), as well as young adults who are undocumented.

Figure 68 provides data on the number of young people who received independent living type services and contracted ILP services.

Figure 68
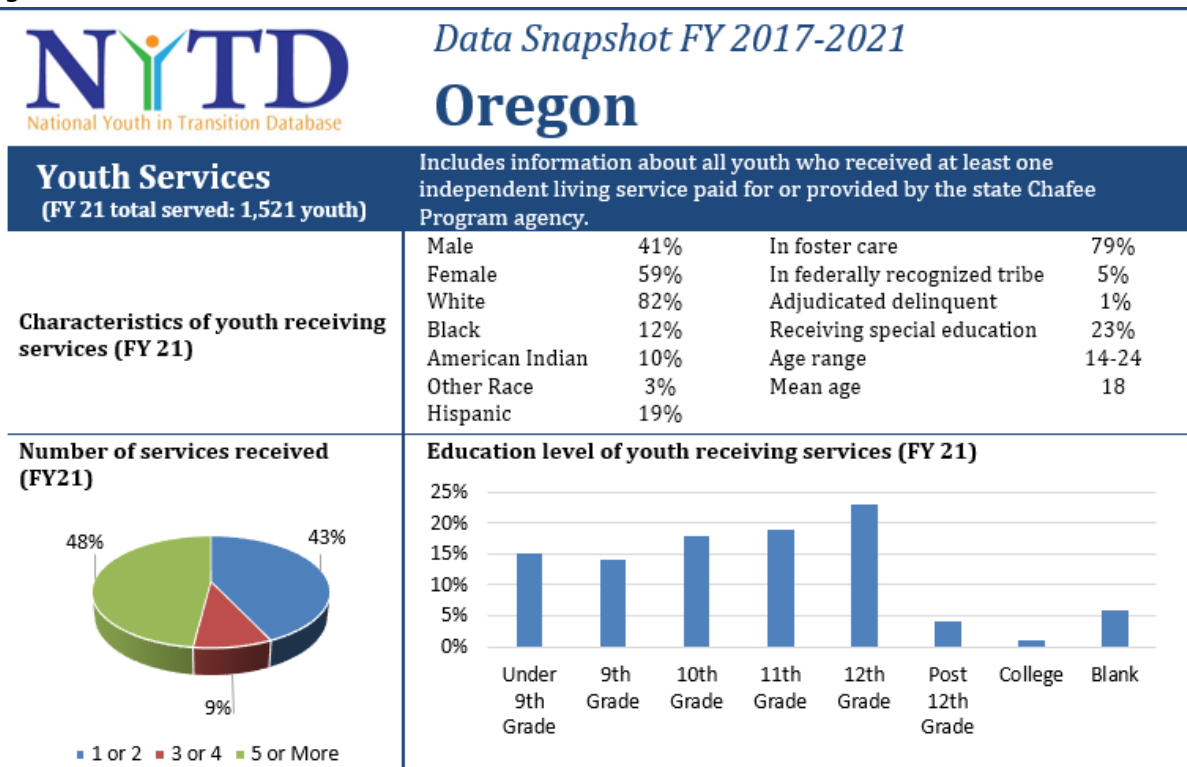
ILP Contractors served 1% (1,230) more young people than last year. The NYTD data reflect a higher rate of young people served (1,521) because it includes those who receive independent living type services without enrollment in a contracted ILP program. This includes services like Chafee ETV funding, employment program/vocational training paid for by the department, mentoring services through the FOCUS program, and ILP Discretionary funding. The NYTD numbers show a 2% decrease in young people served, but the data may be slightly low for FFY2021 because not all payments or services were entered for Division X funds or Young Adult Navigator services via FosterClub during the original submission. Oregon resubmitted the 2021B report to determine if there are significant change to the data.

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

Figure 69

Key Activity/ Intervention	Measure	Benchmark	Progress Update
Improve youth engagement in the transition planning process.	Increase the number of foster youth and young adults receiving mentoring services.	25%. *Current baseline is 15.2% of youth in care received mentoring service.*	There was regression on this measure.

Figure 70

Children Age 14 and over Receiving Mentoring Services	FFY 2019	FFY 2020	FFY 2021
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	169
Total Children in Foster Care age 14 or older at start of FFY period	2,240	2,104	1,986
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%	8.5%

Data Source: OrKids Administrative Data

The number of mentoring services declined during FFY2021 due to COVID-19 restrictions and illness, and there were 254 (11.3%) fewer young people in foster care 14 and older compared to the prior year. Although the population is shrinking, young people in care accessing mentoring services is likely to increase in 2022 as COVID-19 restrictions are lifted.

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

Figure 71

Key Activity/ Intervention	Measure	Benchmark	Progress Update
Improve youth engagement in the transition planning process.	Increase the number of foster youths who participate in Supervised Independent Living Placements.	20%. *Baseline is 14.1% based on foster youth who accessed the IL Housing Subsidy Program during FFY2019.*	There was regression on this measure.

Figure 72

IL Housing Subsidy	FFY2019 Count of Children	FFY2020 Count of Children	FFY2021 Count of Children	% of Change	Amount	Total amount Expended
One-Time Housing - Subsidy	10	10	9	-10%	$ 12,698.00	
Subsidy Emergency/Start-Up	60	45	57	27%	$ 57,972.38	
Youth on Housing Subsidy - Monthly Pymnt	171	154	151	-2%	$ 627,931.71	
Youth on Housing Subsidy Supplement C19			64	n/a	$ 63,645.36	$ 762,247.45

OR-Kids data pull on 4/30/2022_RI

The IL Housing Subsidy Program (aka Subsidy) aligns with the push for young people to remain in foster care during COVID. The one-time Housing Subsidy and Youth on Housing Subsidy-Monthly Payment categories decreased by 10% and 2%, respectively. Young people who accessed the Subsidy program often needed emergency support (27%) or access to a higher rate of pay, as reflected with the Youth on Housing Subsidy Supplement C19. The Youth on Housing Subsidy Supplement C19 is a state-funded service implemented in August 2021 due to COVID. The C19 Supplement enables young people to receive $205 above the normal maximum subsidy, which allows those who reached the mandatory step-down phase (maximum rate drops by $110 every three months) to access up to $1,000 if needed. The required productive hours were also suspended during COVID.

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

Figure 73

Key Activity/ Intervention	Measure	Benchmark	Progress Update
Improve youth engagement in the transition planning process.	Increase the number of young adults who participate in the Chafee Housing Program.	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.*	There was progress on this measure.

Figure 74

Chafee Housing	FFY2019 Count of Children	FFY2020 Count of Children	FFY2021 Count of Children	% of Change	Amount	Total Chafee amount Expended
Chafee Housing - Monthly	26	23	19	-17%	$ 46,517.79	
Chafee Housing C-19	8	18	49	172%	$ 196,737.95	
CHAFEE Housing Emergency/Start-Up	9	7	5	-29%	$ 7,512.50	
One-time Housing - Chafee	3	1	2	100%	$ 2,031.83	
TLP - Chafee Housing		11	13	18%	$83,153.74	$ 335,953.81

OR-Kids data pull on 4/30/2022_RI

Chafee Housing funds supported 67 young adults during FFY2021, the highest number of young people served in ten years. These numbers indicate outreach to young people who exited foster care and those in foster care was successful. CW saw a 172% increase in the number of young people accessing the Chafee Housing C-19 service, which provides up to $1,000 per month to support young adult housing needs. The number of young people accessing the Transitional Living Programs (TLP) funded by Chafee also increased by 18%. Chafee Housing funds are on track to meet or exceed 2021 use.

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

Figure 75

Key Activity/ Intervention	Measure	Benchmark	Progress Update
Improve youth engagement in the transition planning process.	Create an appropriate array of housing options to meet the needs of the young adults, ages 18 to 20, remaining in CW custody and accessing a formal transitional living program (TLP).	30%, Baseline is currently 6% based on youth who have accessed a TLP in FFY 2019.	There was progress on this measure.

Figure 76

Transitional Living Program	FY2020 Count of Children Served	FY2021 Count of Children Served	Youth Served % of change	FY2021 Amount Expended
TLP – Chafee Housing	11	13	18.2%	$83,153.74
TLP – Basic (FC budget)	35	39	11.4%	$350,269.66
Contract Capacity Pymts (FC budget)	n/a	n/a	n/a	$63,517.20
TLP - Basic (Tx svc budget)	36	22	-38.9%	$340,552.00
TLP - Plus (Tx svc budget)	15	23	53.3%	$696,800.00
Unduplicated count of youth served	77	87	13.0%	$1,534,292.60

OR-Kids data pull on 4/30/2022_RI

Transitional Living Program (TLP) use increased 13% during FFY2021. Transitional Living Programs provide youth with low or no-cost housing. Contract Capacity Payments decreased by 21%, indicating a higher use of housing supports. CW saw a 36% increase in funds expended on TLP services.

House Bill 4013 requires access to foster youth housing services for youth experiencing homelessness. This will likely increase Chafee eligible young people and increase available TLP services. CW and Self Sufficiency Programs are drafting a project charter and strategic plan to address this change. Progress will be reported in next year's APSR.

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

Key Activity/Intervention 3: Improve youth engagement in the transition planning process.

Figure 77

Key Activity/Intervention	Measure	Benchmark	Progress Update
Improve youth engagement in the transition planning process.	Youth are involved in transition activities which are documented in the case record.	75%. *Current baseline of 33.3% was set using FFY2019 data. (OR-Kids Transition Tab.)*	There was progress on this measure.

Figure 78

Percent of Youth with Completed Youth Transition Plans by FFY and Age Group on last day of Federal Fiscal Year			
Federal Fiscal Year	Age Group 14-15	Age Group 16-17	Age Group 18-20	Total Age 14 to 20
FFY 2019	10.2%	31.2%	72.0%	33.3%
FFY 2020	5.2%	24.2%	64.2%	28.4%
FFY 2021	20.9%	45.5%	76.1%	45.3%

Data Source: OR-Kids and Administrative Date. Data downloaded 3/16/22 & 3/23/22.

FFY 2019/2020 from Case Plan Transition Tab; FFY 2021 from Case Plan Transition Tab, Youth Engagement One Time Pay Service or Completed Transition Plan on Family Report (Pilot).

Figure 79

Youth with Completed Youth Transition Plans by Federal Fiscal Year			
	FFY 2019	FFY 2020	FFY 2021
Number of children in foster care age 14 or over on last day of FFY	1,975	1,822	1,628
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	657	517	738
Percent of children with at least one entry on Youth Transitions tab	33.3%	28.4%	45.3%

Data Source: OR-Kids and Administrative Data. Updated 3/16/2022 & 3/23/2022

FFY 2019/2020 from Case Plan Transition Tab; FFY 2021 from Case Plan Transition Tab, Youth Engagement One Time Pay Service or Completed Transition Plan on Family Report (Pilot).

Figures 77-79 show the youth transition plan completion three-year trend. Completions decrease during the height of the COVID-19 Pandemic (FY2020), often because the youth, the ILP worker, or someone in the household contracted COVID-19 or experienced symptoms. Lack of in-person contact was also a barrier, and rates have increased over the past year due to in-person engagement and transition plan data sharing. The Youth Decision Meeting procedure updates may also contribute to the increase. As more 14 and 15-year-olds are referred for Tier 1-IL Prep services, the completion rates for this age group should continue to improve.

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.

Figure 80

Key Activity/ Intervention	Measure(s)	Benchmark
Improve foster youth preparation for high school completion and pre-college/career readiness	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*
		Benchmark 1b (Career Preparation): 65%. *The current baseline of 45% was set using the FFY2019 NYTD Data Snapshot for Oregon*
	Increase percentage of foster youth participating in paid employment.	40% for 17-year-olds. *The current baseline is 27%* 60% for 19-year-olds. *The current baseline is 38%.* 75% for 21-year-olds. *The current baseline is 53%.*

Figure 81

Intervention 1, Measure 1: Academic Supports
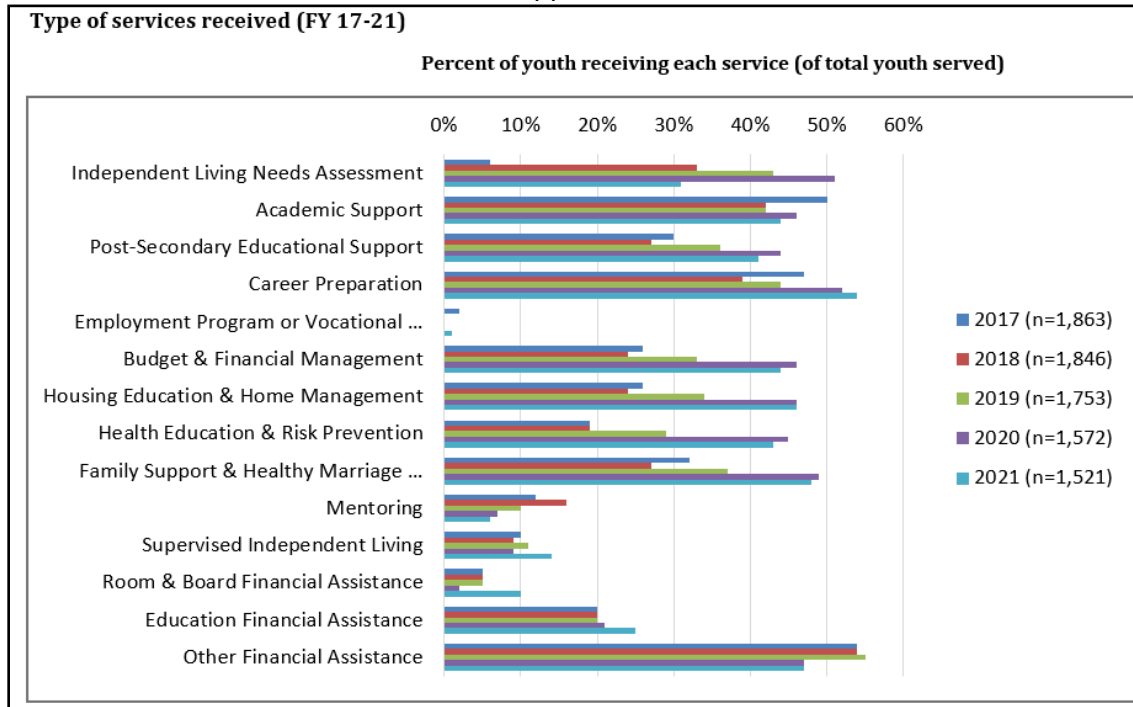
The NYTD Oregon Snapshot for FFY2021 indicates a slight decrease (approximately 2%) in the number of young people receiving services in the past year for secondary academic support. COVID-19 hindered the ability to host the DREAM Conference in-person. Fifty-three young people attended the 2021 virtual two-day event (10 a.m. – 2 p.m.). Three "swag" boxes were mailed to youth, two before the event and one after, and youth who attended the full two-day event received a gift card. CW plans to host the DREAM Conference in person June 28, 2022, to July 1, 2022.

Intervention 1, Measure 2: Increase youth in paid employment

Figure 82: NYTD Reported Employment Rates (Full or Part-time)

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	9% or 12 youth
Cohort 4	23% or 43 youth	Not available	Not available
Outcome	13% increase	25% decrease	12% decrease

Young people employed at 17-years-old decreased by 3% during FFY2020, and there was an 87% decrease in employment for 21-year-olds during FFY2021 (NYTD Data Snapshot). This drop is congruent with the increases seen in the Subsidy and Chafee Housing programs. The Request

for Grant Applications will provide funding for Employment-related supports or jobs programs (see more in the Division X Additional Funding section below on p. 153).

3. Division X Additional Funding from the Supporting Foster Youth & Families Through the Pandemic Act

CW contracted with FosterClub, Inc. to assist with an awareness campaign, fund disbursement, and reach as many young people as possible. FosterClub created youth-friendly materials, such as bus banners and bench signs (in Portland) and electronic flyers for community partner distribution. FosterClub can provide funding through more venues than CW (Gift-O-Gram, PayPal, Zelle, Western Union, etc.), increasing flexibility for youth. During four months in 2021, 241 young people received pandemic relief funding through FosterClub. These young people were not in foster care, enrolled, or served by an ILP Provider. The following outlines FosterClub issued Division X funds:

- $481,918 was provided in direct assistance to young people through FosterClub.
- Of the 241 young people served, 63 (26.14%) were aged 24-26, outside the range normally served by Oregon's Chafee/ILP services.
- 8 (3.32%) of the young people were from Oregon but lived in a different state when accessing funding.
- The contract with FosterClub to disburse funds to eligible young people extend through September 30, 2023.

CW was also able to provide Youth Transitions Funds/ILP Discretionary Funds as follows:
- 2020-2021 (state fiscal year): $282,430 to approximately 565 young people.
- 2021-2022 (state fiscal year, not yet complete): $257,850 to approximately 650 young people. Approximately 25% of costs were for transportation-related expenses (car repairs, auto insurance, assistance with a car payment, etc.).
- 2020-2021 (state fiscal year): $1,303 for Driver's Education course fees, serving 13 young people.
- 2021-2022 (state fiscal year, not yet complete): $35,130 for Driver's Education course fees, serving 75 young people.

The Department of Motor Vehicles and agencies providing driver's education courses closed in 2020, which decreased the number of driver's education courses completed by foster youth during the 2020-2021 state fiscal year. Approximately 80% more youth accessed a driver's education this fiscal year (10-months) compared to last year.

For additional details regarding the use of Division X funds, please see the housing programs described on pp. 146-147, as well as the Update on Supporting Youth to Promote Wellness and Proactively Support Mental Health section of this report on pp. 157-158.

4. Update on Collection and Integration of NYTD Data

NYTD data is an integral tool for tracking outcomes. In the past year, CW improved data use, enhanced service delivery, refined program goals, and continued leveraging NYTD data for quality assurance. In the past year, the Office of Reporting, Research, Analytics, and Implementation (ORRAI) helped integrate NYTD data with eligibility, IL (including contracted ILP service), demographic, and placement reporting system. This will show which subgroups receive and benefit from IL services (including ILP, ETV, Subsidy, etc.) and which subgroups do not (e.g., by district, by demographics, by provider). Merging data sources is an ongoing ORRAI project and made complex due to different reporting requirements.

CW aims to use NYTD data more robustly and contracts with a Portland State University researcher and program evaluator (Dr. Jennifer Blakeslee) to merge data from NYTD cohorts and periods to capture longitudinal service delivery and outcomes for young people. This will demonstrate how education-related services at age 17 effects educational outcomes at age 19 and 21.

CW contracts with FosterClub for outreach and assistance with survey completion. The Youth Transitions Program also contracts with FosterClub for Young Adult Navigators. These peer navigators, as well as All-Star interns, provided recommendations to incentivize youth participation. Recommendations included gift cards, prizes, and drawings connected to NYTD participation. Improvements included gift-o-grams, which provide a wide selection of digital gift cards emailed to youth. Staff with lived experience help collect NYTD surveys and refer respondents to advocacy and leadership opportunities, ILP services, educational opportunities (ETV), and emergency support (food, shelter, funding, etc.).

Contract ILP providers documents track services provided to and progress achieved by young people, but ILP Contractors need additional training to standardize and understand forms. CW will review the documents used to collect service data from ILP Providers for improvement opportunities.

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

The Oregon ILP services model partners with local entities to provide services and supports for young people during the transition to adulthood. This model is preferred by young people, and they are more willing to work with the ILP Providers because they do not see their local entities as CW. The Youth Transitions Program relies on the following public and private providers to assist young people in foster care, and those who exited foster care:

- o FosterClub, Inc.
- o Higher Education Coordinating Commission

- o Office of Student Access and Completion[17]
- o ASPIRE[18]
- C3 Career, College, Collaboration
- 15 local non-profit agencies providing life skills training
- Three governmental agencies providing life skills training
- Six non-profit agencies who providing transitional living programs
- Four profit, non-profit and school districts who provide driver education courses
- Oregon Sustainers Group assists with care packages for ETV students in college/training programs
- Oregon Fruit Growers for jobs and coordination with Oregon Sustainers Group for student care packages
- Tribal Nations
- Culturally specific entities such as Native American Youth and Family Association (NAYA), Native Wellness Institute (NWI), and Native American Rehabilitation Association NW (NARA)
- Public Housing Authority
- Court Appointed Special Advocates
- Oregon Youth Authority
- Oregon Juvenile Department
- Project Lemonade[19]
- Every Child Oregon, My NeighbOR[20]
- Portland State University (research department)
- A Family for Every Child
- Stitch Closet (a Western Oregon University program for young people with lived experience in foster care)
- Self Sufficiency Programs (YEH, TANF, SNAP, ERDC)
- Oregon Vocational Rehabilitation Services
- 211[21]
- Youth Era
- Oregon Department of Transportation[22]
- Community Action Partnership of Oregon
- Education NW, Institute for Youth Success[23]
- Foster Care Ombudsman

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[17] https://oregonstudentaid.gov
[18] https://oregonstudentaid.gov/aspire.aspx
[19] https://www.projectlemonadepdx.org
[20] https://everychildoregon.org/myneighbor
[21] https://www.211info.org/family
[22] https://www.whydrivewithed.com/find-a-provider
[23] https://educationnorthwest.org/institute-for-youth-success/training-calendar

6. Services to Support LGBTQIA2S+ Youth

The ILP Providers primarily work with young people one-on-one basis to meet individual needs. Providers consider the young person's comfort with the LGBTQIA2S+ community and consider the following resources and support.

- Creating individual plans
- Connecting to the Sexual & Gender Minority Youth Resource Center (SMYRC)
- Assisting with obtaining affirming clothing, shoes, hair, nails, chest binders, etc.
- Assisting with obtaining information on surgery/hormone therapy/medical resources and advocating for youth
- Coaching through identity affirming process, such as gender/name change and obtaining new legal documents
- Connecting to Queer Dungeons and Dragons (DND) groups
- Connecting to Shoulder to Shoulder Conference
- Connecting with Salem Pride for resources and support groups
- Connecting to Pride events and safe supports
- Connecting with school-based gay-straight alliance groups
- Assisting with direct advocating with their team(s) about proper pronouns, name usage, etc.
- Cultural awareness training, including LGBTQIA2S+ information/conversations
- Office signage to designate "safe spaces"
- Cultural awareness committees
- Transponder in Eugene, OR conducts annual trainings for ILP Providers and provides lists of LGBTQIA2S+ friendly community providers
- ILP Discretionary Funds for gender-affirming items

A few ILP Providers will institute a peer-to-peer model to share information, resources, education/awareness, and health education. Progress will be included in next year's APSR. See the Update on Supporting Youth to Promote Wellness and Proactively Support Mental Health section on pp. 157-158 for additional information regarding sexual health curriculum for LGBTQIA2S+ youth.

7. Coordinating Services with Other Programs for Youth

Federal and State Programs

CW participates in the Oregon Unhoused Network meetings hosted by the Oregon Housing and Community Services Housing Stabilization Unit. The Unhoused Network meetings connect CCOs across Oregon to hear about state and federal updates, share resources and problem-solve. This group discusses the resources available to support young people, adults, and families displaced by the natural disasters (Oregon's wildfires) and COVID. CW and Self Sufficiency Programs (SSP) share resources to support youth experiencing homelessness.

CW meets with OHA Health Systems Division to partner and better serve youth and young adults.

The Youth Transitions Program Coordinator meets with the Juvenile Department to discuss NYTD requirements and provide information on services. The program also partners with the SSP employment workgroup, Youth Experiencing Homelessness Program, Family Coaches, and SNAP/TANF program to improve services to young adults who exited the foster care system.

FYI Vouchers

CW works with Housing and Urban Development (HUD) to comply with Family Unification Program Youth (FUP-Y) Vouchers and Foster Youth Independence (FYI) Voucher requirements for eligible young people. As part of the Youth Transitions Program planning and the Division X Technical Assistance Targeted Assistance Project, CW will collaborate with local districts and Public Housing Authorities (PHA) to identify barriers to voucher use. This will include reviewing the agreement between CW and the PHAs, and agreements between CW and SSP (for supportive services). ILP Providers, SSP Family Coaches, and FYI Voucher participants will determine if supportive services are adequate and easily accessible. Outcomes will be included in the next APSR.

ODHS (SSP and CW) are collaborating to implement House Bill (HB) 4013 requirements and changes. The most significant change requires CW to allow youth experiencing homelessness (YEH) to access the housing programs in Oregon Revised Statute (ORS) 418.475, Independent Resident Facilities. House Bill 4013 provides $750,000 to expand housing resources, including a half-time Administrative Specialist 2 position. HB 4013 also expands the eligibility criteria for the Foster Youth Tuition and Fee Waiver. The Tuition and Fee Waiver will include "homeless youth" as eligible students (effective 2022-2023 academic year). ODHS will collaborate with the Higher Education Coordinating Commission to determine process changes and how to contact eligible populations about the Tuition and Fee Waiver. Federally funded Runaway and Homeless Youth (RHY) grantees, including the RHY Transitional Living Programs, will be included in strategic planning and expansion conversations. CW is partnering with the Self Sufficiency Program YEH Program to understand YEH population needs and connect with the RHY and other entities serving the population. ODHS obtain feedback from young people who have or are experiencing homelessness to create housing options that meet their needs.

8. Update on Supporting Youth to Promote Wellness and Proactively Support Mental Health

CW meets with the Oregon Health Authority (OHA), Health Systems Division, to partner and improve service to youth and young adults. This group includes the following program areas:

- Oregon Health Authority:
    - System of Care & Wraparound Program
    - Youth Suicide Prevention

- o Child and Family Behavioral Health Services
- o Adolescent School Health
- o Adult Mental Health Program
- CW:
  - o Youth Transitions Program
  - o Program Operations and Strategies, Project Management Office
  - o Well-being Residential, Program and Practice

As mentioned previously in this report (Service Array, Item 29, Youth Suicide on pp. 74-75), OHA contracted with OPS to create a four-hour suicide prevention module/training for CW staff. An 18-to 24-year-old module is also being developed (the YouthSAVE training, adapted for 18-to 24-year-olds), which will launch in 2022 or 2023. The Youth Transitions Program will work with OHA to provide two training sessions (30 participants each) for ILP Providers.

CW is partnering with SSP to create a sexual health curriculum called My Future My Choice for use in school districts. The curricula is more trauma-informed than other options. SSP will provide free My Future My Choice workshops. The workshops consider culturally diverse and LGBTQIA2S+ populations, and functioning levels. Workshop titles are:
- "What's the 'A' Again?" Asexual-Affirming Sex Ed
- Emotional Intelligence & Sex Ed
- LGBTQIA2S+ Identities
- Sex Ed for Youth with Disabilities
- Latinx Inclusive Sex Ed

The Youth Transitions Program is collaborating with SSP Youth Services to potentially present at the upcoming wellness-focused Teen Retreat (July 28, 2022 – July 31, 2022). Young people learn about low-cost or no-cost methods to relieve stress, how to identify unhealthy relationships, and suicide prevention resources. Conversations continue about providing the curriculum to CW youth workers and contractors.

CW released a Request for Grant Applications (RFGA) to help eligible young people who were negatively affected by the COVID-19 Pandemic. Proposals that support mental health will be prioritized, but the RFGA considers a variety of service domains. The grants will be funded through Division X, Chafee, and state general funds. Grants may be one-time events (an outdoor wellness activity, cultural event, etc.) or long-term projects (incorporating mental health supports in existing housing programs). Employment-related opportunities to assist young people who have been negatively affected by COVID will also be prioritized. Each grantee will ensure participant feedback and recommendations guide the work. Short-term project outcomes will help inform future planning and service improvements. The overall grant outcomes will be included in next year's report.

9. Access to Medicaid for Former Foster Youth

The Federal Policy and Resources (FPR) Unit and Oregon Health Authority (OHA) are collaborating to expand the Former Foster Care Youth Medical Program to eligible young people from other states. OHA does not anticipate implementation barriers. The following will support the expansion:

- OAR 410-200-0407[24] will be revised
- State Plan will be updated
- Paper medical application (7210) and ONE system will be updated to remove the word "Oregon" from the question, "Was anyone in foster care in Oregon when they turned 18? Former foster care youth can get OHP until age 26, no matter how much income they make."
- Transmittal to staff for awareness

As of July 1, 2022, many undocumented Oregon residents will be able to receive full Oregon Health Plan (OHP) coverage. While undocumented children (0 to 18) have been able to receive OHP benefits, adults have not had access to the same level of coverage. Oregon House Bill 3352, Cover All People, allows young adults (19 to 25) and seniors (55 and older) to receive full OHP benefits. This will support young adults exiting the foster care system who have not yet been able to obtain their Green Card/Permanent Resident Card.

Cohort 3 NYTD survey data, only 55% of youth at age 21, when most young people have exited foster care, were aware of their Medicaid benefits (FFY2021). Figure 83 shows decreased awareness as young people age and exit foster care.

Figure 83

	Baseline Population (17-year-olds in foster care, FY 17)	Follow-Up Population (19 year-olds, FY 19)	Follow-Up Population (21 year-olds, FY 21)
Medicaid coverage	71%	70%	55%

NYTD State Snapshot, 2021

The YTP team will consider Medicaid expansion when determining how to inform young people in foster care and who have exited foster care about their eligibility. This includes those residing in another state. Oregon provides a Proof of Wardship form (DHS 2922) to young people exiting foster care and upon request. This document will be reviewed as Oregon assesses and revises documents/forms over the coming years. An update on outreach plans and efforts will be included in next year's APSR.

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[24] OAR 410-200-0407

10. Education and Training Vouchers (ETV) Program

Services Provided

The basic Chafee award was $5,000 for the academic year. Students could request an additional $5,000 (maximum) during the 2021-2022 academic year. NYTD data showed a 3% reduction in Post-Secondary Educational Support from ILP Providers in the last year. The number of young people accessing Education Financial Assistance increased 4% in FFY2021. This is low: 22% more young people accessed the Chafee ETV during the 2020-2021 academic year than the previous year (see Federal Attachment C for the data). Oregon recently resubmitted the 2021B NYTD report. The updated data may reflect the increase in post-secondary attendance. Since FosterClub ETV funding was not reflected in the original 2021B report, Education Financial Assistance data should increase once the updated data is included. Oregon will update the Chafee section of the report if the new data is different than currently reported.

Figure 84

Type of services received (FY 17-21)
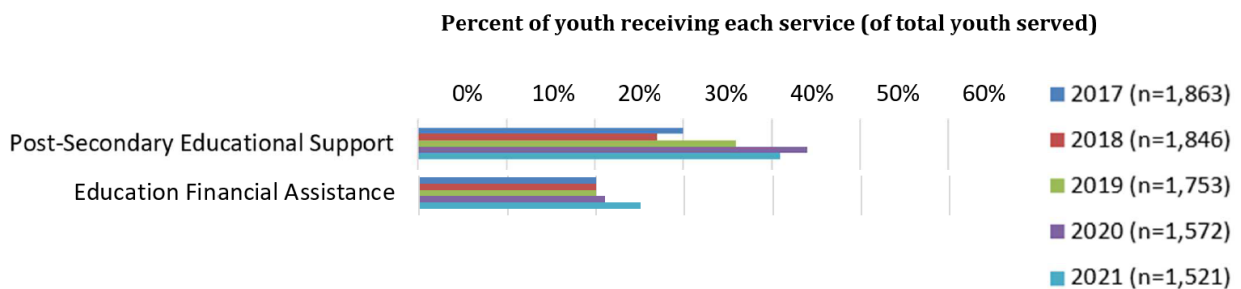
CW provides young people who were adopted or entered a guardianship at age 13 or older (if the finalization date was on or after 9/1/2015) with an equivalent funding to that issued under the Chafee ETV (based on need). This service was implemented to remove barriers to permanency. The awards are paid with Adoption Incentive funds. The young person accesses the funds using the same ETV application as any other eligible young person with lived experience in foster care. Data on the number of awards issued are listed on p. 162 and on the Federal Attachment C ETV Chart.

CW also partners with FosterClub Inc. to conduct outreach to all young people eligible under the expansion and flexibilities allowed by the Division X regulations. FosterClub can issue payments using a young person's preferred method. In addition, the contract with FosterClub included Young Adult Navigators (peer navigators) who help young people:

- Complete the funding application, if needed.
- Access local community resources; and
- Participate in virtual "hang out" time on Wednesdays young people with lived experience in foster care.

Those meetings were called "Hump Day Happy Hour." They engage young people in trivia games, provide prizes, and basic skill-building (money management, career prep, college readiness, etc.). The contract with FosterClub to provide ETV and other funds for disconnected young people and Young Adult Navigators will continue through June 30, 2022. This model will be discussed in future planning sessions to determine if the contract should be extended.

CW has an Intergovernmental Agreement with Portland Community College (PCC). PCC supports students who experienced foster care under the Fostering Success Program. The contract ends in June, and PCC is encouraged to apply for the recently released RFGA. The Youth Transitions Program (YTP) continues to review ways for post-secondary institutions to provide support to students with lived experience in foster care.

YTP is working with ETV recipients and new ETV applicants to improve communication with ETV eligible students. YTP will work with the Office of Student Access and Completion (OSAC) to ensure post-secondary institution awareness of Chafee supports and funding for students. Outreach also focuses on gathering information on the existing campus supports across the state and how CW can partner with post-secondary institutions to increase the academic success of ETV awardees. For example, CW partnered with FosterClub to host the in-person DREAM Conference, focusing on post-secondary and employment education and training. FosterClub partnered with the Central Oregon Community College (COCC) to host the DREAM Conference. COCC has dorms and meets the requirements to host the conference. A portion of the event is dedicated to hosting a College, Career and Resource Fair, allowing young people with lived experience in foster care to access information on colleges, universities, trade schools, potential employers, financial aid resources, and other support resources. In the past, Toast Masters, OFYC, OSAC, Vocational Rehabilitation Services, and other supportive service organizations participated and distributed information during the College, Career, and Resource Fair. The DREAM Conference is open to young people 14-to 23-years-old, and focuses on high school juniors, seniors, and first year college students.

Division X Additional Funding

CW implemented all flexibilities allowed under the Division X regulations. To maintain consistency at the postsecondary institution level, the maximum award available via the OSAC Portal remained $5,000 during FFY2021 and FFY2022. Students were informed how to request up to $7,000 in additional funds ($12,000 total, as allowed under the Division X regulations). Sixty-two students requested additional funding. Of the 62 students awarded additional funding, 31 students accessed funds through FosterClub. Figure 85 shows the number of awards issued during FFY 2021.

Figure 85

Total payments of services that had a transaction date and service date between 10/1/2020 and 9/30/2021

ServiceTypeTitle	Total count of Children	TOTAL Amount Funded
Chafee ED/TRAINING Grant OSAC AI	34	$ 143,859.00
Chafee ED/TRAINING Grant OSAC ETV	221	$ 971,352.00
Chafee Ed/Training Voucher	34	$ 71,698.50
Chafee Ed/Training Voucher - C19	31	$ 118,804.92
ILP Other Contract Payment - Divi X ETV	31	$ 28,368.96
Total Payments		**$ 1,334,083.38**

CW provides additional ETV funds upon request up to $5,000. As of 10/1/2021, the additional ETV funds must be applied toward a student's costs of attendance, per the Division X rules.

Changes to Administration

There have not been changes to ETV program administration. CW partners 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 Attachment C ETV Chart.

ETVs Awarded

Per the Federal Attachment C ETV Chart, CW issued the following ETV awards:

Figure 86

Academic Year	Total Awards and Type	New/ First time Awards and Type
2020-2021	Total awards issued: 272 • ETV funded awards: 237 • Adoption Incentive (AI) awards: 35	New/ first time awards issued: 151 • ETV new awards: 134 • AI new awards: 17
2021-2022	Total awards issued: 379 • ETV funded awards: 348 • Adoption Incentive (AI) awards: 31	New/ first time awards issued: 213 • ETV new awards: 209 • AI new awards: 4

The number of young people attending post-secondary education or training rose since the maximum award was increased to $5,000 approximately three years ago. With the Division X addition, that trend continues. The number of new, first-time Chafee ETV recipients for the 2021-2022 academic year is 213, a 41% increase compared to the prior academic year. Further

research is needed to understand the decrease, and 2021-2022 academic year data is not final. Next year's report will include the final data.

11. Chafee Training

Staff training will be updated to reflect the Vision for Transformation. During the next six to nine months, the YTP team will assess training needs and delivery to ensure inclusivity, equity, cultural responsiveness, and best practices. Planning will consider how to use data and continuous quality improvement. The planning team considered how to improve tracking and reporting and resource and policy requirements when working with youth and young adults in transition. Planning will include guidance from young people with lived experience, CW staff, service providers, and community partners.

Figure 87: Recurring youth/young adult training during FFY2021 include:

Name of Training	Times offered (#)	Total participants (#)
YT-Adolescent Development & Resilience	8	60
Youth Thrive-Social Connections	6	45
Transition Planning 101	2	30
ILP Services	2	22
*Passages	2	18
Supporting Current & Former FY through the Pandemic-RP Training	1	6

*On 4/21, 7/21, 9/21, 12/21 and 6/21 training was canceled due to too low registration

One-time trainings, meetings, and informational sessions include:

The Youth Transitions Program team conducted various trainings for a variety of audiences. Trainings supported onboarding of new ILP coaches and billing staff at ILP Contractor programs and were made available upon request for CRB members, ODHS Self-Sufficiency Program staff, Tribal Nations, and other youth serving entities.

To ensure CW staff, ILP Providers, and other supportive adults were informed of Chafee program changes and eligibility updates related to the Consolidated Appropriations Act, Division X, a series of IL Program Changes/Pandemic Relief Learning Sessions were offered. Six sessions were provided in May 2021 on various days and times to allow for maximum participation.

V. Consultation and Coordination with Oregon's Nine Federally Recognized Tribal Nations

A. Tribal Engagement

CW partners with Oregon's nine federally recognized Tribal Nations and the ODHS Tribal Affairs Unit to prevent unwarranted removals and reduce the number of American Indian/Alaska Native children placed in state custody. The working relationship between CW and the Tribal Nations are outlined in each Tribal/State Agreement. CW and Tribal Affairs are updating three Tribal/State agreements and will start updating the other six this summer. CW engages, consults, and coordinates with Oregon's Tribal Nations through quarterly Indian Child Welfare Act (ICWA) Advisory Council meetings and an annual conference. Most of the work is virtual, including the 2021 Tribal/State ICWA Conference. Tribal Affairs plans to return to face-to-face meetings and conferences in summer 2022. The ICWA Advisory Council receives email and phone invitations to review and contribute to the APSR each year. Standing agenda items at ICWA Advisory Council Meetings include federal reporting updates and federal policy information sharing.

Below is the list of Oregon Tribal Representatives. CW and Tribal Affairs staff continue to engage and consult on CW matters.

1. 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 Indians

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 Tribe of Indians

Michelle Moore
Email: 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 Indian Tribe

Roni Jackson
Email: ronijackson@coquilletribe.org
Phone: 541-444-8236
PO Box 3190, Coos Bay, OR 97420-0407
Consultation and Guidance: ICWA QEW Subcommittee

Klamath Tribes

George Lopez
Email: george.lopez@klamathtribes.com
Aryel Harrington
Email: aryel.harrington@klamathtribes.com
Lisa Ruiz
Email: lisa.ruiz@klamathtribes.com
Phone: 541-783-2219
PO Box 436 Chiloquin OR 97624
Consultation and Guidance: ICWA QEW committee

Confederated Tribes of the Umatilla Indian Reservation

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

Confederated Tribes of the Warm Springs Indian Reservation

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

B. Plan for Ongoing Coordination and Collaboration

The pandemic kept CW and Tribal Affairs from meeting in person but has not stopped virtual or phone communication. Tribal Affairs created an ICWA Advisory Council Work Session between quarterly ICWA Advisory Meetings to strengthen the partnership, increase communication, and planning. The agency partners with Oregon Tribal Nations to develop an ODHS Tribal Consultation Policy to ensure comprehensive policy and program consultation.

C. Update on Provision of Child Welfare Services for Tribal Children

In collaboration with the Tribal Nations, CW and Tribal Affairs actively strengthen and improve ODHS ICWA practice by implementing the Oregon Indian Child Welfare Act (ORICWA, passed in 2020). ORICWA provides additional protections for Tribal children and provides guidance to strengthen family engagement. The Tribal Nations continue to be involved, updated, and consulted on CW policies, practices, and procedures specific to ICWA case management and partnership. When the COVID-19 vaccine was made available for children, Tribal Nations worked with CW leadership to ensure the process met the needs and wishes of each Tribal family.

Tribal Affairs has an established ICWA team that CW closely collaborates with. The Tribal Affairs Unit works to ensure CW upholds the government-to-government relationship with each Oregon Tribal Nation. Tribal Affairs includes a Director, Senior ICWA Manager, two ICWA Consultants, Executive Assistant, and ten Regional ICWA Specialists. Regional ICWA Specialists are spread throughout Oregon to facilitate ICWA training, attend CW staffings, and help CW implement the tenets and spirit of ORICWA and the Federal ICWA.

D. Complying with ICWA

Below are specific measures the Oregon Legislature outlined to ensure ICWA is followed. These measurements align with federal ICWA goals and expectations.
- The number of Indian children involved in dependency proceedings during the prior two-year period.
- The average duration Indian children were in protective custody.
- The ratio of Indian children to non-Indian children in protective custody.

- Which tribes the Indian children in protective custody were members of or eligible for membership.
- The number of Indian children in foster care who are in each of the placement preference categories described in section 23 of this 2020 special session Act* and the number of those placements that have Indian parents in the home. (ORICWA)
- The number of Indian children placed in adoptive homes in each of the placement preference categories described in section 23 of this 2020 special session Act and the number of those placements that have Indian parents in the home. (ORICWA)
- The number of available placements and common barriers to recruitment and retention of appropriate placements.
- The number of times the court determined that good cause existed to deviate from the statutory placement preferences under section 23 of this 2020 special session Act. (ORICWA)
- The number of cases that were transferred to tribal court under section 14 of this 2020 special session Act. (ORICWA)
- The number of times the court found good cause to decline to transfer jurisdiction of a case to tribal court upon request and the most common reasons the court found good cause to decline a transfer petition.
- The efforts ODHS and the Judicial Department have taken to ensure compliance with the provisions of sections 1 to 23 of this 2020 special session Act and the amendments to statutes by sections 24 to 60 of this 2020 special session Act.

E. Chafee & ETV Benefits for Tribal Youth

One of the main activities provided to Tribal Nations' eligible young people is the Native Teen Gathering (NTG). NTG helps Native American youth in foster care learn leadership, healthy relationships (youth/adult, peers, romantic), well-being, money management, and employment (tribal employment and educational level required) skills. This supports self-sufficiency and the transition to successful adulthood in tribe and community. For the past two years, the NTG has been virtual. Participation declined when the gathering was no longer in person. NTG plans to host an in-person event this year in Grand Ronde.

The YTP Coordinator works with the Native Wellness Institute to ensure Tribes, ILP providers, and CW staff are updated on youth registration and adult volunteer orientation requirements. This year, a financial incentive to encourage participation will be offered to the first 50 young people to register and attend the NTG. All eligible participants will receive a $200 gift card at the end of the event.

The Tribal Nations were informed of expanded ILP Life Skills training to 14- and 15-year-olds. The new eligibility criteria should allow more Native American/Tribal Nations' young people, who may have found permanency at age 14 and 15, to access ILP services. The criterion for a young person to exit the foster care system at 16-years-old was a barrier for Tribal Nations'

young people since Tribal Nations successfully found permanency for younger youth. With the pandemic easing, more Native American youth and young adults should be able to access ILP services and retain eligibility through age 23.

Native American youth in the Tribal Nation's child welfare systems are eligible for Chafee services. The below list summarizes youth transition services for young people who are in or have experienced Tribal Nation's foster care or are in foster care or exited foster care at age 14 or older and had at least 180 days of substitute care placement services after age 13, and who have not yet reached age 24.

- Tiered ILP life skills training (includes life skills assessment and assisting the young person with crafting a transition plan).
- Chafee Housing (provides up to $1,000 per month for room & board; requires young people to exit foster care at age 18+).
- ILP Discretionary Funds (flexible funds to assist a young person with services/supports. to assist with transition plan goals and allow engagement in extra-curricular activities).
- Chafee ETV (postsecondary financial aid).
- Driver's Education Course fees.
- Transitional Living Programs.
- Summer Teen Events (Teen Retreat, DREAM Conference (postsecondary education/employment), and Native Teen Gathering).
- Sponsorship of two FosterClub All-Stars from Oregon.
- Youth Transitions Program website[25]

The following services require CW custody of the young person. Only young people who are in the joint custody of CW and one of the nine federally recognized Tribal Nations in Oregon qualify for these services:

- IL Housing Subsidy Program (provides up to $795 per month for monthly living expenses).
- Credit Reports for young people in foster care ages 14 – 21.

Tribal Nations are a key partner to help improve Chafee services and to understand how to meet the needs of Native American young people. An outreach plan is being developed to ensure each of the nine federally recognized Tribal Nations in Oregon is included. CW will collaborate with the Confederated Tribes of Warm Springs to determine if CW should continue to assist with services for eligible young people who have exited Warm Springs custody and moved off the reservation. Warm Springs receives direct federal Chafee funding.

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[25] Youth Transitions Program website

F. Exchange of State and Tribal APSRs

CW and Tribal Affairs provide draft copies of the APSR report to each tribal nation for feedback and comment. Discussion and collaboration occurred during the May 2022 ICWA Advisory Council Meeting with Oregon Tribal Nations before finalizing the APSR report.

Oregon Tribal Nations with active Title IV-E Tribal-State Agreements provide a copy of their final APSR reports to the Federal Policy and Resources program.

VI. CAPTA State Plan Requirements and Updates

A. Changes

1. 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.

2. Significant Changes to Proposed Use of CAPTA Funds

No changes have been made to the existing CAPTA Plan.

B. Use of Funds since June 30, 2021

CAPTA primarily funds the three positions (described on pp. 170-177). 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. Remaining funds were used:
- To support the Citizen Review Panels.
- To provide safe sleep surfaces to families in need across all of Oregon's 36 counties.
    - For infants, safe sleep surfaces were purchased and shipped to local CW and Self Sufficiency offices.
    - Local offices and community-based service providers requested this. Data supported the request.
- To demonstrate to CW and Self Sufficiency professionals and families what a safe infant sleep environment looks like.
    - Safe sleep toy display kits (including a doll, miniature sleep surface, and wearable blanket) were purchased and sent to all local CW and Self Sufficiency offices across Oregon. This promotes community awareness of available safe sleep/SIDS prevention resources.
- To support infant safe sleep education and awareness within the Nurture Oregon expansion project.

- o Nurture Oregon is an integrated family-centered health care model with prenatal and postnatal care, mental health, substance use disorder treatment, and social services provided in one location.
        - o Safe sleep surfaces and safe sleep toy display kits were purchased and shipped to Nurture Oregon sites in five rural and frontier Oregon counties. These surfaces were offered to participants alongside infant safe sleep education during the prenatal and postpartum periods.
- To prevent child fatalities and serious injuries by improving household safety.
        - o Prevention kits are purchased from Oregon Health Sciences University, Tom Sargent Safety Center, and shipped to CW local offices to provide families with items that improve household safety by reducing risk.
        - o Examples include window locks, firearm locks, and medication storage items. Administrative protocols are underway to finalize contracting agreements with funds anticipated to be dispersed by June 30, 2022.
- To meet concrete needs identified by a family when Plans of Care are developed.
        - o Local CW staff received specific guidance and training to use CAPTA funds.
- To advance statewide implementation of the Comprehensive Addiction and Recovery Act.
        - o A contract established by the Oregon Health Authority (OHA) with Comagine Health was expanded using funds from OHA Public Health, OHA Behavioral Health, and CAPTA. Comagine Health facilitates cross-agency planning, communication support, and partner and community engagement.

1. Child Fatality Prevention & Review Program Implementation and Policy Lead Position

Summary of Activities from July 1, 2021, through June 30, 2022

- Provided technical advice and assistance to OCWP delivery managers, ODHS and OCWP managers, and executives supporting the Child Fatality Prevention and Review Program (CFPRP).

- Educated and prepared CPS consultants on practice changes to successfully support CPS and permanency staff in local offices.

- Evaluated CW and Oregon child fatality data and identified trends to enhance child maltreatment prevention and intervention efforts.

- Surveyed CW professionals through interviews to inform continuous safety culture improvement efforts.

- Revised protocols and procedures to guide staff in operationalizing child fatality requirements in local offices and ensure statewide consistency.

- Implemented revised process for notifying leadership of sensitive issues and began related continuous quality improvement process.

- 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.

- Developed communications and training materials to support protocol implementation, procedure, and form changes.

- Applied sound, current social work practice to enhance program operations and mitigate operational risk.

- Reviewed, consulted, and provided guidance on sensitive, high profile, and or high-risk child abuse cases.

- Identified gaps in cross-program or cross-agency collaboration and established inter-agency and inter-program problem solving mechanisms 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 input opportunities for CW staff.

- Responded to verbal and written concerns and requests for information from Governor's Advocacy Office, the media, and community members.

- Worked collaboratively across program areas, divisions, and agencies to ensure a child safety focus. Significant efforts to partner with CW programs.

- Served as ODHS expert and point of contact on data for child fatalities resulting from maltreatment. This includes:
  o Maintaining a database of Oregon child fatality data.
  o Recommending improvements to the system for collecting and using ODHS child fatality data.
  o Analyzing child fatality data to identify trends and opportunities for reducing child fatalities.
  o Gathering, documenting, and providing annual data for federal and state reports on Oregon's child abuse and neglect fatalities.
  o Providing data to assist in the fulfillment of records requests, including from the media.
  o Deciding which fatalities meet the OAR definitions of abuse or neglect for inclusion in Oregon's child fatality statistics.

- Serve as co-chair and ODHS representative on statutorily required interdisciplinary State Child Fatality Review Team. Assisting the State Child Fatality Review Team by reviewing and analyzing information on child fatalities related to injury prevention, suicide, and maltreatment to improve the prevention of, and response to, child fatalities.
  - Facilitate changes to ensure equity in fatality review.
  - Research and interview to learn quality practices in other states.
  - Implement a tool for Oregon's needs assessment of county fatality review teams. Collaborated on executive summary of the findings and finalized action plan.
  - Lead the effort to develop charter.
  - Develop Oregon's Child Death Review website with OHA, Public Health.
  - Coordinate efforts to reduce the length of time to get child fatality toxicology results.
  - Continually work to ensure timely autopsy information sharing to CPS workers.
  - Oversaw county team support program and provided support to three counties.
- Maintained web pages on CW suicide, chronic neglect, and safe sleep prevention efforts.
- Provided oversight and support for CW safe sleep efforts.
- Provided oversight and support for implementing the Comprehensive Addiction and Recovery Act (CARA).
- Obtained certification in Critical Incident Stress Management (CISM) and supporting the CW workforce through CISM individual and group support.
- Onboarded new CFPRP team members.
- This position works on a variety of workgroups and committees, including:
  - Administrative Rule Advisory Committees
  - Rule or procedure writing workgroups
  - CPS Assessment Disposition Review Committee
  - Peer Advisory Review Committee
  - State Child Fatality Review Team
    - State team meetings quarterly
    - State Technical Assistance Team meetings
    - State Child Fatality Review Team co-chair monthly meeting
    - Sudden Unexplained Infant Death Investigation / Doll re-enactment training subgroup
    - Charter subgroup
    - Rush toxicology subgroup
  - Legislative meetings
  - CW and OHA, Public Health Child Maltreatment Prevention Collaboration meetings
  - Nurture Oregon Core Team
  - CW and OHA, Public Health weekly and then monthly CARA and safe sleep check-ins

- 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
- National Partnership for Child Safety affinity group: Connecting internal death review to state and county child fatality review teams
- Fatality data continuous quality improvement monthly meetings

2. Comprehensive Addiction and Recovery Act (CARA) Coordinator #1 Limited Duration Position

Summary of Activities from July 1, 2021, through June 30, 2022

- Served as one of two ODHS CARA experts and points of contact for CW and supported families with infants exposed to substances.
    - Consulted on cases and Plans of Care as requested by local office staff.
    - Developed and delivered presentations on CARA at Oregon ICWA Advisory Group and offered technical assistance to Tribal Nations.
    - Co-facilitated bi-monthly CARA office hours for CW staff across the state.
    - Developed and delivered training on CARA, Plans of Care, and protective factors to CW leadership and staff statewide, including Nurture Oregon service providers.
    - Developed a Logic Model for CARA re-implementation (Attachment XX).
    - Reviewed cases involving infants exposed to substances to inform training needs, prevention efforts, and trends.
    - Participated in Critical Incident Reviews involving infants and caregivers using substances to inform prevention and workforce support.
    - Collaborated with OHA to support the Nurture Oregon Plan of Care pilot and developed communications and educational materials to support Plans of Care.
    - Reviewed research and publications to stay up-to-date on best practices for CARA, prenatal substance exposure, substance use during pregnancy, and Plans of Care.
    - Partnered with Overdose Response Strategy to identify strategies to educate CW professionals and families on fentanyl risks.
    - Collaborated with the Oregon Health Authority on Oregon's statewide effort to implement the Comprehensive Addiction and Recovery Act. This included weekly meetings to develop infrastructure for implementation.
    - Partnered with the Oregon Perinatal Collaborative to develop a hospital discharge survey for health care providers and patients admitted to labor and delivery.

- o Collaborated with Oregon's Early Learning Council to improve Early Intervention referrals required by CAPTA.
- o Collaborated with ODHS Communications and Child Safety to develop Child Abuse Prevention Awareness activities and educational materials.
- o Collaborated with ORCAH to develop educational material on child welfare practice changes related to hospital alert letters.
- o Collaborated with ORCAH to draft legislative concept and business case memo to refer families to resources and supports in their community for referrals closed at screening. Considered how Findhelp.org might enhance child welfare practice and prevention efforts.

This position participates in workgroups and committees, including:
- Family First Prevention and Services Act / Family Preservation Implementation team and Policy and Practice Workgroup
- Healthy Brain and Child Development Study Community Advisory Group member
- Guest reviewer for Child and Family Services Review
- Child Protective Services Fidelity Review
- Sexual Abuse Guidelines Review Workgroup
- Child Fatality Prevention and Review Program meetings
- Nurture Oregon meetings
  - o Core Team monthly meetings
  - o Site huddles weekly as needed
- CW and OHA, Public Health CARA and safe sleep check-ins weekly and then monthly

3. Comprehensive Addiction and Recovery Act (CARA) Coordinator #2 Limited Duration Position

Summary of Activities from July 1, 2021, through June 30, 2022

- Served as one of two ODHS experts and points of contact for CW related to CARA and supporting families with infants exposed to substances.
  - o Developed, established, and implemented systems and practices for CARA within CW and across Oregon's 36 counties.
  - o Consulted on cases as requested by local office staff regarding Plans of Care.
  - o Developed and delivered an informational presentation on CARA at Oregon ICWA Advisory and offered technical assistance to Oregon Tribal Nations
  - o Initiated and facilitated an ongoing workgroup with diverse CW professionals/ positions impacted by CARA legislation. The workgroup goal was to solicit feedback and input for workforce support strategies, future CARA-related procedure revisions, and statewide implementation.
  - o Implemented and facilitated CARA office hours twice a month to ensure ongoing support for Oregon's CW professionals.

- o Oversaw CARA-specific Microsoft Teams channel to streamline communication statewide with CW professionals and provide ongoing learning opportunities related to CARA.
- o Coordinated with local office leadership across Oregon and provided a refresher training on CARA and Plans of Care at numerous CW offices.
- o Reviewed cases involving infants exposed to substances to inform training needs, prevention efforts, and trends.
- o Participated in Critical Incident Reviews involving infants exposed to substances to inform future prevention and workforce support efforts.
- o Served as CW liaison between local CW offices and Nurture Oregon service providers regarding individuals receiving both services.
- o Reviewed research and publications to stay up to date on best practice regarding prenatal substance exposure, substance use during pregnancy, and Plans of Care to inform workforce support and statewide implementation.
- o Developed informational CARA content for the internal ODHS website to serve as a resource for all ODHS staff.
- o Explored creation of data dashboard to track various metrics related to CARA in real time.

- Served as ODHS expert and point of contact on CW infant safe sleep efforts.
  - o Consulted on cases as requested by local office staff regarding infant safe sleep practices.
  - o Developed logic model to align infant safe sleep education and workforce support efforts with available data, community voiced need and ensure proposed actions are tied to measurable outcomes (Attachment 35)
  - o Served as point of contact for all versions of Safe Sleep for Oregon's Infants self-study training materials which was expanded to include for Oregon's Resource Families and Family Serving Professionals. Already existing versions are for Child Abuse Screeners, CPS/Permanency Caseworkers and Adoption/Resource Home Certifiers. While the safe sleep guidance is the same for all professionals, multiple versions have been developed to emphasize areas and use language relevant for a specific role. Monitored training feedback survey results to evaluate effectiveness and participation.
  - o Created opportunities for and implemented feedback from numerous family-serving systems in Oregon regarding infant safe sleep practices guidelines, including Oregon Tribal Nations and culturally specific substance use disorder treatment providers.
  - o Created and implemented the strategic communication plan to ensure equitable and inclusive access of the Oregon Family Serving Professionals Safe Sleep Self Study to promote consistent messaging regarding the reduction of sleep-related infant death.
  - o Modified existing infant safe sleep checklist in response to CW workforce feedback
  - o Supplied infant safe sleep tools to CW local offices to support families in reduce sleep-related risk.

- o Promoted SIDS awareness month in coordination with the ODHS communication team, through efforts to educate and engage parents and providers via social media using the toolkit provided by the National Institute of Health (NIH).
- o Participated in Critical Incident Reviews where high-risk infant sleep practices were identified at the time of the critical incident to inform future prevention and workforce support efforts.
- o Reviewed cases where high-risk infant sleep practices were identified to inform training needs, prevention efforts, and trends.
- o Held focus group with CW workforce to explore development of additional infant safe sleep educational supports.
- o Served as lead to engage substance use disorder treatment provider serving primarily Black and African American families in community lead infant safe sleep education efforts.
- o Collaborated with Child Safety Program and CW's ADA Coordinator regarding inclusivity of AAP Safe Sleep guidelines to inform training and workforce support efforts.
- o Served as infant safe sleep liaison for Nurture Oregon service providers.
- o Attended monthly collaboration meetings with OHA Public Health related to statewide infant safe sleep promotion.
- o Reviewed research and publications to stay up to date on best practice regarding infant safe sleep to inform community and workforce supports.
- o Developed sleep-related infant death prevention content for the internal ODHS website to serve as resource for all ODHS staff.
- Interpreted rules, statute, and procedures for ODHS staff, community partners, and the public to support statewide consistency in the provision of the ODHS's work on CARA, infant fatality prevention and other related issues.
- Identified and connected with other family serving systems in the interest of child fatality and maltreatment prevention.
- Provided ongoing feedback to the Child Fatality Prevention and Review Program manager regarding effectiveness and impact of current and draft procedure/rule on practice and service to eligible families.
- Served as lead on various system improvement opportunities developed during Critical Incident Reviews
- Developed Infant Safety Logic Model (Attachment 36) based on data gathered from CIRTS and System Mapping, cross program development of key activities is set to occur in May 2022.

This position works on a variety of workgroups and committees:

- Safe Sleep Cross Agency Workgroup
- Substance Use Disorder Casework Practice Guidelines Workgroup
- Infant Safety Casework Practice Workgroup
- Plan of Care Workforce Support Workgroup

- OR-Kids Go Mobile App Workgroup
- Child Fatality Prevention and Review Program meetings
- Nurture Oregon meetings
  - Core Team monthly meetings
  - Site huddles weekly as needed
- CW and OHA, Public Health CARA and safe sleep check-ins weekly and then monthly

4. Guardian ad Litem Requirement

Oregon Revised Statute (ORS) 419B.112 ensures the court shall appoint a court-appointed special advocate, which in turn can be guardian ad litem. For the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.) grant under P.l. 93-247, or any related state or federal legislation, a court-appointed special advocate or other person appointed is deemed 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.

C. Annual Citizen Review Panel Report & Response

Please see the attached Citizen Review Panel Report. (Attachment 37) This year, the CRB Panel chose to focus on a statewide examination of the child welfare system. The following is CW's response to the three primary recommendations.

1. Improve Placement Capacity & Stability

As noted by the CRB report, CW is working on increasing placement capacity and improving placement stability on several fronts.

See the Resource and Adoptive Parent Diligent Recruitment Plan (Attachment 5) and the Champion Monthly Reports (Attachments 6-12) for detailed descriptions of the work being done to address increasing resource family capacity across Oregon.

See Item 18 on pp. 55-57 for a comprehensive discussion of the work to improve collaboration with and access to mental health supports and treatment modalities that will better support children in their current homes (whether that is with their parents or with resource families). Item 18 also addresses CW's efforts to expand specialty QRTP placements.

See Item 35 on pp. 83-84 for the agency's efforts to increase the diversity of resource families.

See Item 28 on pp. 92-98 for the work on improving the training and supports provided to resource families.

See Item 12, Resource Parents on p. 72 for a description of the respite options available to resource parents now, and the expansion of that support.

2. Improve the Quality of Casework

As noted by the CRB report, CW is working on improving the quality of casework on several fronts.

3. Increase Access to Mental Health Services

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

1. Plans to Use CAPTA Funding for Substance-Exposed Infants

- Two CARA coordinators (Operation & Policy Analyst 3) were hired and onboarded in April 2021. The CARA coordinators advance CW efforts to develop, implement and monitor plans of care, and advance efforts to support Safe Sleep in CW cases requiring a plan of care. The CARA coordinators collaborate with Oregon Health Authority (OHA) to advance statewide implementation.
- To advance statewide implementation of the Comprehensive Addiction and Recovery Act, a contract established by the Oregon Health Authority (OHA) with the Comagine Health consulting firm is being expanded using OHA Public Health, OHA Behavioral Health, and CAPTA funds. Comagine Health will support cross-sector work to implement

a family-centered, equitable care system for pregnant people with substance use disorder, infants with prenatal substance exposure and their families.

- To meet family needs when Plans of Care are developed, CW professionals receive guidance and training on CAPTA fund use.

2. Changes to Policy or Practice, and Lessons Learned

- CW is developing staffing guidelines for infants and substance use cases that emphasize Plans of Care and referrals to community-based services and recovery supports. Staffing guidelines will highlight substance use disorders and other factors, including safe sleep and responsive relationships.
- CW is improving procedures for timely communication between ORCAH and CPS caseworkers and supervisors for open CPS assessments closed at screening. When multiple reports are received for infants 0-12 months over a short period, direct communication between the ORCAH supervisor and CPS supervisor will ensure appropriate screening and assessment decisions.
- CW staff received additional practice guidance to promote prenatal Plans of Care development for cases involving pregnant individuals using substances. This includes expectant and parenting youth in foster care and pregnant people with cases open for ongoing services or CPS assessment.
- In Oregon, several family-serving systems conduct strengths and needs assessments and develop plans that incorporate Plan of Care content. CARA coordinators help CW professionals collaborate with family-serving professionals (e.g., family coaches and nurse home visitors) to identify family strengths, challenges, and experiences.

3. Multi-Disciplinary Outreach, Consultation, or Coordination

To promote the health and well-being of infants with prenatal substance exposure, Oregon is working to help pregnant individuals and families access prevention services. The CFPRP is reviewing and gathering data and plans from family-serving organizations and Community Health Assessments and Improvement Plans (developed by CCOs, hospital systems, and public health agencies) to understand socioeconomic conditions, health inequities, and the array of community services available to children and families. CFPRP hopes to identify and leverage opportunities for CW to address racial inequities in infant fatalities and identify early learning and reproductive health opportunities. This will help leverage strategies to increase access to quality family support before and after birth.

CW continues to collaborate with OHA and move implementation forward. CARA coordinators provided outreach, education, training, and guidance to Child Safety and Permanency consultants, Addiction and Recovery Team leads, MAPS, program managers, supervisors, and caseworkers in local offices.

CW collaborates with OHA to support the 'Plan of Care pilot' within the Nurture Oregon demonstration project. Nurture Oregon integrates maternity services, substance use disorder treatment, and social service coordination. The pilot's first year focused on educating sites and providers about CARA and Plans of Care, facilitating introductions and dialogue between sites and local CW professionals, and aligning participant values, goals, and processes. CW conducted outreach, consultation, or coordination for the Nurture Oregon pilot by:

- Providing Nurture Oregon sites with a draft Plan of Care guidance document to pilot the development of the plans and provide feedback to CW. The document encouraged Nurture sites to work as a team and collaborate to develop Plans of Care prenatally and with active participant involvement.
- Collaborating with the Nurture Oregon implementation team to develop a participant feedback survey to understand participant experience around: Intake & Assessment Procedures, Service Delivery, Team Integration, and Plan of Care & Safe Sleep Materials. Participants are prompted to complete the survey at three points while receiving care.

CW collaborated with ELC to support the development and implementation of strategies that:
- Increase access to culturally-responsive targeted supports;
- Promote well-being; and
- Prevent child welfare involvement.

Initial conversations with the ELC focused on referrals to Early Intervention from CW for children aged 0 to 3. Many children in Oregon who are identified with developmental delays at screening never receive services due to limited funding. Only 34% of infants and toddlers identified and enrolled in Early Intervention receive the recommended level of services.[26] CW and ELC have identified opportunities to enhance communication and engagement with families navigating the Early Intervention referral and evaluation process. CW is eager to partner with the ELC to support *Raise Up Oregon: A Statewide Early Learning System Plan*[27] strategies that aligns with the Comprehensive Addiction and Recovery Act.

CW collaborates with internal programs and external family-serving systems to connect families and provide upstream (prevention) support. CW plans to identify and leverage opportunities to support under-resourced communities and build infrastructure for Oregon communities that need help accessing or paying for services. Offering support earlier aligns with CW's Vision for Transformation and honors self-determination for families by allowing people the autonomy to identify their needed services without being mandated to participate in interventions. When more opportunities exist for CW to participate in self-directed development and assistance, more opportunities will exist to engage the community without furthering trauma and fear.

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[26] SOS Audit Oregon Dept of Education June 2020-2024
[27] Raise Up Oregon: A Statewide Early Learning System Plan

Data from critical incident reviews highlight the need to remove system barriers that prevent families from accessing primary prevention supports in their community. In 2020 and 2021, 60 Critical Incident Review Teams (CIRTs) were assigned by the ODHS Director. All 60 CIRTs involved the review of a critical incident that resulted in a child fatality, and 30 CIRTs (50%) involved infants. Twenty-three of the 30 infants had an open child welfare assessment at the time of the critical incident, a prior assessment closed at screening, and/or a prior child protective services assessment. Of those 23 infants, 11 had familial substance use concerns identified in the child welfare case record.

4. Current Monitoring Process of Plans in Care

Screeners at the Oregon Child Abuse Hotline (ORCAH) received training to gather information from reporters a identify infants with prenatal substance exposure:
- If a Plan of Care was developed;
- If the family was referred to services; and
- If services were unavailable.

Upon reviewing CARA data captured by screeners to date, it appears screeners are accurately identifying infants with prenatal substance exposure. (Attachment 38) However, the data confirms Oregon is still working towards meaningful statewide implementation and highlights the gaps in other family serving systems understanding of CARA, Plan of Care content and development. A 'Plan of Care' category has been added to the file cabinet to support Plans of Care being uploaded to a specific and consistent location within ORKIDS. Although a recent review of the file cabinet data revealed caseworkers are uploading various documents to this folder many of which are not Plans of Care. Work is underway to clarify the Plan of Care file cabinet designation to improve data accuracy.

5. Challenges & Technical Assistance

CW has partnered with OHA to implement a 'Plan of Care pilot' in five Oregon counties as part of the Nurture Oregon demonstration project. Nurture Oregon is a rural integrated care model providing pregnant people who use substances with peer recovery support services, prenatal and postpartum care, substance use and mental health treatment, and service coordination. 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 CW staff. Identification of Plan of Care quality practices will inform statewide education, support for notification by health care providers, and all aspects of plan development and monitoring. With the additional data gathered from the pilot, additional CW policy and practice changes are expected.

- Peer Support Specialists and Certified Recovery Mentors play a critical role in Nurture Oregon. The peer often initiates communication with new participants, bringing the skills and experiences to build trust and connection. Peers maintain regular contact with

participants, checking in and providing peer services between appointments and providing transportation to appointments as needed. This has highlighted that Plans of Care are much more effective when developed by an individual with whom the participant has established rapport and trust. In contrast, CW staff describe it as challenging to develop a Plan of Care that really addresses the underlying needs of families within the context and scope of a CPS case.

- Nurture Oregon participants bring past experiences of enacted stigma and at times have experienced stigmatizing responses from hospitals and CW staff during their Nurture involvement. Experiences include inadequate pain and withdrawal management, exclusion of the patient from infant care, blaming and biased language and interactions, and other negative experiences. Nurture Oregon team members have worked to lessen the burden of past experiences and intervene when faced with current stigma toward participants. This highlights the need for ongoing training across social service systems on evidence-based and quality-practice approaches to working with parents with substance use disorders and infants with prenatal substance exposure that includes information about the effects of stigma and bias on the outcomes of parents and their infants.

- Nurture Oregon sites have identified CCO payment models do not allow reimbursement for peer support services provided in a physical health setting.

- Nurture Oregon sites report tracking and sharing participant information across partner organizations has been challenging due to a lack of a standardized platform or electronic health record that can be used by all partners.

- An important gap noted by Nurture Oregon sites is the lack of low barrier housing available in most counties. Abstinence requirements for housing have made temporary and transitional options unavailable to many unhoused participants or caused repeated instability when participants experienced a recurrence of use. Some housing options do not permit children, requiring participants to vacate once they gave birth. Displacement increased challenges in maintaining contact with participants, often disrupting participant progress toward goals. Camp sweeps presented similar obstacles.

The lack of available residential treatment beds has also been a barrier for the Nurture Oregon sites, as many participants were interested but unable to secure a residential treatment bed to support attaining stability during pregnancy. Service access in Oregon continues to be a high barrier, both in the areas of substance use disorders and access to high-quality, affordable childcare. CW received technical assistance from Child and Family Futures to identify strategies implemented in other states that support the recommendations identified through safe systems mapping exercise focused on cases involving parental substance use disorder.

6. 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 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. This approval has created the space to expand the target population from substance affected infants and their families to substance exposed infants and their families. The expansion removes barriers to identification and service/support provision by providing clarity for health care professionals and creating opportunity to serve and support pregnant individuals and parents with substance use disorder and their families. Based, in part, on the technical assistance provided by Child and Family Futures, CW in partnership with OHA Public Health has developed an implementation structure that ensures the path forward will be led by those impacted by the work, those with lived expertise, and experts necessary to effectively implement.

E. American Rescue Plan Act Funding

Due to other federal and state funding sources resourced to meet the recommendations previously identified in the 2022 APSR, the CFPRP has taken the last several months to thoughtfully review and gather data stemming from statewide plans developed by other family serving systems and Community Health Assessments developed by CCO's and local public health systems for each of Oregon's 36 counties. This review process involved gathering population demographics; health inequities impacting groups that have been economically and socially marginalized in the community; factors that contribute to inequitable health outcomes; and existing resources that might be mobilized to address these issues. While disproportionate rates of poverty are evident in communities of color, systemic racism is also perpetuated through other systems, exacerbating the impact of poverty. Data inequities outside of the CW system helps inform the housing, economic, and social conditions that lead to the overrepresentation of Black and Indigenous children and families in Oregon's child welfare system. CW, in partnership with local communities, would like to utilize this information to identify the most prevalent gaps perpetuating racial disparities and develop strategies to remove systemic barriers that exclude families from accessing services and supports further upstream.

Planning for funds:

Opportunity to reframe the role of mandatory reporters in Oregon to mandatory supporters:

Like many states and jurisdictions across the country, Black and Native American children in Oregon are over-represented at each decision-making point in the child welfare system compared to the overall child population.

o   Black children make up 3.76% of the total child population in Oregon but represent 6.68% of the alleged victims identified in all reports made to ORCAH, and 6.63% of the alleged victims identified in all reports referred to CPS for assessment during the prior 12-month period (May 2021 – April 2022). Source: Oregon's Results Oriented Management (ROM) data.

o   American Indian/Alaska Native children make up 1.45% of the total child population in Oregon but represent 3.79% of the alleged victims identified in all reports made to ORCAH, and 3.58% of the alleged victims identified in all reports referred to CPS for assessment during the prior 12-month period (May 2021 – April 2022). Source: Oregon's Results Oriented Management (ROM) data.

The reliance on mandatory reporting as the only response as opposed to one possible response in qualifying circumstances is reinforced by the narrative 'when in doubt, call the hotline.' A child's race, ethnicity and socio-economic status has a significant impact on the likelihood of their involvement with the child welfare system in Oregon. CW will use racially disaggregated data to identify geographic regions where disparities in reporting practices are most prevalent and partner with mandatory reporters to promote the idea of a community's collective responsibility to ensure child and family well-being. This endeavor will involve equipping the most common reporters with more tools and guidance to intervene differently to support and center families.

Invest in 'building the evidence' for programs or interventions that have been designed with and for minority populations to ensure a responsive and flexible array of services are available to meet the needs of young children and families of color.

In working to implement supports and services that meet the needs of children from Tribal communities and children of color, many states and communities are restricted by financing requirements for "evidence-based" services. Currently there is a lack of evidence-based services that are developed by Tribal communities or communities of color or that are grounded in cultural values and traditions and responsive to meeting the needs of diverse children and families.

Continued investments in the work around CARA Plans of Care to provide structures, supports and services needed to safely keep families together, prevention removal and provide services to promote the health and well-being of families.

Mini grants at the community level based on prevalent gaps as identified by the community in the comprehensive review of the statewide plans and Community Health Assessments.

F. CAPTA State Liaison Officer

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VII. Targeted Plans

A. Resource and Adoptive Parent Diligent Recruitment Plan

Please see Attachment 5.

B. Health Care Oversight and Coordination Plan

For the majority of 2022 the Health and Wellness team responded to the COVID-19 pandemic to address the related ongoing needs of delivery staff, resource families, families, and some congregate care settings. This included daily case consultations, and isolation, quarantine, and visitation guidance. This also included coordinating nursing services and supervising isolations and quarantines that took place outside of a resource home in "quarantine houses" which represents over 3,500 hours in nursing time and workload.

Over the course of the pandemic, Health and Wellness Services has paid out approximately $1.2 million in special COVID-19 Personal Care payments to over 350 resource homes to assist in the support of 755 children in foster care who tested positive for COVID-19 or were exposed to COVID-19 and were required to isolate or quarantine. This represents more than 2,100 hours of additional workload spread across the personal care and nursing teams.

In addition to the pandemic response, the Health and Wellness team continued to conduct their day-to-day duties, which resulted in 2,619 Intake Nursing Assessments, 522 Personal Care Assessments, 870 trial reunification nurse visits, and the coordination of in-home supports for nine medically fragile children.

The Child and Adolescent Needs and Strengths (CANS) program processed 4,689 CANS assessments and level of care payments and held 225 informal hearings to resolve contested CANS results in 2021. The CANS program also held five trainings for community partners throughout the state. The CANS program team members have been engaged in a year-long work group to re-examine the CANS process and make needed improvements and expand eligibility. That work is expected to conclude in the fall of 2022.

The collaborative effort of psychotropic medication oversight continues to be successful. The two-part process of authorizing new psychotropic medications and annual psychotropic medication reviews by the nurse consultant in consultation with the Oregon Psychiatric Access Line-Kids (OPAL-K) child psychiatrist works well to address prescribing concerns as they arise. In 2021, the oversight team processed 1,040 authorizations for new psychotropics, of those 81 were not approved, 63 were referred to OPAL-K for consultation and of those 36 were not approved and clinician to clinician consultation was recommended. The oversight team also conducted 1,404 annual psychotropic medication reviews for children in foster care, 282 of those required an additional records review and 26 were sent to OPAL-K for further review, resulting in 15 clinician-to-clinician consultations.

The psychotropic oversight team has seen a slight uptick in psychotropic usage which is attributed to the increased mental health challenges for youth during the pandemic that is being seen nationally.

With many COVID-19 restrictions lifted for Oregonians in 2021, access to health care returned to near pre-pandemic levels for initial assessments. Many of the CCOs kept the option for virtual office visits available as a choice even though patients could return to their offices for in-person appointments. This option improved access for children in foster care, as having this option allowed for ease in scheduling for resource parents with multiple children in their home. There is improved access to mental health care with the telehealth option, as children are able to access practitioners outside of Oregon. This has been exceptionally beneficial in areas of Oregon with few mental health providers. Figure 88 shows the data for how many children received physical, dental, and mental health assessments with 60 days of enrollment in their CCO:

Figure 88

Year	Children Eligible	Children seen	% Met measure
2018	1892	1641	86.7%
2019	1368	1201	87.8%
2020	997	797	79.9%
2021 (preliminary)	1260	1075	85.3%

Additionally, the OHA/CW work group to align the OHA/CCO incentive measure with CW timelines has restarted after a two-and-a-half-year hiatus due to the pandemic. The workgroup is currently completing an analysis of dental services throughout the state to understand

challenges that arise in the referral and provider services process. The biggest obstacles in the alignment work are the extended enrollment process and the timely enrollment data download to the CCOs. These issues are outside of the workgroups scope and authority and will require OHA technology updates and enrollment changes to all Medicaid members in Oregon.

With the shift out of the urgency of the COVID-19 response, Health and Wellness Services is re-evaluating all planned projects that were put on hold at the beginning of the pandemic, to determine the relevance of those projects and CW's priorities (both new and previous) moving forward. This evaluation period is set to conclude in July 2022.

C. Disaster Plan

1. Oregon Natural Disasters in 2021 – 2022

Oregon experienced several major wildfires across the state during the summer and fall of 2021. Oregon Emergency Management agency implemented a new computer-based reporting system for the local offices to report to Emergency Management the impact of more localized fires. The continuity of operations plans (COOPs) discussed below were sufficient along with the new report technology for these natural disasters. CW design staff tracked daily conditions using the new Emergency Management computer-based reporting system as well as a GPS map provided by ORRAI and followed up with district leaders, families and individuals that were affected by the fires to ensure needs were met.

2. COVID-19 Pandemic

Please see the 2021 APSR for a detailed collection of guidance and resources created at the outset of the pandemic. CW 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 39). As the pandemic comes to an end, CW is cautiously returning to standard guidance and resources.

3. Changes

Attached are the Central Office and ORCAH Continuity of Operations Plans (COOPs). (Attachments 40 and 41). CW collaborated with the ODHS emergency management team and implemented a new system called BOLD planning. The CW COOP information is now housed in this system. CW is now equipping key management staff with GETS cards (Government Electronic Telecom Service). The GETS cards prioritize key management staff in their ability to access cell service in the event of a natural disaster. The emergency management team implement the Everbridge system which will automatically push out messages to identified staff, community partners and key community agencies that offices are closed, or services disrupted.

D. Training Plan

Please see the attached Training & Workforce Plan (Attachment 42) and training matrix (Attachment 43).

VIII. Statistical and Supporting Information

A. CAPTA Annual State Data Report Items

1. 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 <u>and either</u>:

  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 <u>and either</u>:

  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 service-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. (Attachment 21)

Supervisors (Child Welfare Supervisor 2)

The following are the minimum qualifications for a Child Welfare Supervisor 2 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 (e.g., 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 supervisors attached. (Attachment 23)

Data on Education, Qualifications, and Training of CPS Personnel

*The data reflected in Figures 89-93 is a point in time snapshot of all SSS1s and supervisors employed on April 15, 2022, and is self-reported by employees.

Figure 89

Highest Degree	SSS1s	Supervisors
Associate degree	60	0
Bachelor's Degree	1055	172
Certificate Program	1	0
Doctoral Degree	20	3
Education Specialist (EDS)	2	0
High School Diploma or Equivalent	1	0
Master's Degree	293	66
Post-Graduate Diploma	1	0
Unreported	66	5
Grand Total	**1499**	**246**

Demographic Information of CPS Personnel

Figure 90

Race/Ethnicity	SSS1s	Supervisors
American Indian or Alaska Native	36	6
Asian	25	5
Black or African American	61	10
Hispanic or Latino	172	16
Native Hawaiian or Other Pacific Islander	7	1
Two or More Races	66	6
White	1078	200
I do not wish to answer.	54	2
Grand Total	**1499**	**246**

Figure 91

Gender	SSS1s	Supervisors
Female	1214	193
Male	285	53
Grand Total	**1499**	**246**

Figure 92

Age Range	SSS1s	Supervisor
20-29	278	2
30-39	527	49
40-49	423	112
50-59	201	71
60+	70	12
Grand Total	**1499**	**246**

Figure 93

Disability	SSS1s	Supervisor
Not Disabled	1479	242
Disabled	20	4
Grand Total	**1499**	**246**

Caseload/Workload Requirements for CPS Personnel

CW will be referencing caseload ratios based on the Oregon Caseload Standard Ratios. 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 7 assigned assessments per month (1:7 worker/assessment). However, there are circumstances under which caseloads may vary from these standards. For example, caseloads may be higher when CW 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. CW has a caseload data dashboard to analyze the current caseload for safety workers, permanency workers, certification workers and adoption workers.

2. Juvenile Justice Transfers

In FFY 2021, CW transferred 18 children to the custody of the Oregon Youth Authority (OYA).

B. Education and Training Vouchers

Please refer to Federal Attachment C.

C. Inter-Country Adoptions

Figure 94 represents the number of children who were adopted internationally entered CW custody due to allegations of child abuse or neglect in each FFY.

Figure 94

FFY	Number of Children
2019	2
2020	3
2021	0

IX. Financial Information

A. Payment Limitations

1. 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.

2. 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 2020 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 CW state and local base year amount was $59,196,600. FY 2020 CW state and local expenditures were $392,022,511.