



Oregon Department of Human Services  
Child Welfare Division

## Annual Progress and Services Report 2024

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# Contents

I. General Information .....	7
A. State Agency Administering the Programs .....	7
B. Oregon’s Vision for Transformation.....	8
C. Collaborations .....	11
1. Collaboration in the Creation of this APSR.....	19
II. Assessment of Current Performance in Improving Outcomes .....	22
A. Child And Family Outcomes .....	22
Notes on Data in this Report .....	22
1. Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect	23
2. Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate .....	30
3. Permanency Outcome 1: Children have permanency and stability in their living situations. ....	42
4. Permanency Outcome 2: The continuity of family relationships is preserved for children. ....	56
5. Well-being Outcome 1: Families have enhanced capacity to provide for their children’s needs. ....	60
6. Well-Being Outcome 2: Children receive appropriate services to meet their educational needs. ....	65
7. Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.....	68
B. Systemic Factors.....	71
1. Information Systems.....	71
2. Case Review System .....	71
3. Quality Assurance .....	74
4. Staff Training.....	74
5. Service Array .....	74
6. Agency Responsiveness to the Community.....	75
7. Resource & Adoptive Parent Licensing, Recruitment, and Retention .....	75
III. Plan for Enacting the States Vision .....	77
A. Equity and Anti-Racism .....	77

1. Americans with Disabilities Act (ADA) .....	77
2. Community Partnerships .....	78
3. Service Equity .....	79
4. Workforce Wellbeing.....	79
B. Supporting Families and Promoting Prevention .....	80
1. Developing Oregon’s Family Preservation Approach.....	81
2. CFSR Metrics Directly Related to Oregon’s Vision of Supporting Families and Promoting Prevention .....	84
C. Enhancing Our Staff and Infrastructure .....	102
1. CFSR Metrics Directly Related to Oregon’s Vision of Enhancing Staff and Infrastructure .....	102
D. Enhancing the Structure of Our System by using Data with Continuous Quality Improvement (CQI) .....	110
1. Progress of Planned Enhancements.....	110
2. CCWIS Enhancements.....	114
3. Oregon’s Current Case Review Instrument.....	114
4. Sustaining a State Case Review for CFSR Purposes.....	115
5. CFSR Metrics Directly Related to Oregon’s Vision of Enhancing the Structure of Our System by using Data with Continuous Quality Improvement (CQI) .....	115
IV. Services .....	124
A. Journey of a Family .....	124
B. The Stephanie Tubbs Jones Child Welfare Services Program (Title IV-B, Subpart 1) .....	125
1. Services .....	125
2. Services for Children Adopted from Other Countries (section 422(b)(11) of the Act) ...	126
3. Services for Children Under the Age of Five (section 422(b)(18) of the Act).....	126
4. Efforts to Track and Prevent Child Maltreatment Deaths (section 422(b)(19)).....	128
5. Documentation of Data on Child Maltreatment Deaths.....	138
6. Review of Child Maltreatment Death Data .....	138
7. Use of Child Maltreatment Death Data.....	138
C. MaryLee Allen Promoting Safe and Stable Families Program (Title IV-B, Subpart 2).....	139
1. Family Support.....	139
2. Family Preservation .....	139

3. Family Reunification .....	139
4. Adoption Promotion and Support Services.....	140
5. Planned Spending on IV-B, Subpart 2 Service Categories.....	140
6. Division X Supplemental Funding from the Supporting Foster Youth & Families through the Pandemic Act.....	140
8. Service Decision-Making Process for Family Support Services .....	142
9. Populations at Greatest Risk of Maltreatment (section 432(a)(10) of the Act).....	143
10. Kinship Navigator Funds (Title IV-B, subpart 2).....	144
D. Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits .....	146
1. Alia Innovations: .....	146
2. Sensory Rooms .....	147
3. Courage and Compassion Webinar by Dr. Nicki Weld .....	148
E. Additional Services .....	148
1. Adoption and Legal Guardianship Incentive Payment Funds .....	148
2. Adoption Savings .....	149
3. Family First Prevention Services Act Transition Grants.....	151
4. Family First Transition Act Funding Certainty Grants.....	152
F. John H. Chafee Foster Care Program for Successful Transition to Adulthood.....	152
1. Collaboration .....	153
2. Services Provided.....	156
3. Division X Additional Funding from the Supporting Foster Youth & Families Through the Pandemic Act.....	163
4. Update on Collection and Integration of NYTD Data .....	166
5. Update on Involving the Public and Private Sectors in Helping Youth Achieve Independence .....	166
6. Services to Support LGBTQIA2S+ Youth .....	166
7. Coordinating Services with Other Programs for Youth .....	167
8. Update on Supporting Youth to Promote Wellness and Proactively Support Mental Health .....	167
9. Access to Medicaid for Former Foster Youth .....	169
10. Education and Training Vouchers (ETV) Program .....	170
11. Chafee Training.....	172

V. Consultation and Coordination with the Nine Federally Recognized Tribes of Oregon.....	172
A. Engagement with the Tribes.....	172
1. Tribal Representatives.....	173
B. Plan for Ongoing Coordination and Collaboration.....	174
C. Update on Provision of Child Welfare Services for Tribal Children .....	175
D. Complying with ICWA .....	175
E. Chafee & ETV Benefits for Tribal Youth .....	176
F. Exchange of State and Tribal APSRs .....	178
VI. CAPTA State Plan Requirements and Updates .....	178
A. Changes.....	178
1. Substantive Changes to State Law Affecting CAPTA Eligibility.....	178
2. Significant Changes to Proposed Use of CAPTA Funds.....	178
B. Use of Funds Since June 30, 2022 .....	179
1. Guardian ad Litem Requirement .....	180
C. Annual Citizen Review Panel Report & Response.....	180
1. ODHS continue efforts to improve timely access to mental health services for children in foster care.....	180
2. ODHS continue efforts to increase placement options for children and youth with complex mental and behavioral health needs.....	180
D. Oregon’s Efforts to Address Substance-Affected or Exposed Infants .....	181
1. Plans to Use CAPTA Funding for Substance-Exposed Infants.....	181
2. Changes to Policy or Practice, and Lessons Learned.....	181
3. Multi-Disciplinary Outreach, Consultation, or Coordination .....	183
4. Current Monitoring Process of Plans in Care .....	185
5. Challenges & Technical Assistance .....	186
6. Site Visit Update .....	187
E. American Rescue Plan Act Funding.....	188
1. Grant funding at the community level based on gaps identified by the community .....	188
2. Engagement with community for the use of funds and how issues of equity are informing the planned use of the funds.....	190
3. Barriers or Challenges to Use the Funds .....	190
F. CAPTA State Liaison Officer.....	190

VII. Targeted Plans .....	191
A. Resource and Adoptive Parent Diligent Recruitment Plan.....	191
B. Health Care Oversight and Coordination Plan .....	191
C. Disaster Plan.....	193
1. Oregon Natural Disasters in 2023 – 2024.....	193
2. Lessons Learned from the Pandemic.....	193
3. Changes.....	194
4. How the plan addresses disparities for marginalized groups .....	194
D. Training Plan .....	194
VIII. Statistical and Supporting Information.....	194
A. CAPTA Annual State Data Report Items.....	194
1. Information on Child Protective Service Workforce .....	194
2. Juvenile Justice Transfers .....	197
B. Education and Training Vouchers .....	198
C. Inter-Country Adoptions .....	198
IX. Financial Information .....	198
A. Payment Limitations .....	198
1. Title IV-B, Subpart 1 .....	198
Payment Limitations .....	198
1. Title IV-B, Subpart 1 .....	198
2. Title IV-B, Subpart 2.....	198

## 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 is referred to as CW.

Oregon has a state-run child welfare system. CW design programs include Screening & the Oregon Child Abuse Hotline (ORCAH); Child Safety; Family Preservation; Family First Integration; Permanency; Child Fatality Prevention and Review; Foster Care and Youth Transitions; Treatment Services; Health & Wellness; Equity; Training, & Workforce Development; Interstate Compact on the Placement of Children (ICPC); Federal Policy & Resources; Business Operations; OR-Kids<sup>1</sup>; and Continuous Quality Improvement (CQI). Design programs provide the following:

- Infrastructure to support the Vision for Transformation.
- Rule, policy, and procedure development based on federal and state requirements.
- Consultation and technical assistance to local offices, direct service workforce, and Tribes in Oregon.
- Data to monitor outcomes and compliance.
- Quality assurance and continuous quality improvement processes.

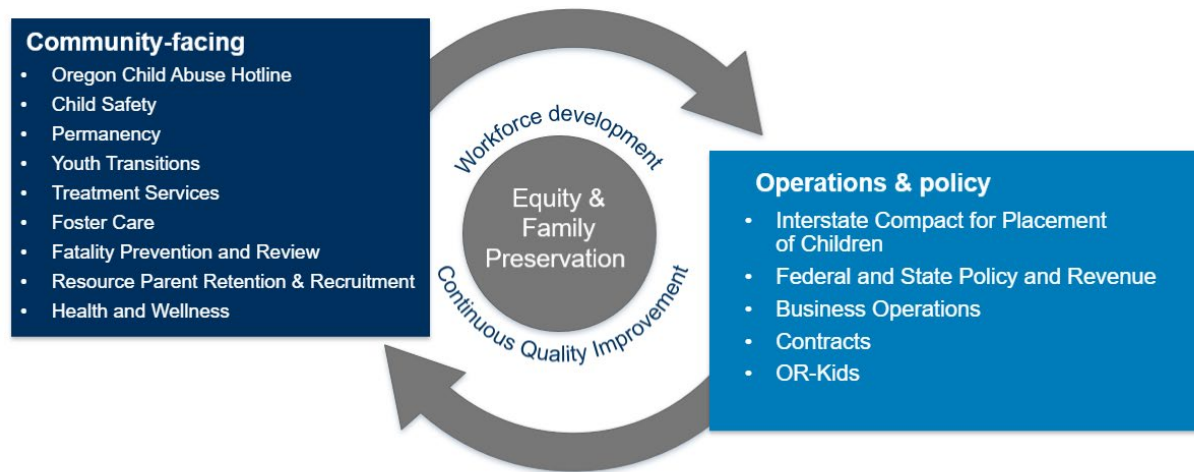
Tribal governments and Oregon’s local CW offices deliver services across the state in 16 districts (Attachment 1). Oregon has a centralized child abuse hotline (Oregon Child Abuse Hotline - ORCAH), which operates 24/7. ORCAH screens reports from the community and law enforcement. It also has its policy, procedure, training, and CQI support integrated with the screening operation, which is unique in Oregon. Local offices provide direct services to the community. The rest of CW’s policy, procedure, CQI, and administrative support is centralized, serving all the local offices. Local offices, ORCAH, and Tribal governments aim to deliver child welfare services to children and families according to the CW Vision for Transformation. Local offices are in continuous partnership with design programs to identify system strengths and growth opportunities, develop improvement plans, and implement new initiatives.

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<sup>1</sup> OR-Kids is Oregon’s statewide CW information system.

Figure 1

## Child Welfare Division Areas of Work



### B. Oregon's Vision for Transformation

CW is guided by the Vision for Transformation (Attachment 2), which values the individual needs of families and seeks to best serve 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 their 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 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 the families we serve, workforce, community partners, and Tribes in Oregon.

The vision stands 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.

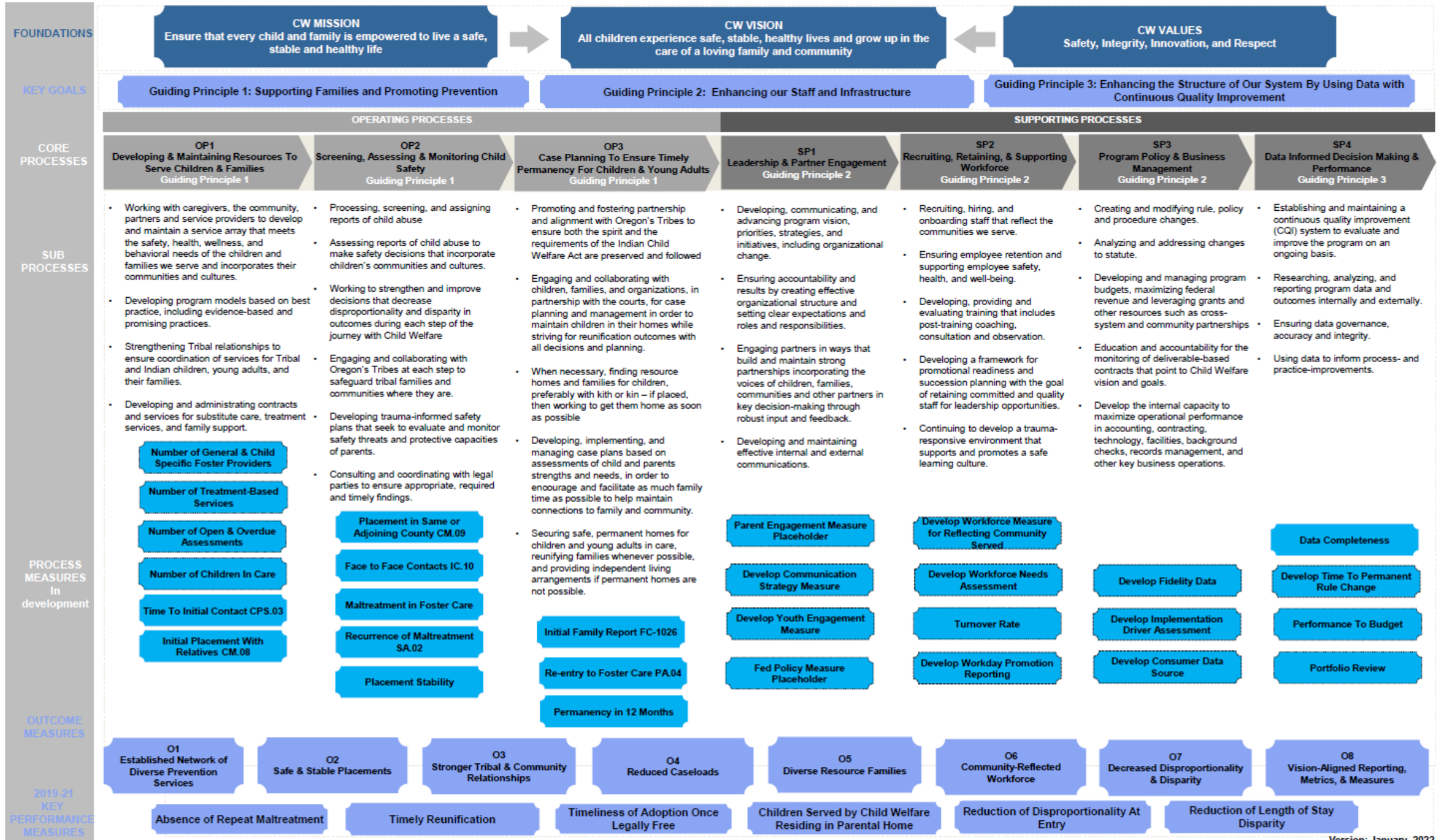


2. **Enhancing our Staff and Infrastructure:** Our transformation depends on a diverse, supported, skilled, respected, and engaged workforce that reflects and embraces the communities we serve.
3. **Enhancing the Structure of our System by using Data with Continuous Quality Improvement (CQI):** Our transformation is built on data-informed practice and is supported by continuous quality improvement and modernized information technology systems and tools.

Figure 2 on the following page shows how Vision for Transformation maps to outcomes.

Figure 2

CHILD WELFARE FUNDAMENTALS MAP<sup>SM</sup>



## C. Collaborations

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

The following table is an overview of CW's current collaborative relationships.

Figure 3

Group	<i>About the Collaboration &amp; Alignment with the Vision for Transformation.</i>	<i>Guiding Principle</i>		
<b>ABA Community of Practice – Foster Care &amp; Education</b>	CW meets with this group bimonthly to learn and share best practices for implementing foster care and education work.	1		3
<b>AdoptUSKids</b>	CW consults with AdoptUSKids to assist with diligent recruitment strategies for children who need resource parents and adoptive homes.		2	
<b>CAMI Advisory Council</b>	<ul style="list-style-type: none"> <li>• Child Safety Program attends CAMI Advisory Council quarterly.</li> <li>• The child abuse multidisciplinary advisory council advises the Oregon Crime Victim and Survivor Services regarding the allocation and administration of funding.</li> </ul> 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		
<b>Child Caring Agency (CCA) Oversight meetings</b>	<ul style="list-style-type: none"> <li>• Treatment Services Program participates in monthly collaborative meetings with state system partners to support shared standards and CQI, address systemic themes and brainstorm solutions connected to Oregon's Child Caring Agencies (CCA).</li> <li>• CCA oversight meetings include Oregon Health Authority (OHA) Child and Family Behavioral Health, Office of Training, Investigations, and Safety (OTIS), Oregon Youth Authority (OYA), and CW.</li> <li>• This group operationalizes the Vision for Transformation through trauma-informed and community-centered programs and enhancing staff infrastructure.</li> </ul>	1	2	

<p><b>Child Welfare Advisory Committee (CWAC)</b></p>	<p>CWAC advises CW on the development and administration of child welfare policies, programs, and practices. CWAC strives to look at policies, programs, and practices from the lived experience/expertise of those intimately involved with the system.</p>	<p>1</p>	<p>2</p>	
<p><b>Child Welfare Continuous Quality Improvement Advisory Committee</b></p>	<ul style="list-style-type: none"> <li>• The Child Welfare Continuous Quality Improvement (CQI) Advisory Committee meets monthly and reviews all CQI action plans created by local sites, and provide recommendations</li> <li>• The committee reviews all plans with an equity lens, ensuring plans do not disproportionately benefit white families or harm families of color.</li> <li>• Approximately 80% of the CQI Advisory Committee members are not CW employees. They are people with lived experience, resource providers, data scientists, Tribal representatives, and community and educational partners.</li> <li>• The first phase of the committee focused on identifying data equity values and the data equity vision statement used by the CQI program.</li> <li>• See pages 110-113 for further discussion of the role of the CQI Advisory Committee</li> </ul>			<p>3</p>
<p><b>Child Welfare Race Equity Leadership Team (CWRELT)</b></p>	<ul style="list-style-type: none"> <li>• CWRELT is a diverse advisory board overseeing equity initiatives across the agency.</li> <li>• CWRELT supports equity alignment across ODHS enterprise.</li> <li>• Committee members include 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).</li> <li>• See Section III, “Plan for enacting the State’s Vision. A. Equity and Anti-Racism” for more information.</li> </ul>	<p>1</p>	<p>2</p>	<p>3</p>

<p><b>Child Welfare Training Advisory Board</b></p>	<p>Training Advisory Board reviews requests and needs assessments to make recommendations regarding developing and implementing training at the division level, primarily for staff. Deliverables for this group include:</p> <ul style="list-style-type: none"> <li>• Qualitative standards for training design, delivery, and evaluation.</li> <li>• Formal written process and procedures for Training Requests.</li> <li>• Recommendations packages sent to Executive Leadership for review.</li> <li>• Communication strategy and plans.</li> <li>• Maintain a catalog of trainings developed by Child Welfare.</li> <li>• Reviews of existing training for updates.</li> </ul>		2	
<p><b>Citizen Review Boards (CRB)</b></p>	<p>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. Currently, there are 62 boards in 33 of Oregon’s 36 counties. The reviews and findings maintain a path for citizens to shape public policy affecting Oregon children and families experiencing foster care.</p>	1		3
<p><b>Commercial Sexual Exploitation of Children Steering Committee</b></p>	<p>Cooperative participation and community engagement at the national, state, and local level.</p> <ul style="list-style-type: none"> <li>• ODHS’ CSEC coordinator serves on the National Child Welfare Anti-Trafficking Collaborative Steering Committee.</li> <li>• ODHS is represented on the Attorney General’s 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.</li> <li>• The Advisory Committee approves county or area-wide task forces attended by local anti-trafficking staff to provide trauma-informed, holistic support to victims in Oregon.</li> </ul>	1		

<b>Department of Education</b>	CW meets weekly with the Oregon Department of Education Foster Care Point of Contact to align procedures, create strategies, and promote the educational success for students experiencing foster care.	1		3
<b>Americans with Disabilities Act (ADA) Steering Committee</b>	The CW ADA Steering Committee, comprised of internal and external partners across the state, provides review and feedback on all aspects of policy and practice related to working with individuals with disabilities. The ADA Coordinator convenes the group quarterly.	1	2	3
<b>Domestic and Sexual Violence Fund Advisory Committee</b>	<ul style="list-style-type: none"> <li>• The Domestic and Sexual Violence Fund Advisory Committee began in 1977 to explore funding to support domestic violence survivors. ODHS formalized the Advisory Committee in 1989<sup>2</sup>.</li> <li>• The Committee includes: <ul style="list-style-type: none"> <li>○ Representatives from urban, rural, and frontier non-profit service providers.</li> <li>○ Culturally specific organizations.</li> <li>○ Oregon Department of Justice.</li> <li>○ ODHS Self-Sufficiency Program.</li> <li>○ The Oregon Coalition Against Domestic and Sexual Violence.</li> <li>○ Attorney General’s Sexual Assault Task Force.</li> <li>○ Community members.</li> </ul> </li> <li>• The Advisory Committee meets monthly to: <ul style="list-style-type: none"> <li>○ Discuss updates or issues related to ODHS administered funding sources.</li> <li>○ Advise CW.</li> <li>○ Advocate for survivors of domestic and/or sexual violence.</li> <li>○ Advocate for survivor programs and services.</li> <li>○ Collaborate with funding agencies and statewide groups.</li> </ul> </li> <li>• Funds administered by ODHS are collaboratively allocated using an Equity Formula. These funds are passed to programs and Tribes to provide vital services to domestic and sexual violence survivors.</li> </ul>	1		

<sup>2</sup> ORS 413-050-0530

<b>Family Preservation Community Partner Forum</b>	<ul style="list-style-type: none"> <li>• Provides partners direct support and removes barriers to Family Preservation and implementation of the Oregon Title IV-E Prevention Plan.</li> <li>• Provides dedicated space to review themes and gaps in family stability.</li> <li>• Reviews and provides feedback on materials to support community information exchange.</li> <li>• Identifies areas/opportunities to expand and share family preservation.</li> <li>• Directs strategies to strengthen community involvement.</li> <li>• Makes recommendations to improve community engagement and communications.</li> </ul>	1		
<b>Governor’s Child Foster Care Commission</b>	<ul style="list-style-type: none"> <li>• In 2016, House Bill 4080<sup>3</sup> established the Oregon Child Foster Care Advisory Commission (CFCAC) to assess Oregon’s foster care system concerns and advise the Governor and the ODHS Director.</li> <li>• See ORS 418.041 to 044<sup>4</sup> for more information on terms, compensation, membership, and functions.</li> </ul>	1	2	3
<b>Indian Child Welfare Act Advisory Council</b>	The ICWA Advisory Council meets quarterly to facilitate information sharing and cooperation between CW and the nine federally recognized Tribes in Oregon. See pp. 170-171 for a detailed discussion of CW’s collaboration with the ICWA Advisory Council.	1		
<b>Juvenile Court Improvement Program (JCIP)</b>	See p. 97 for a detailed discussion of CW’s collaboration with JCIP.	1		3
<b>Oregon Resource Family Alliance (ORFA)</b>	<ul style="list-style-type: none"> <li>• ORFA’s mission is to “Strengthen Oregon families, and promote reunification, by engaging in community partnerships and encouraging collaborative relationships between birth families, youth, and resource families while providing meaningful support, education, mentoring, and advocacy.”</li> <li>• ORFA provides direct support to help resource parents understand rules and procedures.</li> </ul>	1		

<sup>3</sup> [House Bill 4080](#)

<sup>4</sup> [ORS 418.041-044](#)



	<ul style="list-style-type: none"> <li>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.</li> </ul>			
<b>Oregon Youth Authority (OYA)</b>	<ul style="list-style-type: none"> <li>OYA supports youth affected by the justice system in Oregon. OYA's mission is to hold youth accountable and provide opportunities for reformation in safe environments.</li> <li>Treatment Services Program partners with OYA around service provision, including administration of Behavior Rehabilitation Services (BRS), collaborative quarterly meetings across programs, System of Care partnerships, and monthly CCA Oversight meetings.</li> <li>CW local offices and frontline workers partner with OYA through the Interstate Compact on Juveniles (ICJ) to return children in CW custody who are missing and in another state.</li> <li>The ICPC program works with ICJ to identify children to whom both Compacts apply and ensure children placed in another state receive appropriate services. The ICPC program serves on the Interstate Commission for Juveniles to include CW's perspective in Oregon's ICJ administration.</li> </ul>	1		
<b>Parent Advisory Council</b>	Refer to p. 21, the Parent Advisory Council section under "Collaboration in Creation of the APSR" for more information.	1		3
<b>Raise Up Oregon Agency implementation Coordination Team</b>	This is a cross-systems team of state partners working to implement Early Learning Council early learning initiatives. See the Raise Up Oregon Agency Implementation Team memorandum <sup>5</sup> for more information.	1		
<b>Refugee Child Welfare Advisory Committee</b>	<ul style="list-style-type: none"> <li>The committee includes CW staff and community partners who support refugee communities, including organizations such as Salem for Refugees, Islamic Social Services of Oregon State, and Immigrant &amp; Refugee Community Organization (IRCO).</li> <li>This committee meets quarterly and when case reviews are requested.</li> </ul>	1	2	

<sup>5</sup> [Raise Up Oregon Agency Implementation Coordination Team Memorandum](#)



	<ul style="list-style-type: none"> <li>The committee discusses, advises, and solves problems for refugee families experiencing the child welfare system.</li> <li>The committee offers advice and support so workers can better serve refugee families.</li> </ul>			
<b>State Advisory Council for Special Education (SACSE) at the Oregon Department of Education</b>	CW is State Advisory Council for Special Education (SACSE) member. The council meets four times a year and advises ODE on the unmet education needs of children with disabilities.	1		
<b>State Interagency Coordinating Council (SICC) at the Oregon Department of Education</b>	CW is a State Interagency Coordinating Council (SICC) member. The council meets five times a year and ensures interagency coordination to support the development of quality statewide Early Intervention/Early Childhood Special Education services for children and families.	1		
<b>System of Care (SOC) Statewide Steering Committee</b>	<ul style="list-style-type: none"> <li>The statewide System of Care (SOC) Steering Committee includes: <ul style="list-style-type: none"> <li>People with lived experience.</li> <li>Local SOC members.</li> <li>OHA Children’s Behavioral Health.</li> <li>OYA.</li> <li>OHA.</li> <li>The Department of Education.</li> <li>The SOC Advisory chair.</li> <li>The ODHS Director’s Office.</li> <li>The Office of Developmental Disabilities (ODDS).</li> </ul> </li> <li>SOC collaborates on children’s system improvements, including braided funding, and reports to the System of Care Advisory Council.</li> </ul>	1		3
<b>The Contingent/MyNeighBOR/Every Child</b>	<ul style="list-style-type: none"> <li>The ICPC Program coordinates with Every Child when Oregon residents contact Every Child to be resource families for relative children from another state.</li> <li>The ICPC Program provides an orientation to the relatives and liaises with the sending state.</li> <li>The Contingent leverages innovative technologies and marketing strategies to: <ul style="list-style-type: none"> <li>Recruit resource families.</li> <li>Provide peer mentoring to new resource families</li> <li>Provide resource families with tangible goods through the MyNeighBOR program.</li> </ul> </li> </ul>	1	2	

	<ul style="list-style-type: none"> <li>○ Provide respite opportunities through the Foster Parents Night Out Program.</li> </ul>			
<b>Oregon Alliance</b>	Oregon Alliance, CW Treatment Services, and OYA meet on a monthly basis to communicate and collaborate on needs and projects related to the children’s continuum of care in Oregon and child-caring agencies.	1		3
<b>Treatment Services community partner and provider meetings</b>	Treatment Services Program hosts bi-monthly community partner and provider meetings. This dedicated forum enables direct communication and feedback, collaboration on system improvements for children and families, and shared implementation of innovative projects and pilots.	1		3
<b>Youth Transitions ILP provider meetings</b>	<ul style="list-style-type: none"> <li>• Youth Transitions ILP provider meetings are monthly and encourage ILP providers to listen and learn from youth input, provide updates on new resources for young people, and provide data on services provided.</li> <li>• This forum also allows for direct communication, feedback, and collaboration on service improvements.</li> </ul>	1	2	3
<b>Child Welfare and Oregon Health Authority-Child &amp; Family Behavioral Health Services</b>	<ul style="list-style-type: none"> <li>• CW and OHA leadership meet monthly to brainstorm and improve collaborations and prevention services for children and young adults (e.g., suicide prevention, mental health services, and housing options).</li> </ul>	1		
<b>Treatment Services Affirming Placements Committee</b>	<ul style="list-style-type: none"> <li>• Treatment Services Program facilitates a quarterly meeting with system and community partners to support Child Caring Agencies (CCAs) gender-affirming placement, care, and services to LGBTQIA2S+ children and young adults.</li> <li>• These meetings provide an opportunity to collectively identify broad system opportunities for improving the care and well-being of LGBTQIA2S+ children and young adults.</li> <li>• Committee members include: <ul style="list-style-type: none"> <li>○ Youth who identify as LGBTQIA2S+.</li> <li>○ The Oregon Youth Authority (OYA).</li> <li>○ OHA Children’s Behavioral Health.</li> <li>○ Children’s Care Licensing Program (CCLP).</li> </ul> </li> </ul>	1	2	3

	<ul style="list-style-type: none"> <li>○ Office of Equity &amp; Multicultural Services (OEMS).</li> <li>○ Multnomah County Behavioral Health.</li> <li>○ CW.</li> <li>○ CCAs.</li> </ul>			
<b>Treatment Services child and young adult engagement</b>	<ul style="list-style-type: none"> <li>● Treatment Services Program has a structured engagement process to elevate the voices of children and young adults placed in CW contracted Child Caring Agencies (CCAs).</li> <li>● Program analysts meet with children and young adults placed in contracted CCAs during program site visits multiple times each year and gather feedback on the young person’s experiences to inform continuous quality improvement efforts.</li> </ul>	1		3
<b>Oregon Alliance to Prevent Suicide</b>	<ul style="list-style-type: none"> <li>● The Alliance is charged with overseeing implementation of the five-year Youth Suicide Intervention and Prevention Plan (YSIPP) and evaluating outcomes related to suicide prevention in Oregon.</li> <li>● See pp. 128-137 within Section IV. 4 “Efforts to Track and Prevent Child Maltreatment Deaths (section 422(b)(19))” for more information on CW involvement.</li> </ul>	1	2	3
<b>Foster Care Ombuds Advisory</b>	Youth Transitions Program staff regularly attend these quarterly meetings. It is an opportunity to discuss issues impacting youth experiencing foster care and to share information, resources, and services available to support young people.	1		

### 1. Collaboration in the Creation of this APSR

Equity is at the center of the Vision for Transformation. CW shares power with communities to ensure that every child and family has access 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 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 supports children, families, and communities, anticipates problems, responds early, and focuses on outcomes, not just outputs. This means treating foster care as a last resort and aligning resources toward prevention and intervention. Collaboration among staff, ODHS programs, community partners, Tribes, government agencies, resource parents,

and those with lived expertise is necessary for prevention and family preservation. Cross-system collaboration efforts are summarized in Figure 3 above.

CW executive leadership holds quarterly community forums to allow the community to hear about CW's work, ask questions, and provide feedback. CW staff have similar forums.

Three advisory councils provide CW with ongoing feedback, recommendations, and information. CW builds trust with these councils by developing intentional and continuous relationships. Each council, along with a summary of its work between July 2022 – June 2023, is described below.

#### *Child Welfare Advisory Committee (CWAC)*

The Child Welfare Advisory Committee<sup>6</sup> counsels the agency on developing and administering policies, programs, and practices. Members represent other state agencies, representatives of professional, civic, or other private organizations, and private citizens. The committee meets every other month, with two work groups (Budget/Legislative Concepts and Services to Teens) that meet on alternate months.

CW and ODHS staff regularly provide updates and solicit input from CWAC. Many of these updates are based on information and updates requested by CWAC members. Since the last APSR (July 2022-June 2023) CW provided regular updates to keep CWAC informed about the various positions and programs within ODHS and CW and how they support the Vision for Transformation. For example:

- The Service Equity Manager within the Office of Equity and Multicultural Services provided information about their role, how they support CW, and the DEI Action plan<sup>7</sup>;
- The family defense project presented its work to decrease the need for foster care by educating juvenile courts and attorneys and enhancing methods for supportive attorney-client relationships;
- CW staff presented on the 2023 legislative session, including:
  - Progress on Child Welfare-related bills and policy options packages (POPs).
  - Links to CW presentations at the legislature.
  - Information about how CWAC members can search for specific bills or POPs they are interested in following.
- The Family Preservation program regularly presented its work, including upstream prevention (refer to pp. 81-84 for more information about family preservation work); and
- The Continuous Quality Improvement program regularly presented efforts to launch and integrate CQI throughout CW (refer to pp. 110-113 for more information about CQI work).

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<sup>6</sup> <https://www.oregon.gov/DHS/CHILDREN/ADVISORY/Pages/cwac.aspx>

<sup>7</sup> [State of Oregon Diversity, Equity, and Inclusion Action Plan](#)

### *The Parent Advisory Council of Oregon*

The Parent Advisory Council of Oregon (PAC) is made up of parents from all over Oregon who have navigated the child welfare system and are in a successful parenting role. Many of them are also employed as parent mentors- partnering with parents currently navigating state agencies like ODHS Self Sufficiency and CW. The parents meet with the CW director and deputy director for program and practice every month to discuss current practice trends, long-term goals, and to raise up any specific practice issues that exist. The main portion of the agenda alternates, with the parent advisors setting the agenda one month, and CW leadership setting the agenda the next.

The parents report out every month on the practice they see in their local county, raising up both things that are going well and areas for improvement. This is an invaluable feedback loop for CW. Parent mentors provide examples of excellent caseworker practice, which can be passed on to staff in other counties and districts to emulate. They also provide examples of where practice is not meeting expectations so the issues can be addressed and corrected.

PAC was instrumental in a major change designed to increase parent voice in CW as a whole. With their insight and collaboration, CW now can hire individuals who have lived experience in the CW system *as a parent*. In the past, this has been a barrier because any “founded” disposition of child abuse or neglect, no matter how long ago, resulted in an automatic failure to pass the background check for direct employment with CW. Now there is a weighing test that examines the individual’s specific founded and current circumstances. The weighing test can result in a passing background check, opening the door for CW to directly employ individuals who have lived experience with the system as a parent. Serving parents well is central to the Vision for Transformation and our belief that children do best when they are safely with their family.

PAC recommended a language change for CW: family time/parenting time instead of “visitation.” Parents provided feedback that “visiting” minimizes the role and relationship present. Parents are parenting their children throughout their involvement with CW. CW made this language change across policy and procedure, as well as practice, in 2022.

CW collaborated with PAC and a few parent mentors in the Incarcerated Parents Workgroup to create a Bill of Rights for Children of Incarcerated Parents. This document reflects the legal rights memorialized in ORS 423.160, which became law in 2017. More can be done to protect the rights of children whose parents are incarcerated. State rules and regulations impose barriers on contact between children and their incarcerated parents. The goal is that the Bill of Rights will help inform all agencies who impact children in this situation. CW and PAC are hoping to build and strengthen relationships with courts, law enforcement, and DOC to remove barriers that violate the rights of children. The workgroup is also building resources to address logistical barriers, like meeting the varied requirements of the different correctional institutions and keeping contact information easy to find and up to date.

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

CW, ODHS Tribal Affairs, and representatives from the nine federally recognized Tribes in Oregon meet on a quarterly basis to discuss CW practice, the experience Tribes and Tribal families have when receiving services from CW, and long-term policy and practice issues. See pp. 170-171 for additional information.

## II. Assessment of Current Performance in Improving Outcomes

### A. Child And Family Outcomes

#### Notes on Data in this Report

##### *Child & Family Services Review Data*

The Child and Family Services Review (CFSR) is a federal, qualitative review of case specific practice and systemic factors that impact how families are served. The case specific practice data is drawn from the Onsite Review Instrument (OSRI). Oregon evaluates each district's performance on these 18 items using the OSRI. The federal government recently released the newly revised OSRI for CFSR Round 4, a major and comprehensive assessment of each state's child welfare system.

The data in this report is all drawn from the Round 3 OSRI. Oregon began using the Round 4 instrument in February 2023. Next year's report will include that data.

This report covers data gathered through January 31, 2023. Note that the period of 10/2022 to 1/2023 does not cover all districts in the state and has a smaller absolute number of cases because of the shortened period.

##### *Statewide Data Indicators*

Statewide Data Indicators (SWDI) are a collection of seven measures developed by the federal government. These measures include:

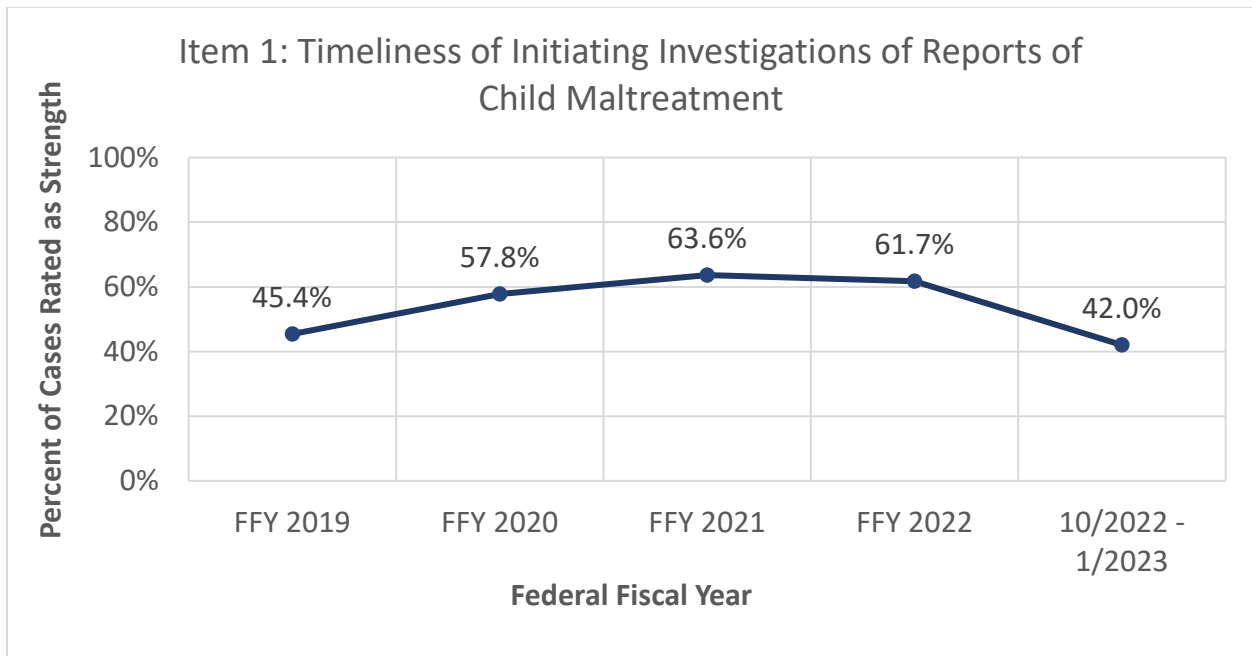
- Re-Entry into Foster Care (paired with CFSR Safety Outcome 1, figure 12 on p. 31)
- Maltreatment in Foster Care (paired with CFSR Safety Outcome 1, figure 15 on p. 36)
- Recurrence of Maltreatment (paired with CFSR Safety Outcome 1, figure 17 on p. 38)
- Placement Stability (paired with CFSR Permanency Outcome 1, figure 21 on p. 43)
- Permanency in 12 months for Children Entering Care (paired with CFSR Permanency Outcome 1, figure 24 on p. 48)
- Permanency in 24 months for Children in Care 12 to 23 months (paired with CFSR Permanency Outcome 1, figure 27 on p. 51)
- Permanency in 36 months for Children in Care 24 Months or More (paired with CFSR Permanency Outcome 1, figure 30 on p. 54)

The federal government sets the goal for SWDI performance based on a review of how all states perform. The goals reported in this document came out of CFSR Round 3. The federal government has set new goals for CFSR Round 4 based on changes in all states' performance on these measures. CW has a public-facing dashboard that updates this data quarterly. Beginning with the posting of 2023 Q1 data, CW will compare Oregon's performance to the new CFSR Round 4 goals.

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

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

Figure 4



Oregon Child Abuse Hotline (ORCAH)

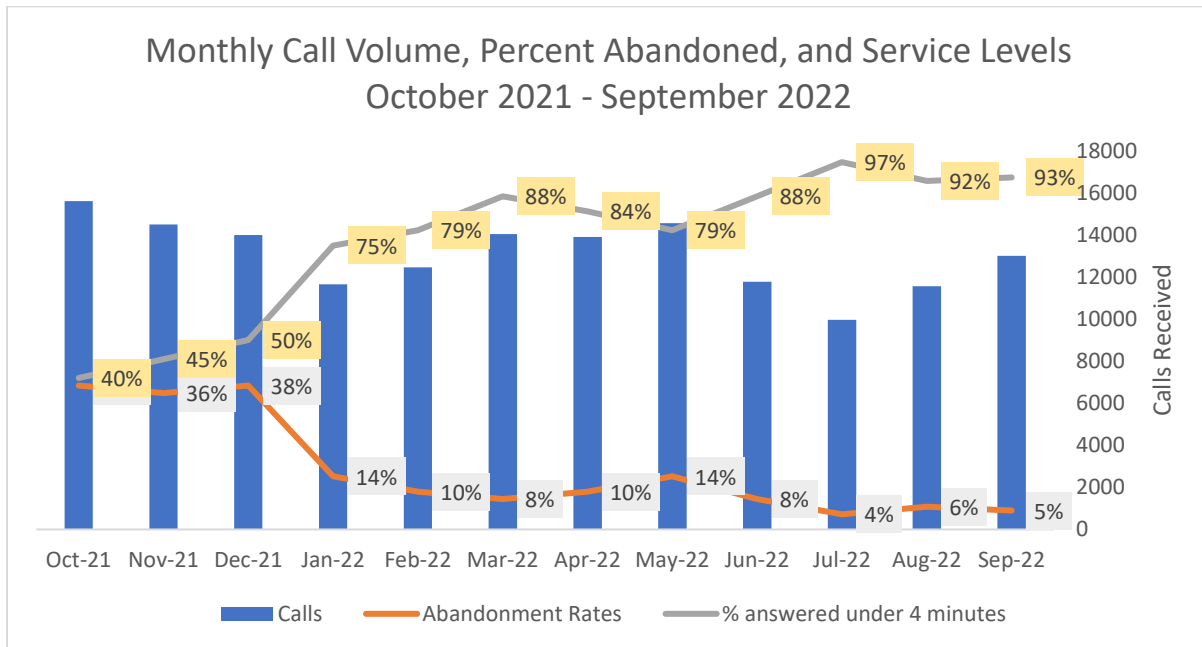
Receiving the Reports

The Oregon Child Abuse Hotline (ORCAH) screens all reports of child abuse for Oregon. ORCAH reached its fourth anniversary of full implementation on April 4, 2023. As the front door to CW and provision of child protective services, ORCAH screens calls and cross-reported law enforcement reports. ORCAH aims to answer calls within four minutes 95% of the time because data analysis revealed most callers who hang up did so when on hold for over four minutes.

ORCAH's other primary service goal is abandonment rates below 5%. The abandonment rate is the percentage of callers who hang up before speaking to an ORCAH screener. In early 2022,

ORCAH successfully implemented operational strategies to improve response time and abandonment rate (figure 5). In the final quarter of 2022 and the first quarter of 2023, ORCAH maintained response times above 90% and abandonment rates below 7%.

Figure 5

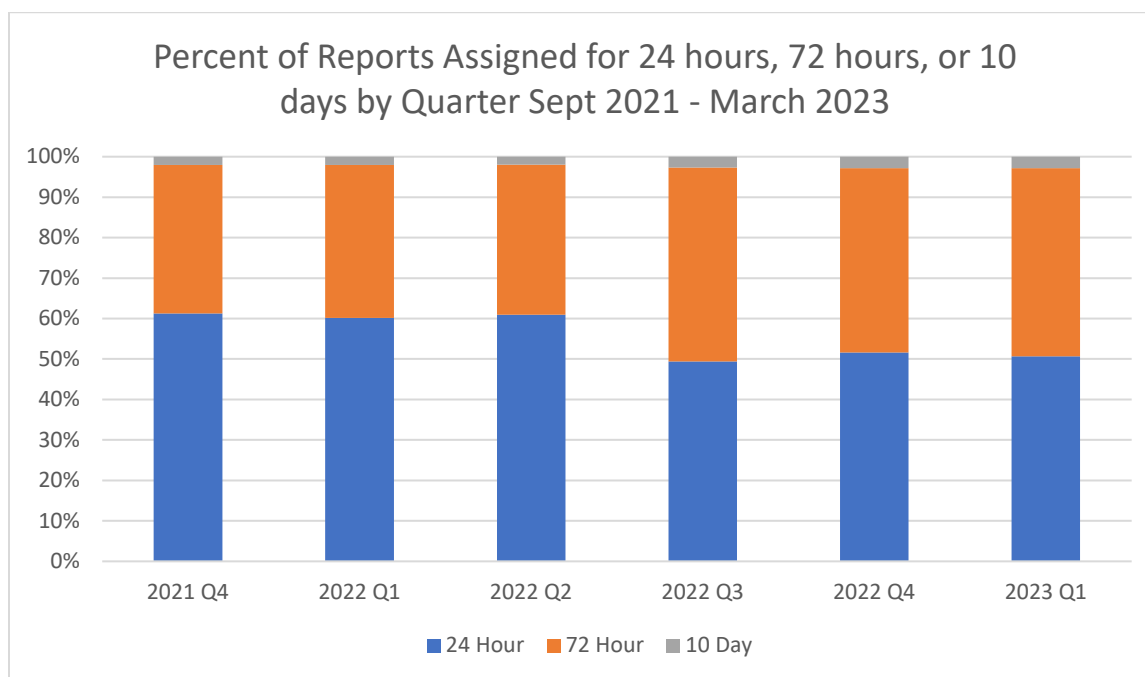




## Assigning the Reports

ORCAH implemented the Action for Child Protection model to identify present dangers in child abuse reports. Based on priority level, ORCAH assigns child abuse reports to child protective services (CPS) within 24 hours, 72 hours, or 10 business days. When there is present danger (based on criteria), ORCAH aims to assign the case within 24 hours. To address a high percentage of reports being assigned as 24-hour response times when no present danger existed, ORCAH collaborated with Evident Change to implement a Structured Decision Making (SDM) tool that modified the response time definitions. Early data about the impacts of SDM implementation reveals a decrease in 24-hour response times.

Figure 6



Regardless of the response time, ORCAH must make and document screening decisions within 10 hours of receiving the report. ORCAH measures this performance in two ways:

1. Child and Family Service Reviews (CFSR) review ORCAH's performance in a sample of assigned reports. The data reflects the timeliness of assignment for screening reports for all cases reviewed for that month's CFSR review. Therefore, this data reflects a historical sample that pre-dates the reported data's month (Figure 7).
2. ORCAH's Quarterly Data Report measures timeliness to assignment for all assigned reports of child abuse. The data reflects real-time performance for all assigned child abuse reports each month. From October 2021 to September 2022, ORCAH assigned 83% Timely (Figure 7).

Figure 7

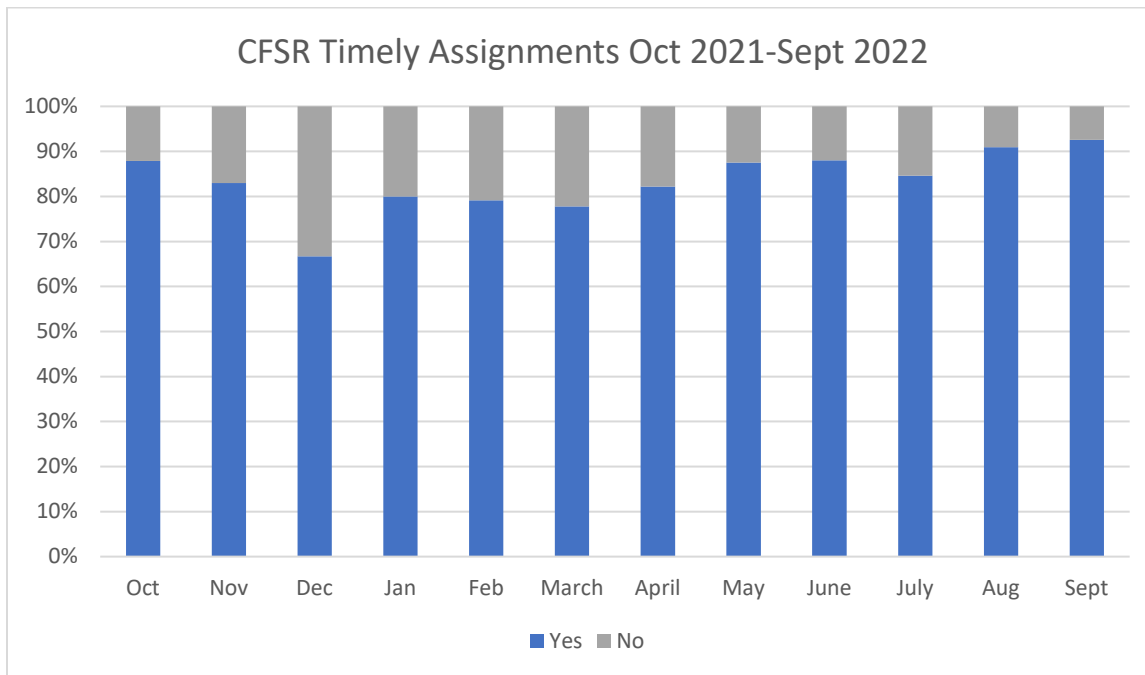
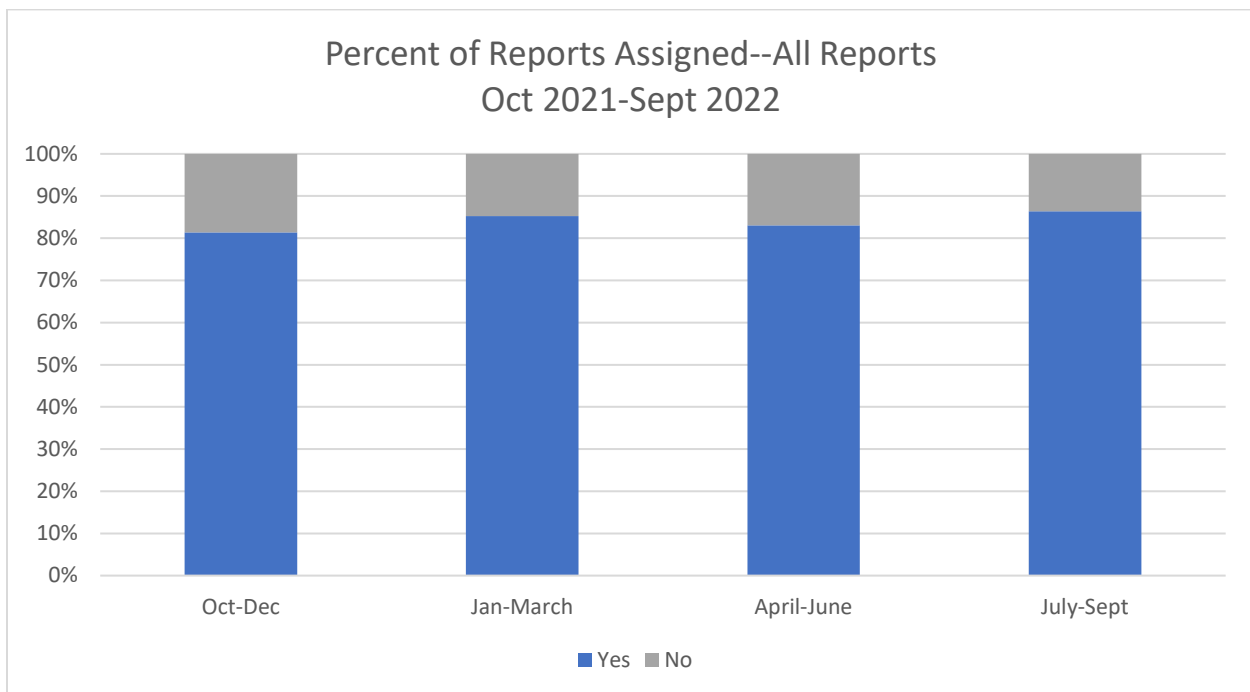


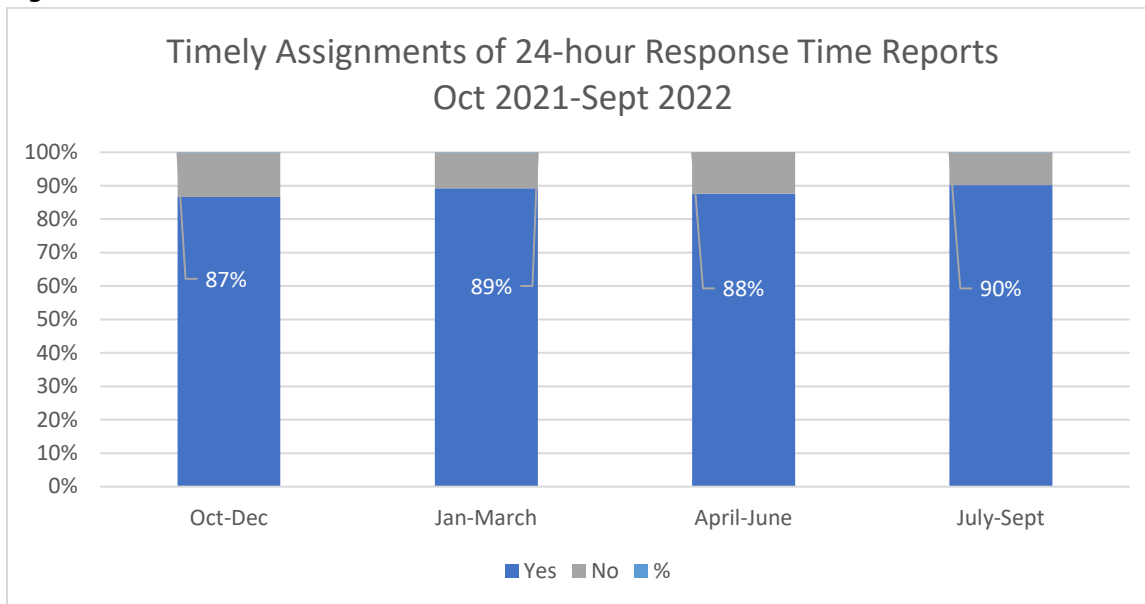
Figure 8



The graph above includes 72-hour and 10-business day response assignments to CPS. Most of these reports are assigned in sufficient time for CPS to respond within the assigned response time. The graph below shows that ORCAH assigned 89% of timely reports with 24-hour

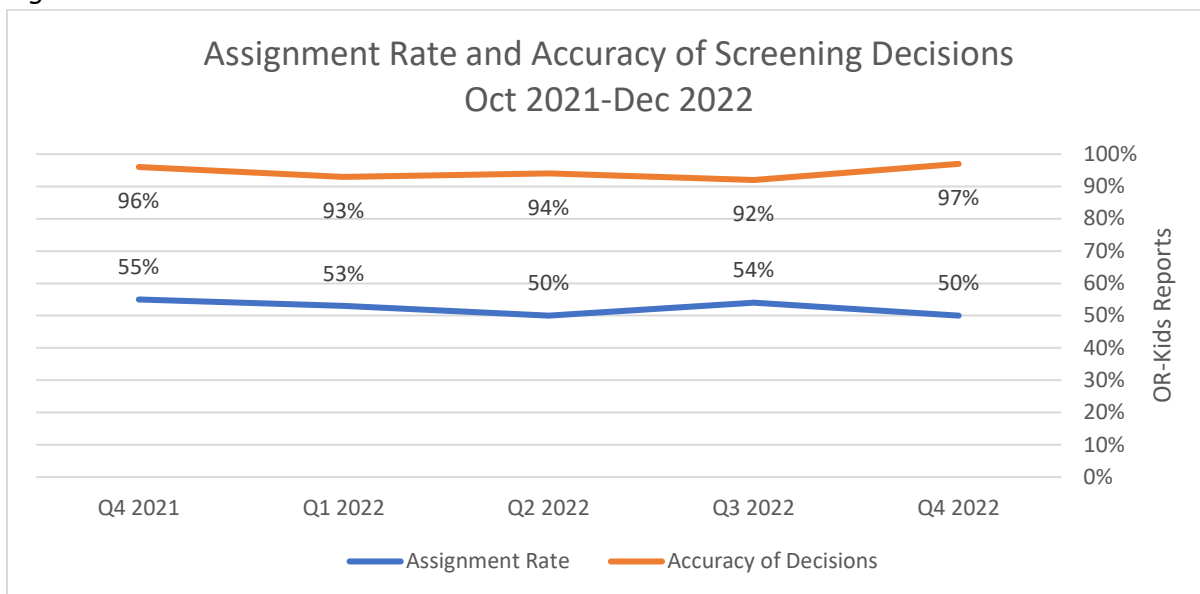
response times. The 24-hour response assignments are more likely to be met when ORCAH assigns reports timely.

Figure 9



In addition to timely response to calls, timely assignment of reports, and accurate response times that ensure child safety, ORCAH strives to make accurate screening decisions to ensure child safety. With the implementation of the Structured Decision-Making tool at screening, ORCAH observed a decrease in assignment rates (the percent of reports assigned vs. closed at screening) while maintaining high accuracy rates in screening decisions (decisions align with statutory requirements) (Figure 10).

Figure 10



### Child Safety Program

Child Safety Program reviews and analyzes data from multiple reports on the timeliness of initial contact. The reports include quantitative and qualitative data factors, worker skills assessments, workplace resources, communication, and leadership. The reports promote understanding the complex elements influencing the data and impacting performance. Using this data and analysis, Child Safety Program develops strategies and action plans with local office leadership to increase the timeliness of initial contacts and meaningful ongoing contact to improve outcomes.

CW continues to improve data availability, accuracy, and continuous quality improvement opportunities. Child Safety Program aligns its fidelity reviews with the Children & Family Services Reviews (CFSR) and Continuous Quality Improvement (CQI Program) to promote collaboration and support the Vision for Transformation. Partnering improves accountability and transparency, strengthens safety-related service delivery, promotes equity, and supports the professional development of the CW workforce.

In January 2022, in partnership with Executive Leadership Team, the Child Safety Program used data and performance management to recommend improvements for supervision content and completing assessments timely. Plans were created and shared with local offices in September 2022 and included support for two items related to CFSR Item 1:

1. Enter assessment activities, including face-to-face contacts, interviews, and observation of the home environment, within one business day of the activity.
2. Utilize docu-time daily to prioritize entering assessment activities and information into OR-Kids.

Timely initial contact continues to be an area of strength. From October 2021- September 2022 (FFY), 73.55% of initial contacts were timely after filtering for accuracy<sup>8</sup>. From 2019 to 2022, the percentage of timely initial contacts increased by 2.5%.

Oregon Child Abuse Hotline (ORCAH) staffs and screens 24 hours a day, year-round; however, staff in local offices across Oregon generally work Monday through Friday, 8:00 am to 5:00 pm. This creates a barrier to responding to designated cases within 24 hours. ORCAH assigned 45,997 CPS reports to local offices in 2022. Of those, 25,602 required 24-hour response outside “normal” business hours. Some districts have addressed this with alternative work schedules or on-call rotations. CW continues to assess best practices to improve operations and promote rapid response, including the following:

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<sup>8</sup> This data is pulled from ROM CPS.03 Time to Initial Contact. When analyzing this data, CW removes OTIS reports from the data set because OTIS conducts child abuse investigations in non-familial settings, which involve those who have a professional relationship with children: teachers, coaches, childcare providers, treatment facilities, residential facilities, and others. Unlike CW, they do not refer or provide services to children and families, they do not legally intervene with families, and they do not make safety determinations. Additionally, OTIS has its own administrative rules and procedures.

- Throughout 2022 CW partnered with the University of Kentucky Center for Innovation in Population Health to complete Safe Systems Mapping. This process developed solutions to improve diligent and ongoing contact with families during open child protective services assessment. CW is assessing and modifying the solutions to align and integrate into internal processes such as coaching model implementation.
- In October 2022, CW launched OR-KIDS Go, enabling caseworkers to enter documentation for initial and ongoing contacts during the real-time CPS assessment through a mobile phone application. The application allows assessments to be completed immediately after contact.
- In February 2023, Child Safety Program began collaborating with OR-KIDS business analysts and technical team to develop desktop alerts for CPS caseworkers and supervisors as prompts to enter initial contacts with required assessment participants.
- In some local offices where the ratio of CPS assessments is higher, ongoing recruitment and retention of a skilled workforce, including CPS caseworkers and supervisors, continue to be of importance. The higher ratio of assigned CPS assessments presents challenges in making timely contacts and gathering information needed to make sound safety decisions.

In preparation for CFSR Round 4, the CQI Program is doing an in-depth analysis of Oregon's performance on Item 1. The CQI program is evaluating each step of the Onsite Review Instrument and the narratives for Item 1. The goal is to identify themes or trends in practice that can either be spread to more areas (where successful) or addressed to improve practice (where the result is an area needing improvement).

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

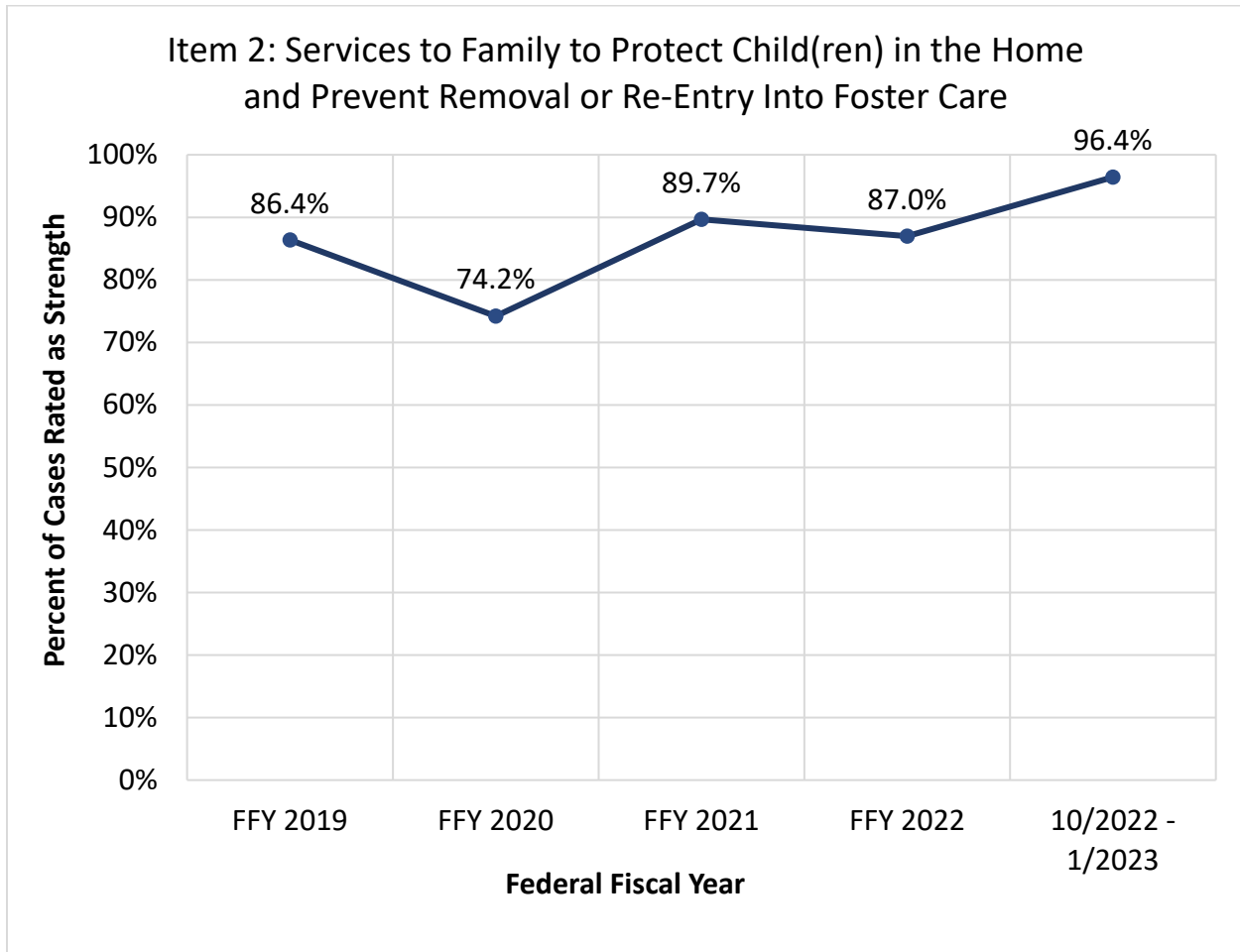


Figure 12

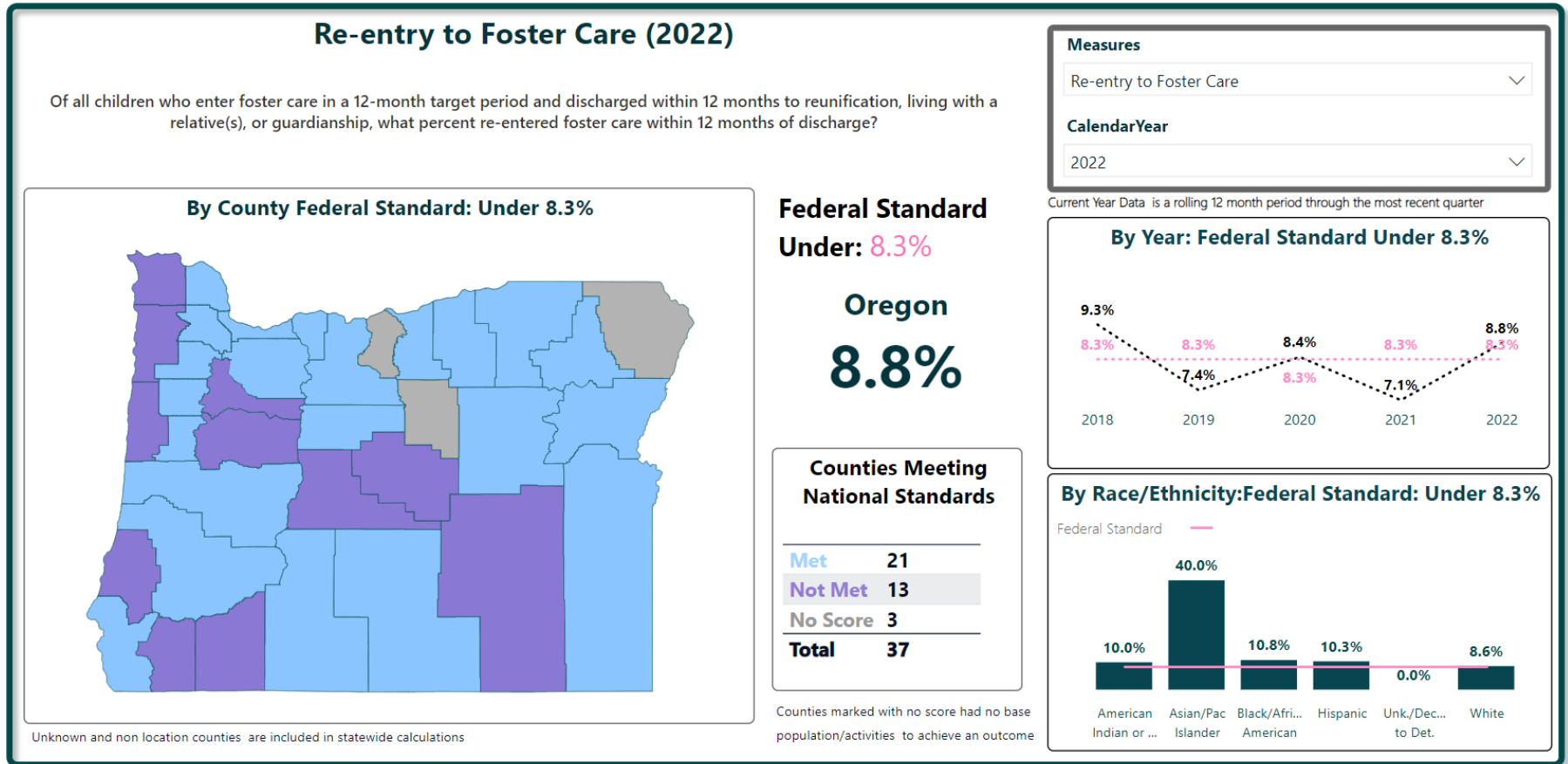
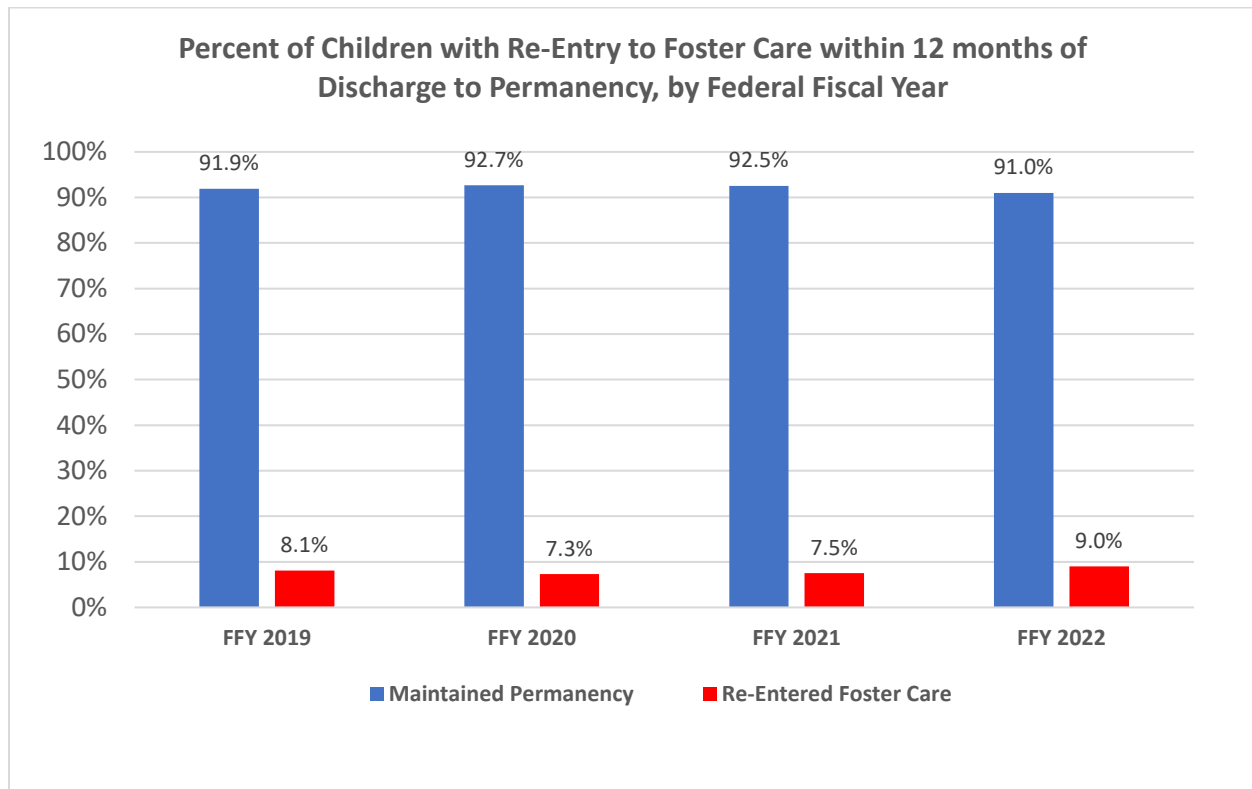


Figure 13



Child Safety Program partnered with CW Executive Leadership, Permanency Program, Tribal Affairs, all local office leadership, and community collaborators to address service gaps and provide family-centered, culturally appropriate, accessible services to support safety and prevent foster care.

Child Safety Program has continued developing and implementing family preservation procedures and practices to increase family and community engagement and decrease how many children enter or re-enter foster care. Child Safety Program focused on enhancing workforce skills and supports to engage families during the CPS assessment. Starting in January and throughout 2022 Child Safety Program leadership, consultants, coordinators, and local office supervisors partnered with Alia, a national nonprofit supporting innovation in child welfare systems, to identify and implement system changes that support the Vision for Transformation and ensure children remain with their families. This year-long technical support included creating an equity framework, quarterly training, monthly learning sessions and cohort Learning Circles, and regular Child & Family consultations. Alia's work helped Child Safety Program by improving coaching to address bias and racism, sharing power with families, promoting early and ongoing engagement of families, and keeping children home.

In June and July 2022, Child Safety Program contracted with a purveyor in the Action for Protection Safety model from another state using the model. The goal was to provide Child Safety Program technical assistance to support sufficient documentation during CPS



assessments through consultation and coaching to improve worker and supervisor performance. By gathering information, CW can:

- Better determine the presence or absence of present and impending danger safety threats.
- Support effective parent engagement.
- Identify parental protective factors.
- Improve the quality of initial contacts and outcomes for risk and safety management.
- Improve safety outcomes for children in Oregon.

In response to opportunities for improvement identified by the ODHS Leadership Academy, the CW Race Equity Leadership Team collaborated on a joint response workgroup to identify and recommend updates to statutes, rules, procedures, materials, and training to provide consistent equitable and trauma-informed engagement with families across the state. The joint response workgroup also focused on CW contact with families when law enforcement is present. As of 2023, the workgroup is collecting feedback from focus groups with those impacted by the work, including CW staff, law enforcement professionals, parents and youth with lived experience, and community service providers and advocates. In addition, the workgroup created a decision workflow for CW caseworkers and supervisors to support decision-making during joint contact with law enforcement when meeting with families. This workflow is in effect in three counties currently. The recommendations are based on current statutes, rules, and procedures and consider family history, culture, current circumstances, and known relationships with community services, including CW and law enforcement.

Child Safety Program supports caseworkers in making accurate safety decisions, including intervening when children are unsafe and working with families and their networks to develop the least intrusive safety intervention. The Child Safety CPS Fidelity Reviews data from May 2022 shows that children were correctly coded as safe or unsafe after the CPS assessment in 79% of the CPS assessments reviewed. The data also showed that in 85% of the safety plans reviewed, the in-home or out-of-home determination was correct.

Throughout 2022 Child Safety Program prioritized collaboration with the Tribes of Oregon and the Office of Tribal Affairs to ensure compliance with ORICWA/ICWA. Active Efforts staffings continue to assess and ensure compliance with new reports that need ICWA consideration.

Child Safety Program developed written guidance to support the workforce, such as updating the written substance use disorder guidance and providing critical information about opiate use disorder specific to fentanyl to support accurate safety decisions and planning. The statewide Alcohol and Drug Services Coordinators have provided support and training to community partners and Tribes to improve the safety of children whose parents and/or caregivers are abusing fentanyl.

CW recognized parent barriers to meaningfully participating in court-involved cases, including trauma from legal systems, conflicting time commitments, the stigma of court involvement, and more. CW created detailed guidance and procedures to increase engagement and case planning participation with parents. The guidance explains when a family's due process rights are protected and the least intrusive way to ensure child safety, such as providing services and case management while keeping the child home with their family. Due to CW efforts:

- Increase in timely transfer of cases from CPS to permanency.
- CW caseworkers built better trusting relationships with parents.
- Parent participation in services and safety planning increased.
- These cases are now tracked and identified in the database to assess, identify disparities, and continually improve.

Group supervision provides coaching and supports CPS workers, Coaching and Training Specialists (C&TS), 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. Child Safety Program uses a group supervision structure for:

- Cases with an infant.
- Previously founded dispositions or cases where a child experienced recurring maltreatment.

Child Safety Program has partnered with ODHS' Office of Reporting, Research, Analytics and Implementation (ORRAI) to develop data reports identifying children 0-5 years old. Consultants use this data to support local office assessment and prioritization for infants 0-12 months due to their vulnerability, especially for cases with parental substance use, domestic violence, and repeat reports. Infant safety staffing is continually used and expanded throughout the state to ensure quality safety plans and decisions.

In April 2023, CW mandated nurse referrals for all CPS assessments for children under one-year-old in the household. This population requires increased parental supervision and support to ensure safety and well-being in the home. The nurse referral aims to provide support, skills, and education directly to families and other contacts. Nurses help families access resources to meet their and their children's needs.

Child Safety Program continues to evaluate and recommend changes to align practice with the Vision for Transformation and Equity North Star. This includes incorporating recommendations from the Parent Advisory Council and partnering with the Policy Unit to update documents using CW's Racial Equity and Social Justice Tool and process to consider equity in policies and rules.

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 14

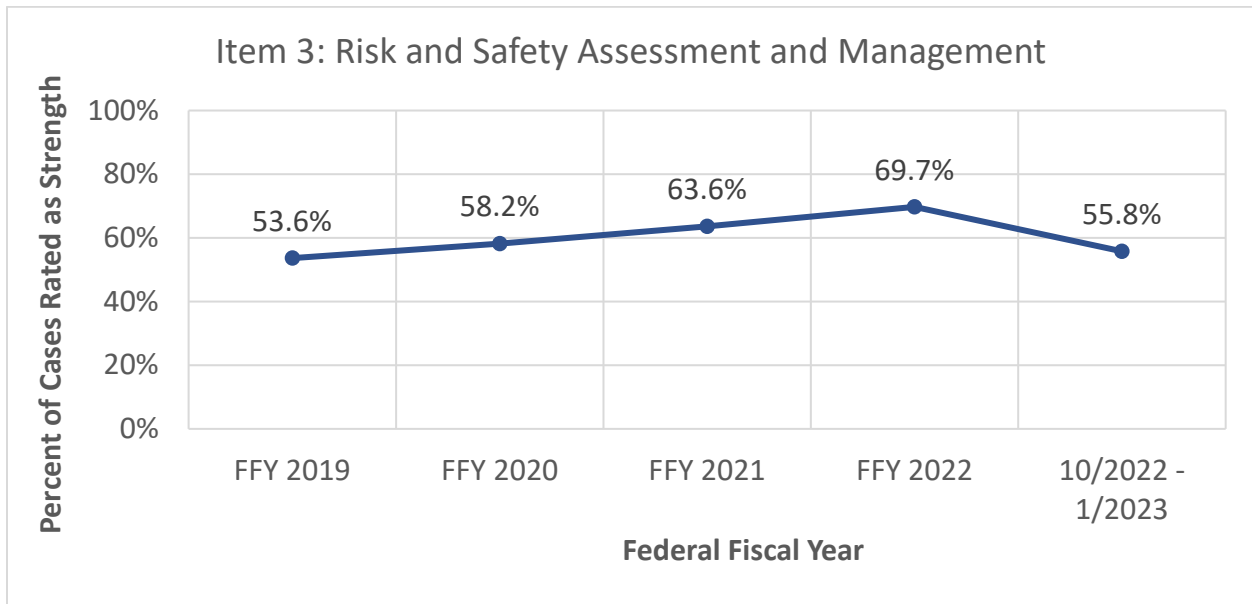


Figure 15

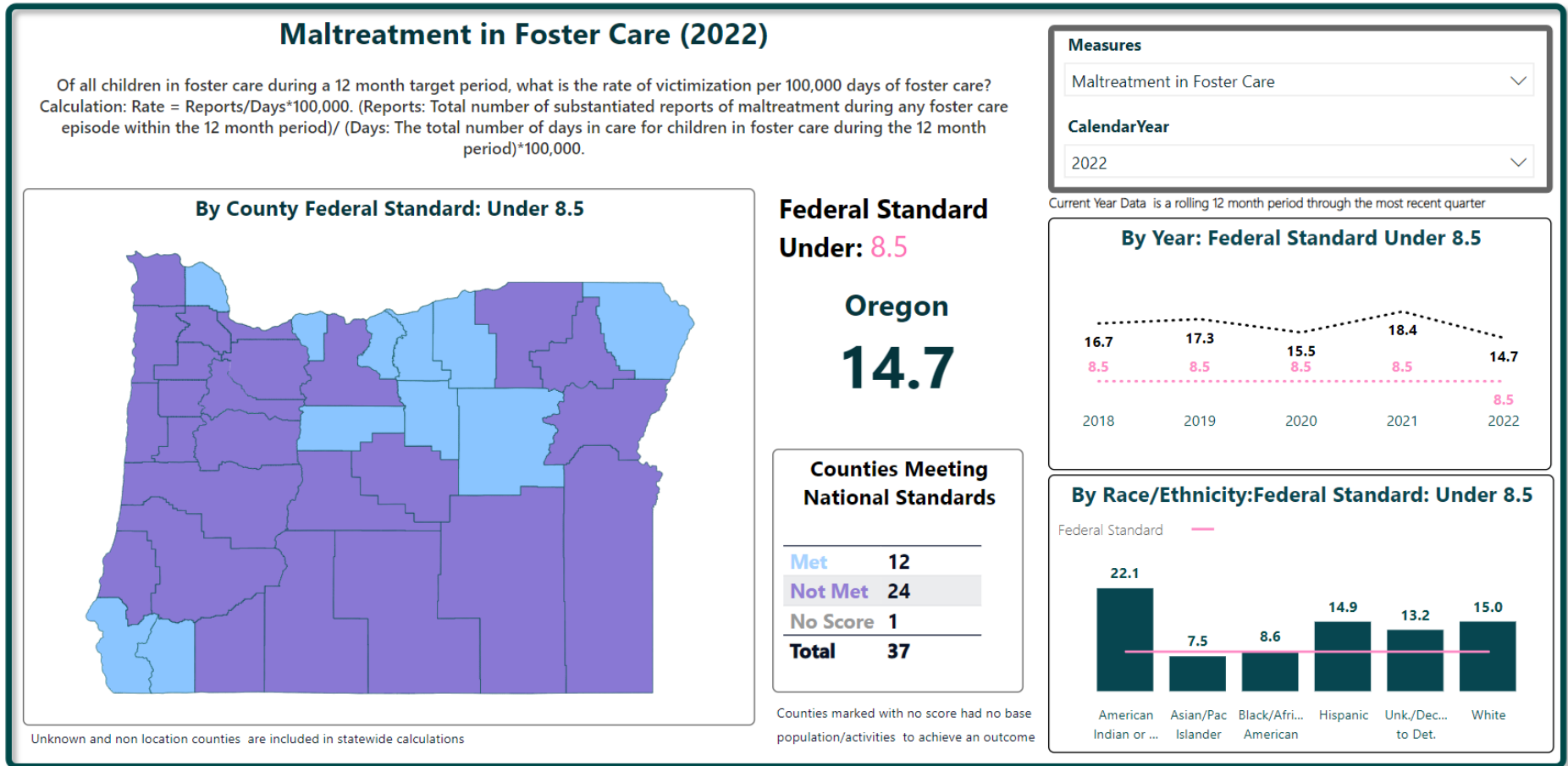


Figure 16

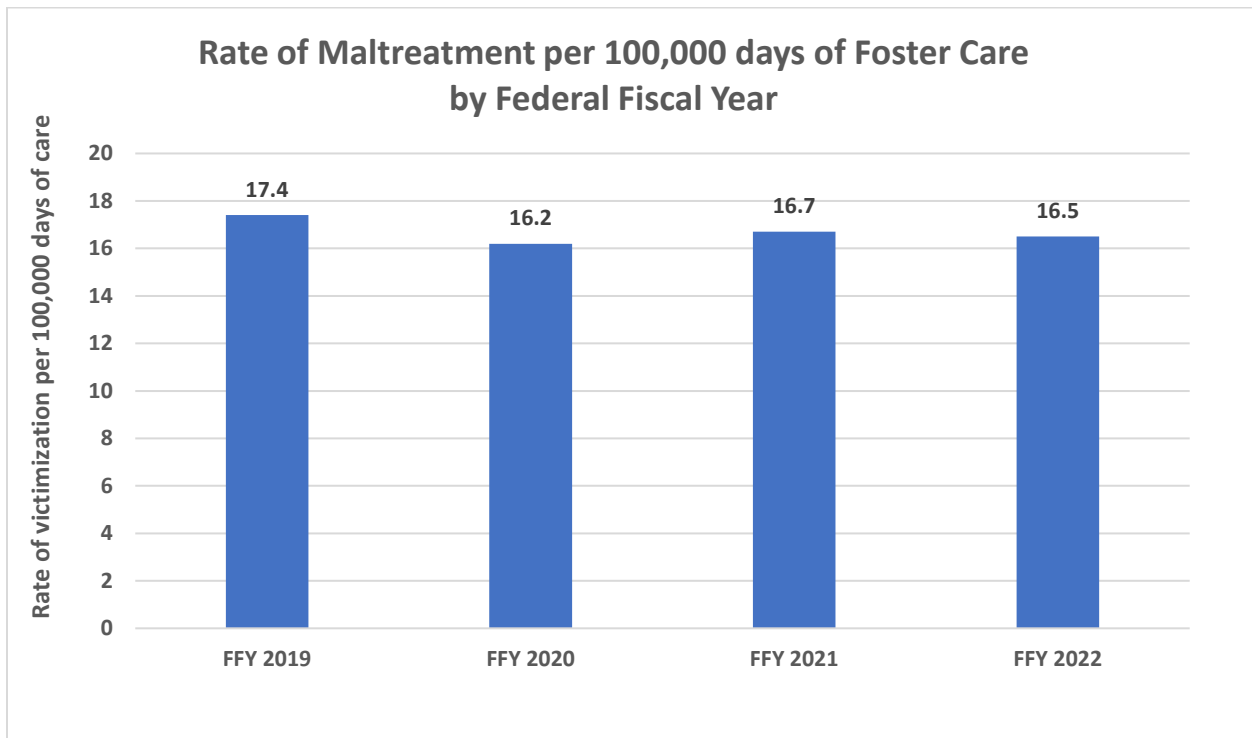


Figure 17

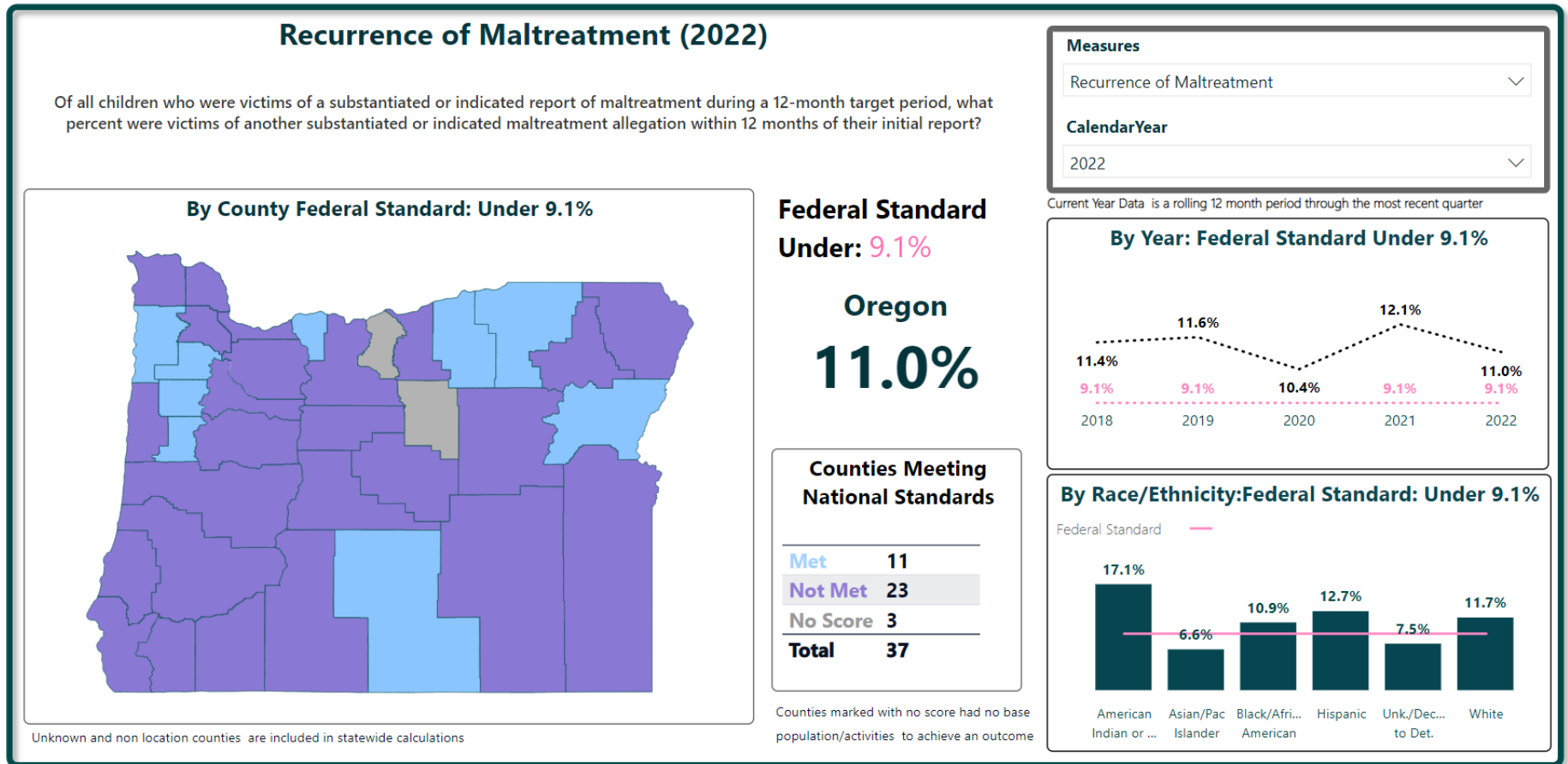


Figure 18

Number and Percent of Children who had Another Substantiated Report within 12 months of the Initial Report, by Federal Fiscal Year								
Federal Fiscal Year	FFY 2019		FFY 2020		FFY 2021		FFY 2022	
Safe	11,270	89.0%	11,129	88.8%	9,854	89.0%	9,740	88.4%
Recurrence	1,387	11.0%	1,398	11.2%	1,213	11.0%	1,279	11.6%
Total Child Victims	12,657	100.0%	12,527	100.0%	11,067	100.0%	11,019	100.0%
Initial maltreatment during	FFY 2018		FFY 2019		FFY 2020		FFY 2021	

Source: ROM SA.02 Recurrence of Maltreatment

### Child Safety Program Efforts

Child Safety Program provided virtual CPS Quarterlies to caseworkers and supervisors. From 2022 to 2023, Child Safety Program aimed to improve family engagement by intentionally involving people with lived experience. The CPS workforce collaborated with the community to build family trust and received ongoing coaching to identify and address worker and supervisor bias during key decision points throughout CPS assessments. Additionally, Child Safety Program developed strategies to address practice drift identified in CPS fidelity reviews, CFSR reviews, and Critical Incident Review Team (CIRT) recommendations. Child Safety program provides topic-specific training on best practices to address the commercial sexual exploitation of children, families experiencing domestic violence, and engaging parents with substance use disorder.

Child Safety Program provides coaching, resources, and supports to assist CPS workforce in sufficiently assessing infant and young child (under 5) safety, including opportunities to learn best practices for infant safety during a CPS Assessment. As mentioned in Item 2, data shows that the workforce uses group supervision and Infant Safety staffing.

The Child Safety Program maintains the OWL CPS Resource Page, including easily accessible local office guides and resources to complete safety work efficiently. In 2022 Child Safety updated resources in collaboration with other child welfare programs, such as the fentanyl guide, mental injury considerations, cultural considerations, and domestic violence.

Ongoing communication between the Child Safety Program and delivery offices remains a priority. Child Safety program leadership offers monthly Safety Program office hours for delivery program managers to collaborate on CPS practice. Child Safety program coordinators offer monthly office hours to provide practice support for complex cases involving domestic violence, substance use disorder, and the commercial sexual exploitation of children (CSEC). In

February 2023, the Child Safety Program launched a monthly communication, The Safety Program Spotlight, to streamline monthly communication from Safety Program. It will include updates from subject matter experts and program coordinators on optimal practices and share important announcements, including any upcoming changes to practice and procedure.

Safety Program is providing support and training for Resource Parents. The CSEC coordinator provides twice yearly CSEC and child sexual abuse material (CSAM) training to resource parents. The course covers everything from a basic working knowledge of issues related to CSEC, to intermediate and advanced knowledge of the tactics exploiters use and their impact to survivors. The course also covers internet safety and practical tools that resource parents can use with the youth they care for. The training is also available by request and has been shared with other states as an example of resource parent training content appropriate to the topic. The DV coordinator facilitates DV 101 for Resource Parents on a quarterly basis. Additionally, the DV Coordinator is part of the Batterers Intervention Program workgroup, where the focus is on safety considerations for families experiencing DV. These workgroup plans to create tools and resources for local offices focused on engaging the abusive partner, identifying and assessing lethality indicators based on abusive partner behavior and strengthening a coordinated community response to building circles of safety around the abusive partner to keep the child and survivor safe. The workgroup plans to provide recommendations for training and coaching needed to become a more DV-informed agency.

The Addiction Recovery Teams are a long-standing resource to accurately assess child safety when parental substance use is a consideration. Updated position descriptions for Addiction Recovery team leaders across the state include contacting CPS workers during assessments. In addition, Child Safety Program partners with the Permanency Program to develop and implement Family Treatment Court statewide. As of June 1, 2023, five counties across the state have been fully implemented.

In response to CIRT and Safe Systems data surrounding parental substance use and domestic violence, two full-day strategy sessions were held with Child Safety, Child Fatality Prevention and Review, Equity, Training & Workforce Development and Permanency program to develop a 12-month plan to increase staff knowledge and skills when work with cases involving these family stressors. Outcomes from the strategies will be discussed in the 2025 APSR.

In collaboration with the CW ADA Coordinator, Child Safety Program created guidance to effectively communicate with parents and caregivers with substance and alcohol disorders guidance. SUD-ADA guides should be completed in August 2023 to provide guidelines for the workforce and support best practices for assessing families experiencing substance use disorder.

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 assessments 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 managers 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.

#### Permanency Program Efforts

As noted in figures 40 and 41 on p. 63, the percentage of children with monthly face-to-face caseworker contact remains high. For FFY 2022, 93.4 % of children in foster care had monthly caseworker visits, with some local offices at or near 100%.

The Permanency Quality Assurance tool helps ensure a safe environment during caseworker face-to-face contact with a child through quality documentation of a face-to-face case note. The results for cases reviewed in 2022 show an improvement from the previous year, but quality documentation remains challenging. The permanency program continues to update and provide caseworkers with guides and tools to document quality face-to-face visits, including targeted training and engaging local offices in strategies to improve this measure.

In preparation for CFSR Round 4, the CQI Program is doing an in-depth analysis of Oregon's performance on Item 3. The CQI program is evaluating each step of the Onsite Review Instrument and the narratives for Item 3. The goal is to identify themes or trends in practice that can either be spread to more areas (where successful) or addressed to improve practice (where the result is an area needing improvement).

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 19

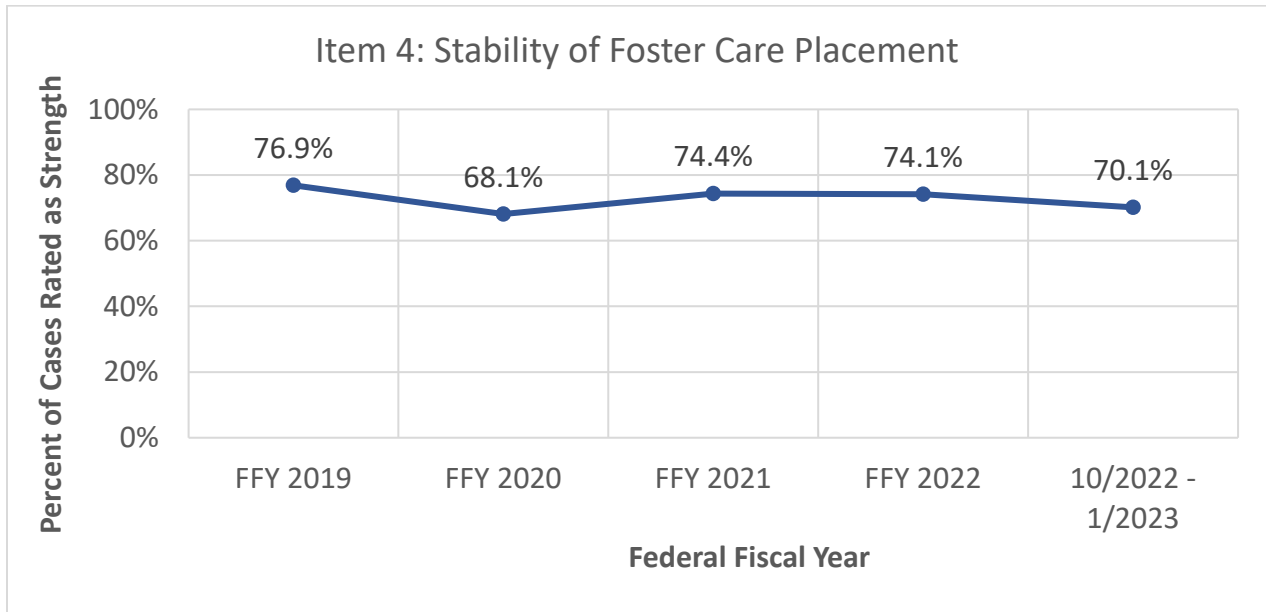
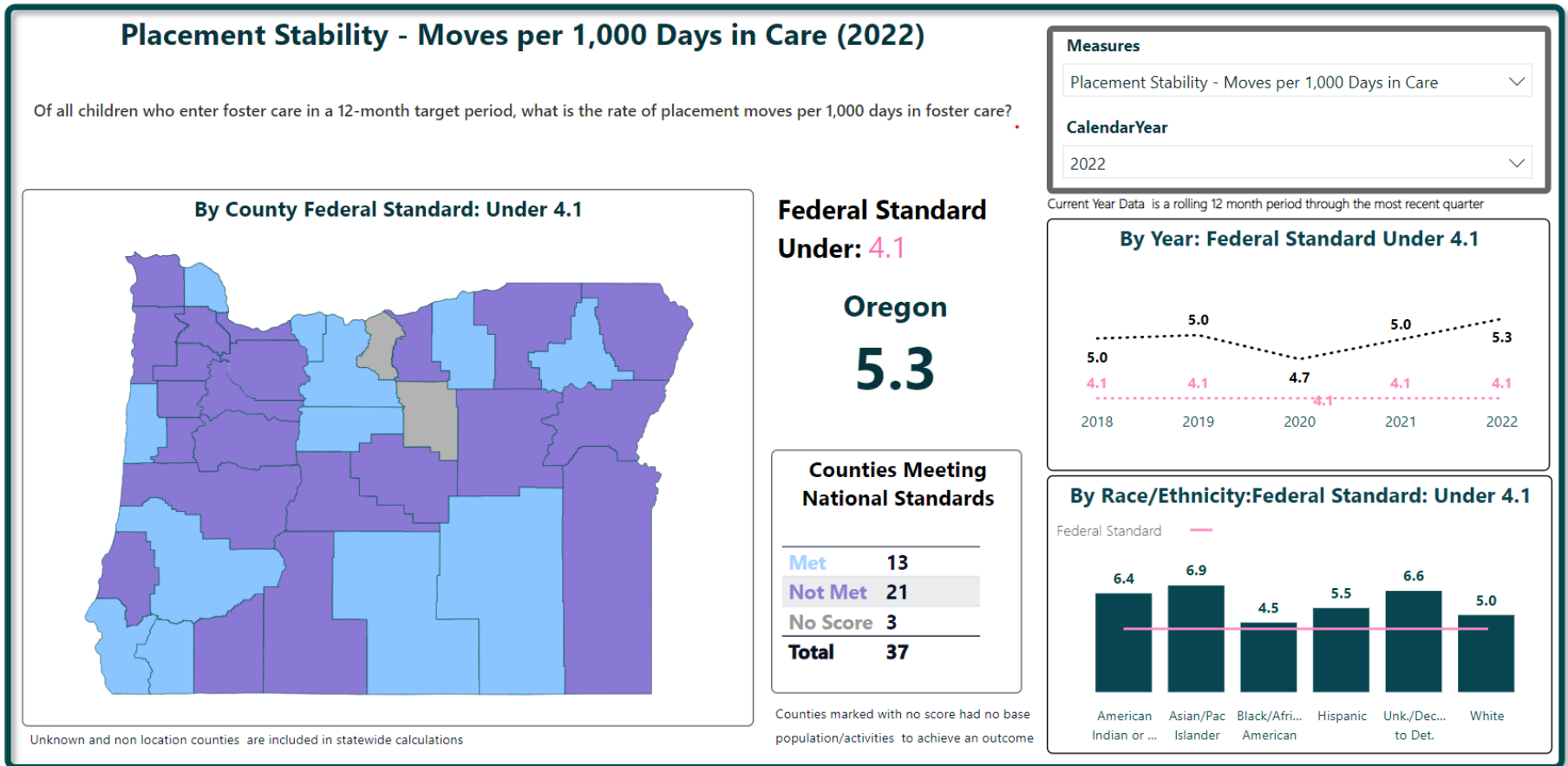


Figure 20

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
2022	2,173	2,009	354,201	5.7

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

Figure 21



Stability in foster care remains an area of focus for the Permanency Program. Performance in this area remains steady. The number of children in foster care decreased over the last several years. This is a positive trend. At this point, children in foster care tend to have disproportionately greater and more acute needs. Oregon’s broader child-caring systems struggles to meet the needs of high-acuity children and young people, which makes it difficult to continue improving. Permanency Program has employed two primary strategies to improve child placement stability:

1. Improving CW’s diligent search for relatives.
2. Using facilitated family meetings to identify and engage family members and supportive individuals.

The Statewide Relative Search Workgroup started in 2021, meets monthly, and continues to improve and develop tools and processes that support connection between children in foster care and their families. The following are highlights of their efforts in calendar year 2022:

- A monthly meeting and collaborative group chat were established for relative search staff statewide.
- The Relative Connection website<sup>9</sup> helps those who learn they have a family member in foster care by providing information who need general information.
- A draft statewide business process was provided to the local offices to ensure a comprehensive relative search within one week of foster care entry.
- A “Levels of Search” criteria was developed and provided to the local offices to provide initial resources for children with the highest needs and establish appropriate goals for every child. This protocol will be used on an ongoing basis.
- Statewide access was improved to the most frequently used search engine, Accurint. There is now a flat monthly fee instead of paying per search, which allows every relative search specialist across the state to have full access without budgetary restraints.
- A statewide Ancestry.com account is being acquired for search specialists to search obituaries and public record databases.

At the end of 2022, a statewide data report was implemented to monitor the facilitated family meetings. As of April 30, 2023, approximately 46% of Family Engagement Meetings (previously known as Family Decision Meetings) occurred in 60 days or less when a child entered foster care. This report provides a baseline for the Permanency Program to measure improvements in timely meeting occurrence. Meeting participants complete a survey at the end of meetings to monitor and ensure the quality of values-based facilitated meetings. Results are gathered and shared with local offices to support continuous improvements. Permanency Program also provides quarterly training to improve meeting facilitator skills.

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<sup>9</sup> <https://www.oregon.gov/dhs/CHILDREN/FOSTERPARENT/Pages/relative-connection.aspx>

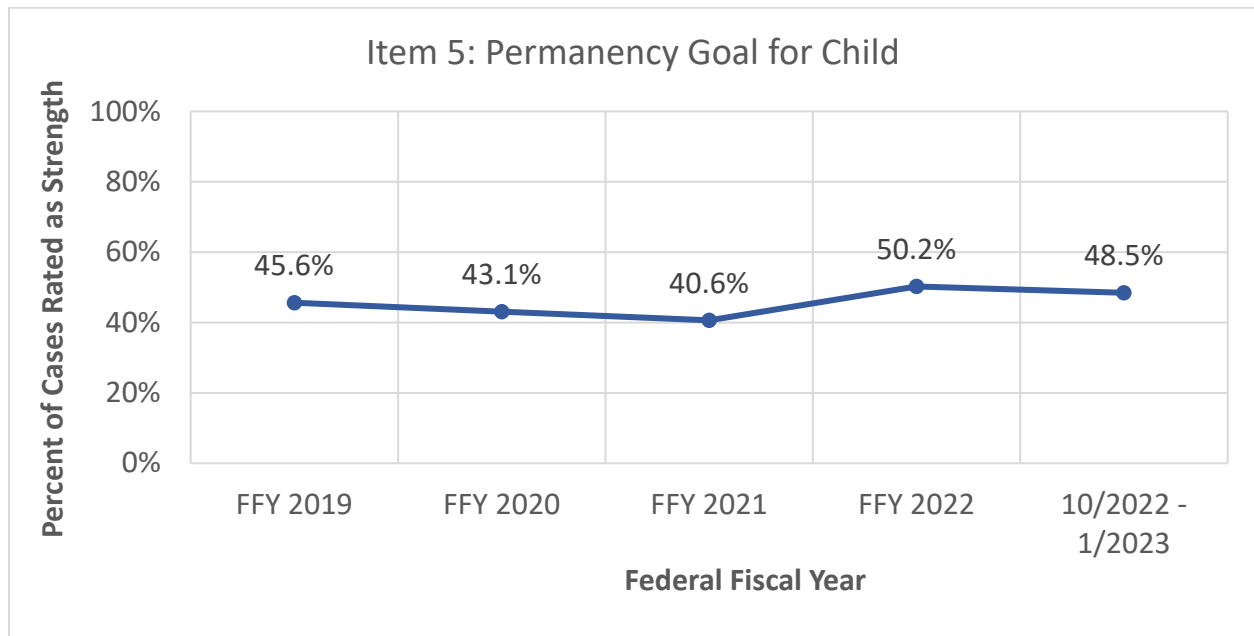
Placement Capacity

Recruitment plans and action goals are developed with each district to include specific recruitment of homes that will meet the needs of those children experiencing foster care. ODHS is currently working with The Contingent and the University of Chicago on a gap analysis to provide CW with data to inform our statewide placement trends. This information will enhance the recruitment of resource homes matching the characteristics and needs of CW-supported families.

See Items 29 and 30 on pages 91-94 for information on Treatment Services capacity for children with complex needs.

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

Figure 22



When evaluating whether a permanency goal was made timely, the OSRI looks to find the case plan documented anywhere in the case record, including in court orders. During the Program Improvement Plan (PIP) after CFSR Round 3, CW found that Item 5 was frequently met because the case plan was documented in a court order. CW identified the business process and logistics of creating written case plans and case transfer process from CPS to permanency as barriers to establishing and documenting permanency goals within the first 60 days of a child being placed outside their home.

At that time, case plans were made up of several different but overlapping documents that were typically created by the permanency worker, and the driver of timing was submitting the court report for the review hearing, usually several months after the child was removed from their home. Permanency Program responded with a major change, creating and launching the

Family Plan, which replaced all the old case plans and which was tied to a change in the case transfer protocol.

The current case transfer protocol assigns and involves the family’s permanency worker very early on to ensure continuity in the decisions made about safety, placement, and case planning. CPS workers are now using the Family Report in place of the traditional Protective Custody Report, documenting the permanency plan before the jurisdiction and disposition hearings, which usually occur within 60 days of a child’s removal.

Since the full implementation of the Family Plan, CW has seen an increase in the timely completion of a case plan to 58.2% in CY 2022. This is a lead measure that local offices and Permanency Program monitor in real time to improve performance. Permanency consultants assist local offices by providing monthly data that tracks when Family Reports are due. District level data is tracked as well to identify what efforts are working (and where), and where staff may need extra support.

In preparation for CFSR Round 4, the CQI Program is doing an in-depth analysis of Oregon’s performance on Item 5. The CQI program is evaluating each step of the Onsite Review Instrument and the narratives for Item 5. The goal is to identify themes or trends in practice that can either be spread to more areas (where successful) or addressed to improve practice (where the result is an area needing improvement).

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

Figure 23

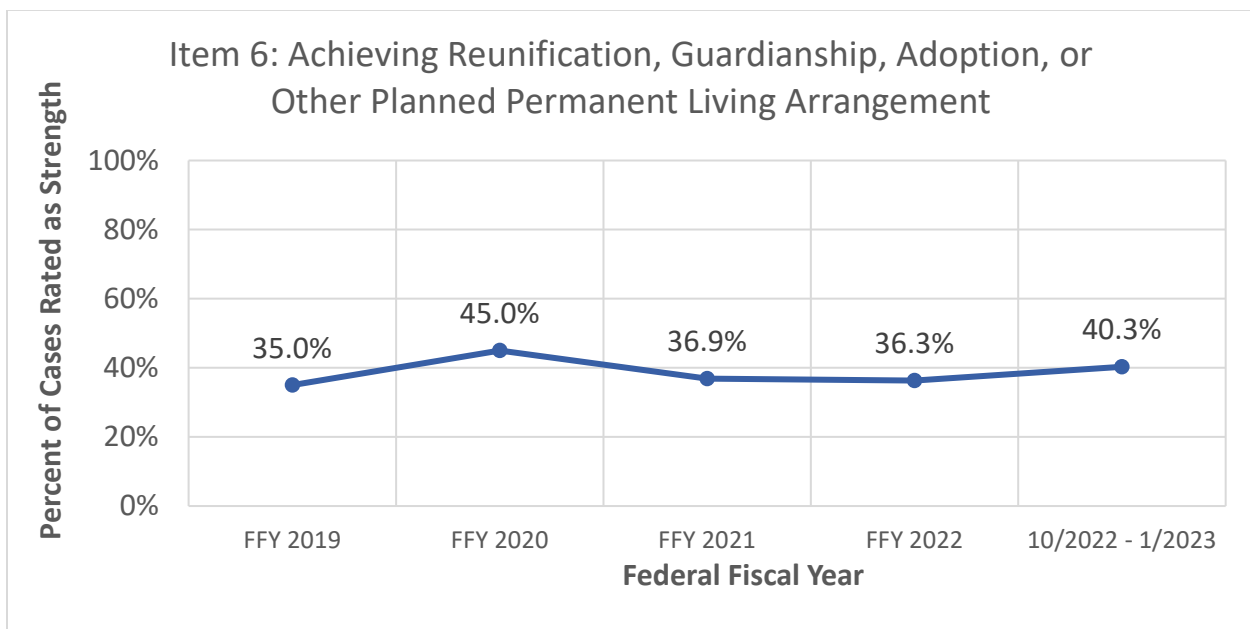


Figure 23 shows an improvement in performance on Item 6. Performance on Item 6 is tied to federal standards of timeliness for three major permanency types:

- Reunification with parent within **12 months**
- Finalized guardianship within **24 months**
- Finalized adoption within **36 months**

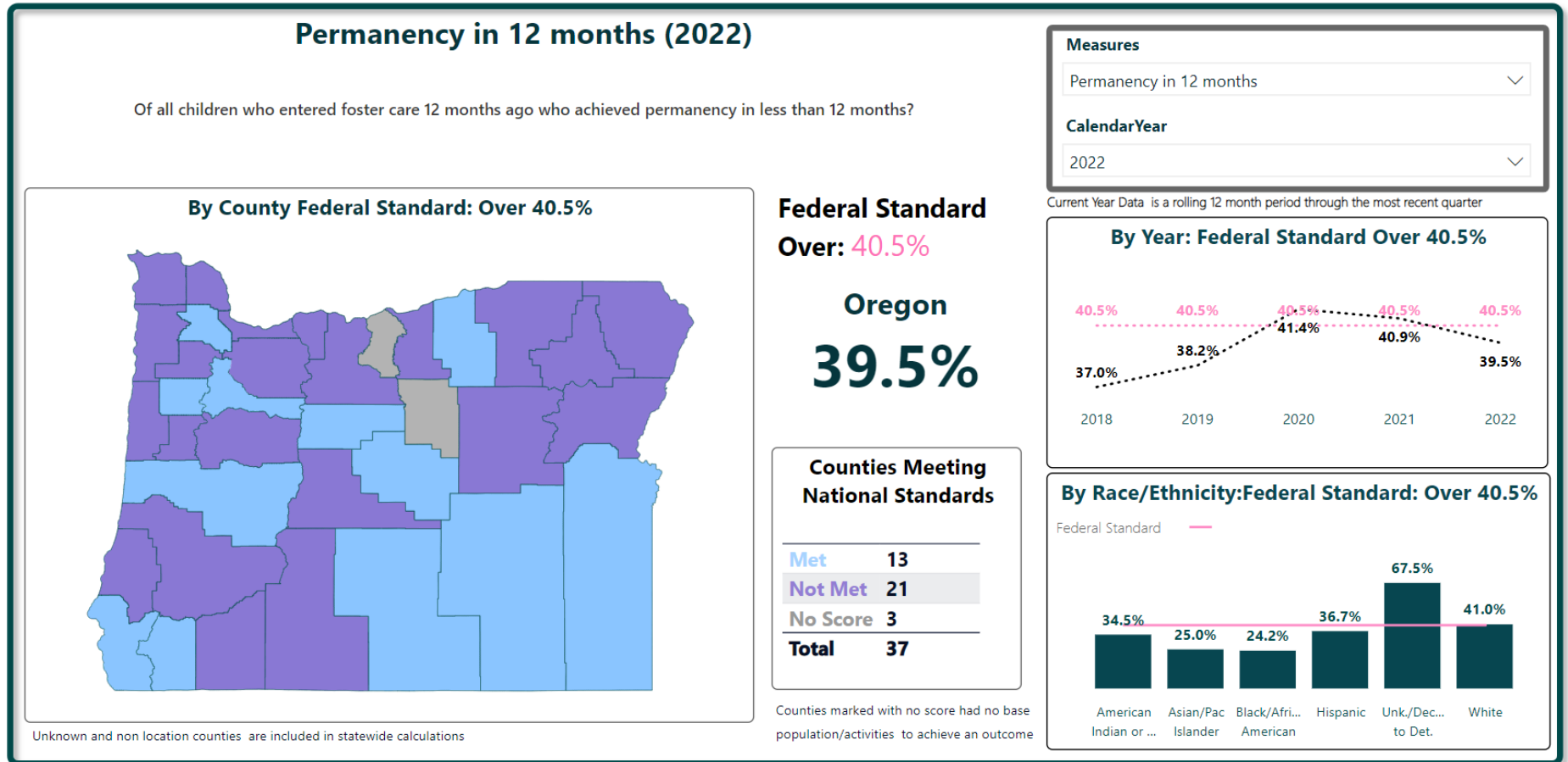
The statewide data indicators and administrative data from OR-Kids break performance down by 12-month cohorts: permanency achieved within 12 months, 24 months, and 36 months. Federal timeliness standards create areas of focus: reunification for the first cohort, guardianship for the second, and adoption for the third.

The COVID pandemic forced courts to close for a period, as well as delays for some hearing types even when courts moved to a virtual format. This impact to the courts has had an effect on timely permanency because judicial findings and orders are required in most cases to achieve permanency goals.

In preparation for CFSR Round 4, the CQI Program is doing an in-depth analysis of Oregon's performance on Item 6. The CQI program is evaluating each step of the Onsite Review Instrument and the narratives for Item 6. The goal is to identify themes or trends in practice that can either be spread to more areas (where successful) or addressed to improve practice (where the result is an area needing improvement).

Permanency for Children in Care Less than 12 Months

Figure 24





The data in figure 24 shows performance holding steady very close to the federal standard of the last three calendar years (2020 – 2022). Below, in figure 25, the data is reported by federal fiscal year (10/1/21 – 9/30/22 is FFY 2022) and shows a similar trend.

Figure 25

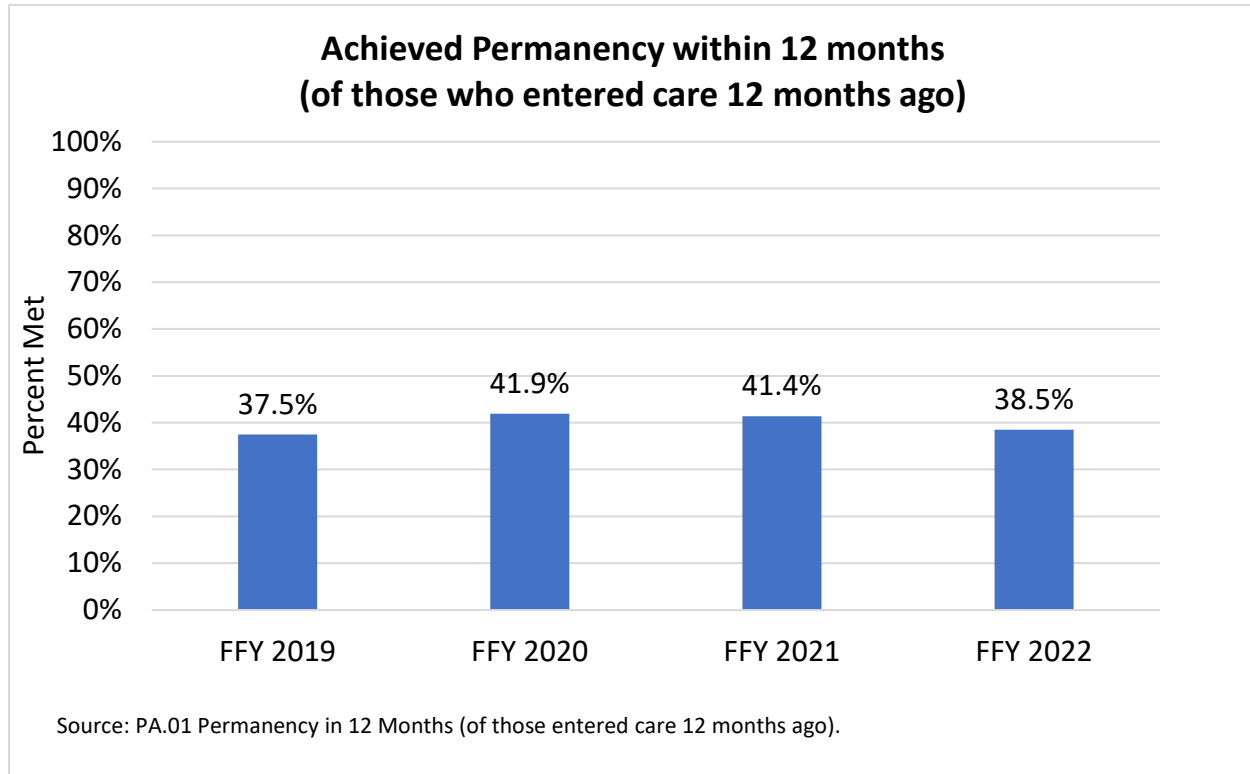


Figure 26

<b>Achieved Permanency within 12 months (of those who entered care 12 months ago), by Permanency Type</b>					
<b>Federal Fiscal Year</b>	<b>Adoption</b>	<b>Guardianship</b>	<b>Living with Other Relative(s)</b>	<b>Reunification with Parent(s) or Primary Caretaker(s)</b>	<b>Total</b>
<b>FFY 2019</b>	0.7%	9.1%	63.2%	64.8%	37.5%
<b>FFY 2020</b>	0.4%	6.9%	79.7%	67.3%	41.9%
<b>FFY 2021</b>	1.5%	9.4%	77.1%	69.6%	41.4%
<b>FFY 2022</b>	0.8%	7.7%	74.4%	66.5%	38.5%
<b>Total 4-year Change</b>	0.1%	-1.4%	11.2%	1.7%	1.0%

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

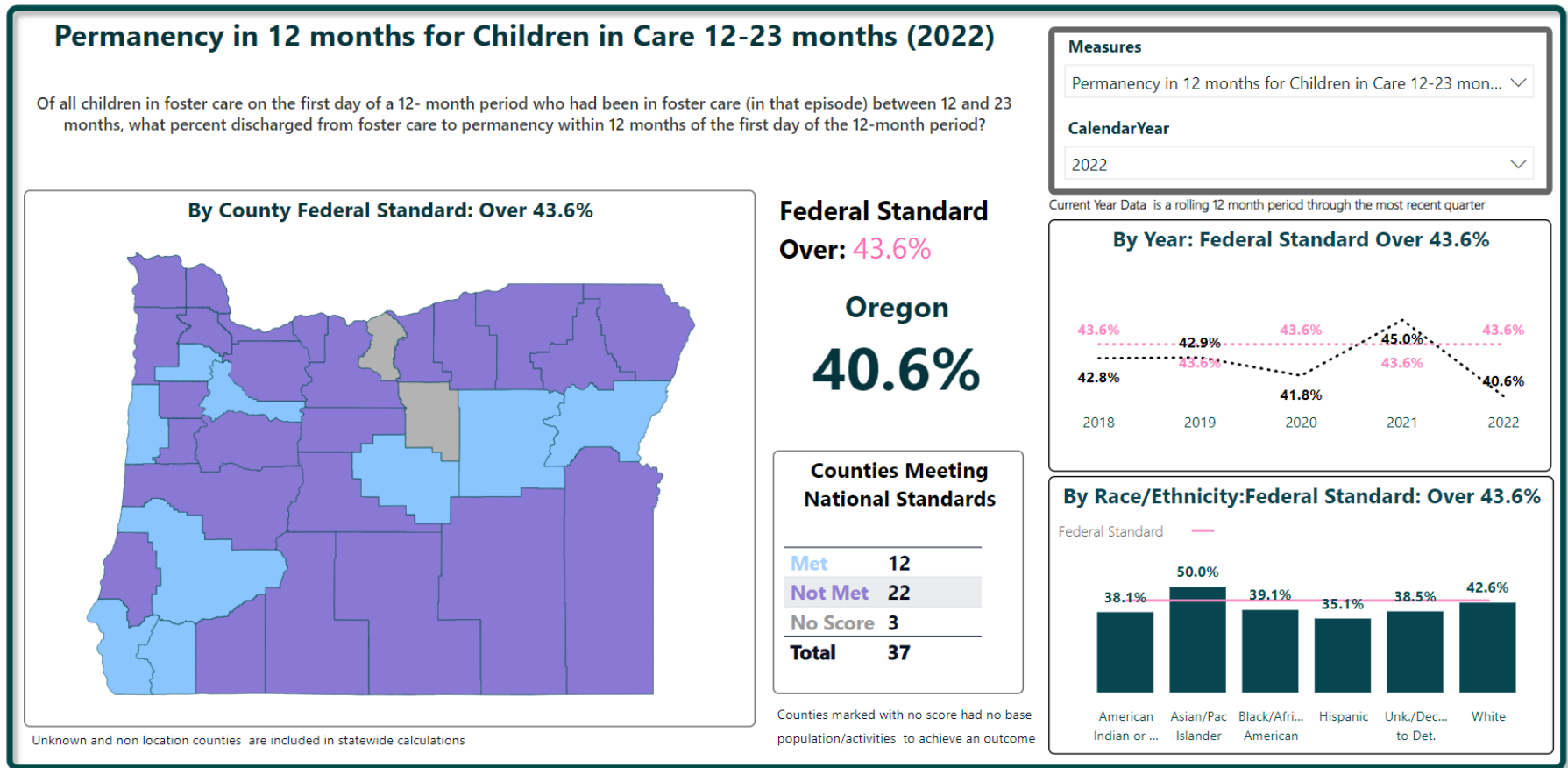
Figure 26 looks at those who did achieve permanency within 12 months and breaks the data down by the child's permanency plan. As expected, few children have a plan of adoption or guardianship at this stage, and few of those adoptions and guardianships are finalized this early. Most children who reach permanency within 12 months of entering foster care are reunified with their parent, primary caregiver, or another relative.

In 2022, the median month to reunification remained at or near the national standard, 12 months from when a child enters care. CW is making the following efforts toward improving timeliness to reunification:

- Monitoring and tracking Family Report completion within 60 days, ensuring timely development of Conditions for Return.
- Twice yearly Quality Assurance (QA) Fidelity Reviews to ensure case fidelity regarding Conditions for Return.
- Early transfer monitoring and evaluation to ensure fidelity for increasing timely reunification.
- Group supervision to support the transfer of learning and best practice for returning children to families.
- Statewide and local training, including triannual permanency summits, youth summits, and meeting facilitator quarterlies.
- Monitoring and evaluation of the frequency and quality of family-facilitated meetings.
- Permanency case consultation to assist with timely child reunification and planning.

Permanency for Children in Care 12 to 23 Months

Figure 27



The data in figure 27 shows performance near the federal standard, with some movement, over the last five calendar years (2018 – 2022).

Below, in figure 28, the data is reported by federal fiscal year (10/1/21 – 9/30/22 is FFY 2022) and shows a similar trend.

Figure 28

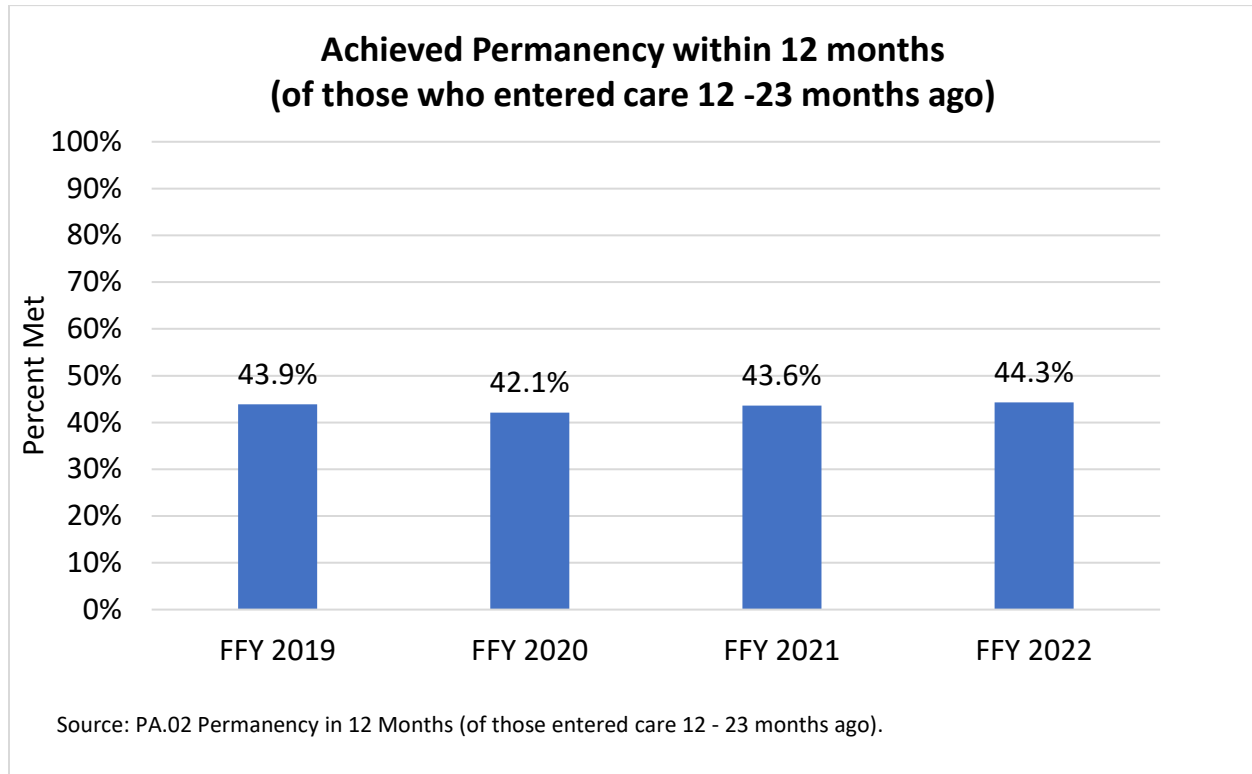


Figure 29

<b>Achieved Permanency within 12 months (of those who entered care 12 - 23 months ago), by Permanency Type</b>					
<b>Federal Fiscal Year</b>	<b>Adoption</b>	<b>Guardianship</b>	<b>Living with Other Relative(s)</b>	<b>Reunification with Parent(s) or Primary Caretaker(s)</b>	<b>Total</b>
<b>FFY 2019</b>	50.5%	73.8%	100.0%	82.7%	43.9%
<b>FFY 2020</b>	40.6%	50.0%	60.0%	74.7%	42.1%
<b>FFY 2021</b>	70.5%	71.1%	81.8%	88.4%	43.6%
<b>FFY 2022</b>	61.7%	78.5%	100.0%	86.0%	44.3%
<b>Total 4-year Change</b>	11.2%	4.7%	0.0%	3.3%	0.4%

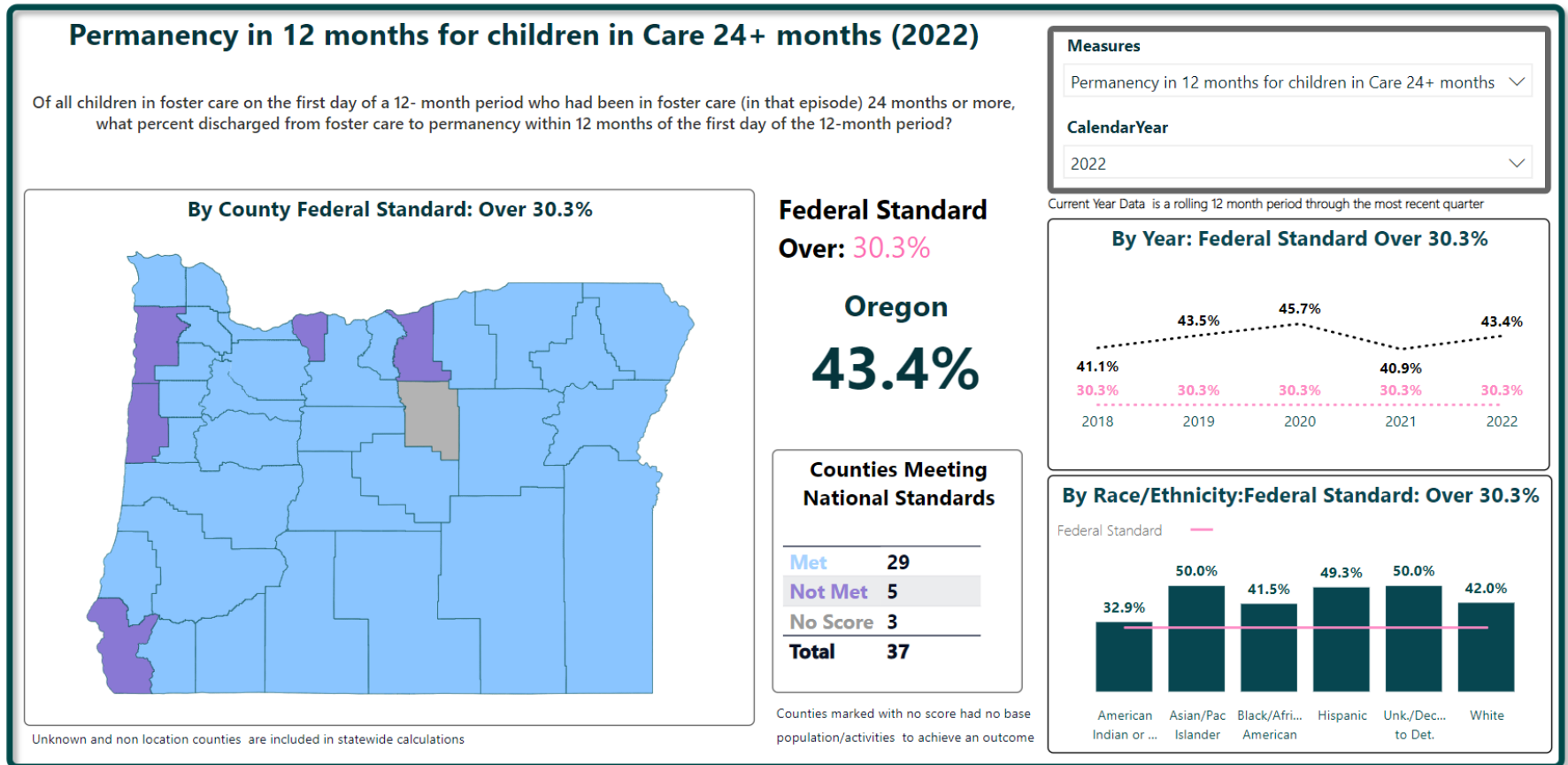
Source: PA.02 Permanency in 12 Months (of those entered care 12 -23 months ago).

Figure 29 looks at those who did achieve permanency in this time period and breaks the data down by the child's permanency plan. As expected, more children have plans of adoption and guardianship in this period.

A statewide workgroup, associated sub-workgroups, and other CQI processes help assess guardianship processes, administrative rules, and barriers to timely permanency. Management and leadership teams review recommendations from these efforts to identify and implement improvements, including timeliness, of permanency through guardianship.

Permanency for Children in Care 24+ Months

Figure 30



The data in figure 30 shows performance holding fairly steady above the federal standard of the last five calendar years (2018 – 2022).

Below, in figure 31, the data is reported by federal fiscal year (10/1/21 – 9/30/22 is FFY 2022) and shows a similar trend.

Figure 31

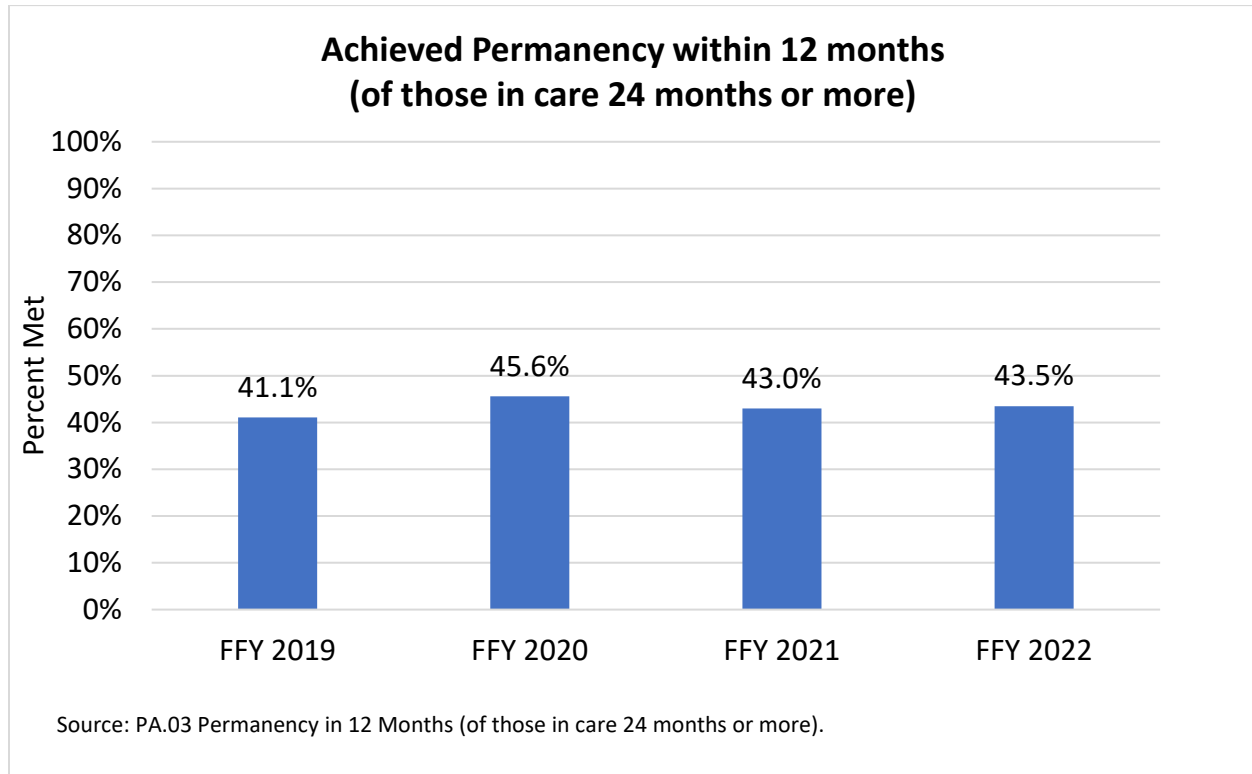


Figure 32

<b>Achieved Permanency within 12 months (of those in care 24 months or more), by Permanency Type</b>					
<b>Federal Fiscal Year</b>	<b>Adoption</b>	<b>Guardianship</b>	<b>Living with Other Relative(s)</b>	<b>Reunification with Parent(s) or Primary Caretaker(s)</b>	<b>Total</b>
<b>FFY 2019</b>	75.6%	79.1%	85.7%	79.4%	41.1%
<b>FFY 2020</b>	69.1%	62.6%	20.0%	68.8%	45.6%
<b>FFY 2021</b>	84.7%	80.2%	66.7%	85.0%	43.0%
<b>FFY 2022</b>	79.5%	84.4%	75.0%	83.9%	43.5%
<b>Total 4-year Change</b>	3.9%	5.3%	-10.7%	4.5%	2.4%

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

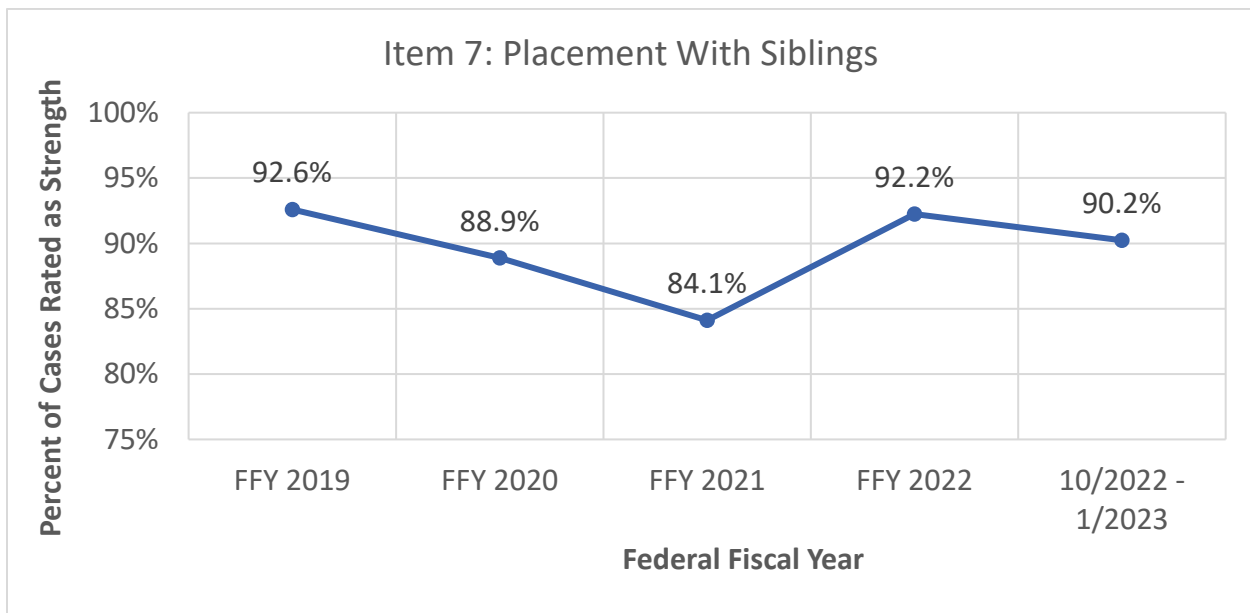
Figure 32 looks at those who did achieve permanency in this time period and breaks the data down by the child’s permanency plan. As expected, more children have plans of adoption and guardianship in this period.

In the last four years, improvement efforts include increased tracking to monitor adoption finalization progress and coordination with local offices to finalize adoptions.

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 33



CW prioritizes placing siblings together through monitoring data, providing feedback, and collaborating with local offices to develop strategies to improve the rate of siblings placed together. A key strategy includes improving early identification and placement with relatives willing to accept sibling group placement. If siblings are not placed together, CW encourages sibling visitation and relationship-building, when appropriate.

Placement with siblings is a statutory requirement and CW value. The Sibling Bill of Rights (Attachment 3) for children in care outlines sibling rights, including being placed together, and must be accessible to children and youth in a resource-parent home.

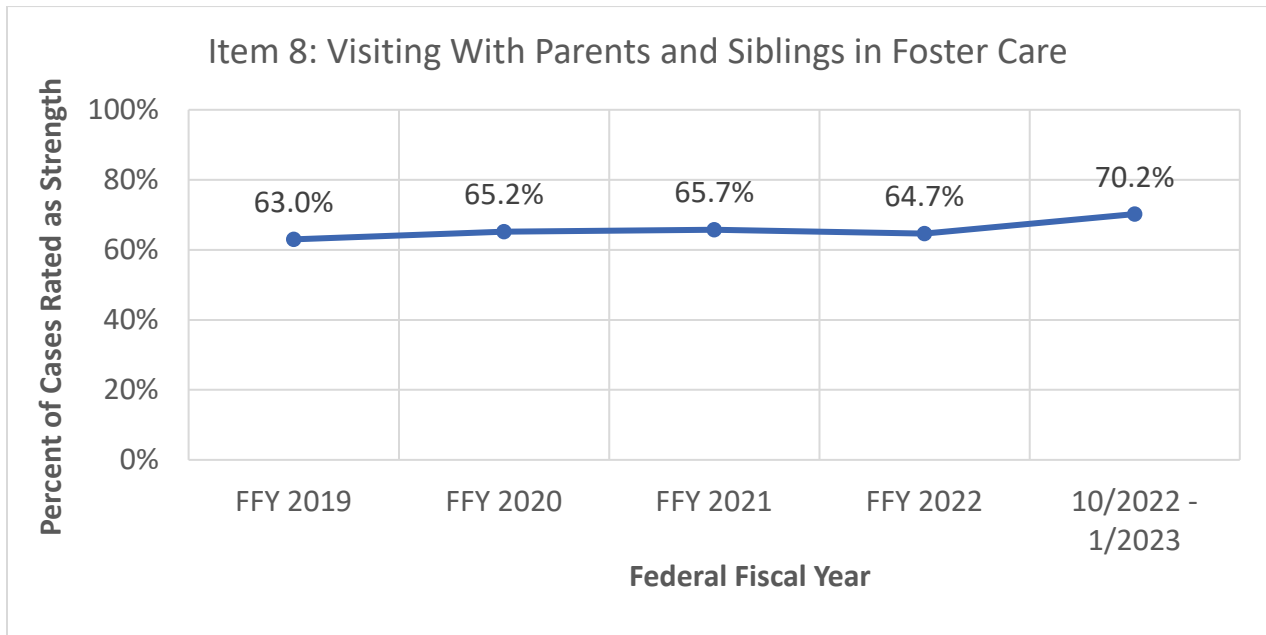
CW certification rules include an approval process to exceed the standard capacity to allow sibling placement together. There is flexible funding to support sibling placements. For example, funds could purchase another bed or similar accommodations in the resource-parents or relative-resource home or provide in-home support to manage sibling relationships.



The required Resource and Adoptive Family Training includes a section on maintaining children’s connections with biological parents, siblings, extended family members, their Tribe, and community. This particular content provides content related to the importance of sibling and familial relations, as well as identifying tangible ways those relationships can be developed and continued.

*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 34

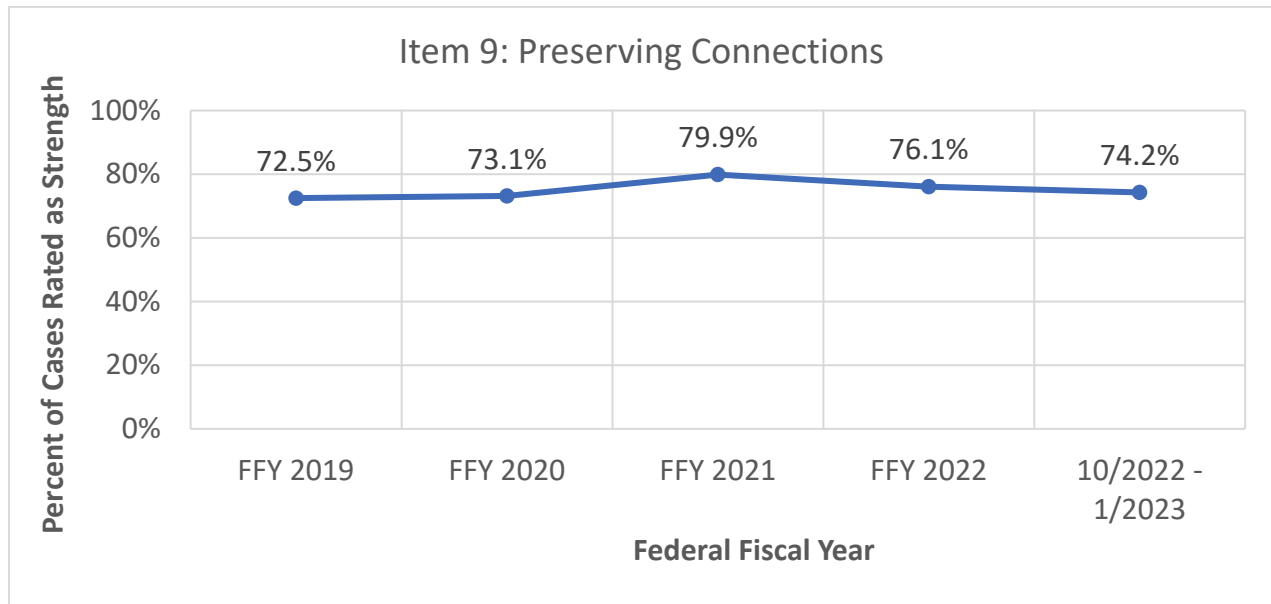


To help ensure the least restrictive Family Time between children, parents, and siblings, CW released the Family Time Supervision Levels tool (Attachment 4) in 2022 to help caseworkers identify the appropriate supervision level to ensure child safety and maximize the frequency and duration of Family Time.

CW also updated the Family Time chapter section in the CW Procedure Manual (Attachment 5) and a Family Time Case Note in OR-Kids with the capability of identifying the type of supervision level. CW can now track the type of supervision level and the frequency of Family Time statewide and will use this data to identify strong practice and areas for improvement.

*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 35

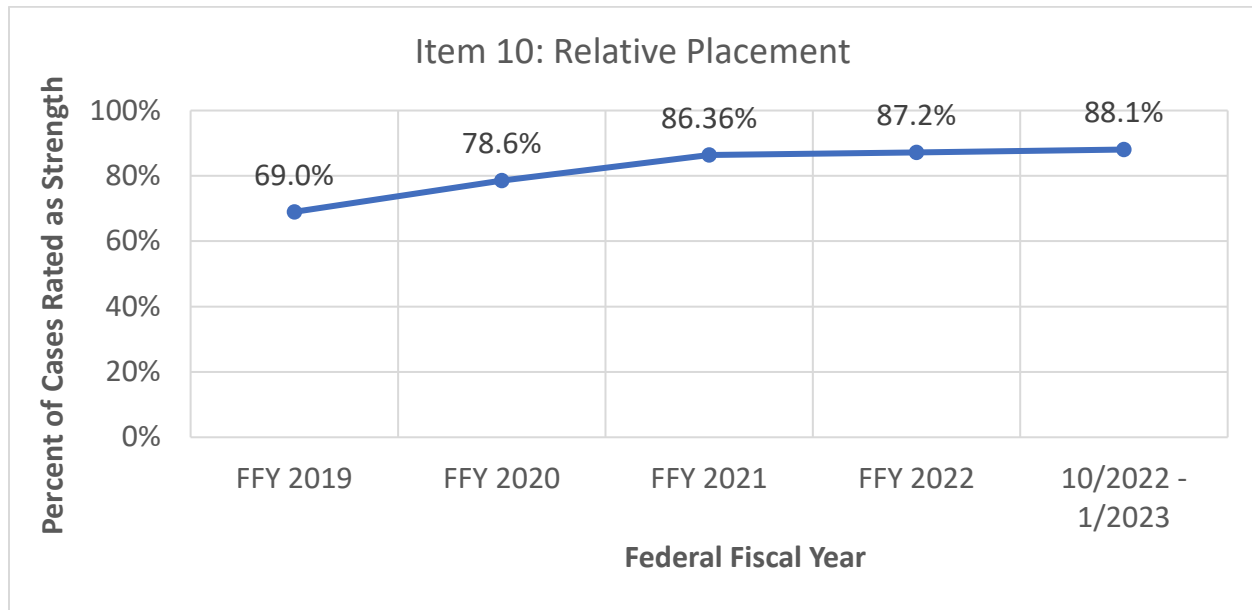


Performance on maintaining a child's family, cultural, and community connections continues to hold fairly stable. The Family Report requires caseworkers to identify these connections and what CW is doing to maintain them every time the report is updated. All About Me books continue to be a useful tool to explore children's connections, interests, and culture, as well as being a way to introduce resource families to children and their parents, and for parents to communicate with their children.

See the Monthly Caseworker Visit grant section on pp. 145-146 to learn more about CW's ongoing work with Alia Innovations, which focuses on children's need for belonging, including remaining connected to their relatives, friends, schools, churches, culture, and communities.

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

Figure 36

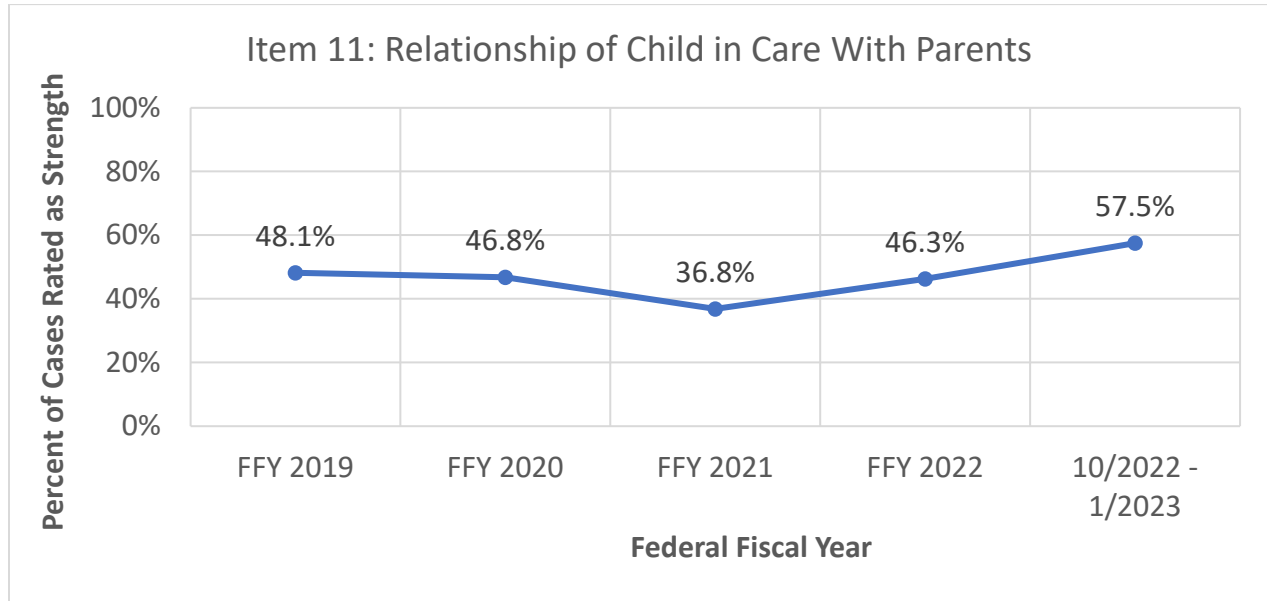


Placement with relatives is a CW value, demonstrated by ongoing high performance seen in figure 36. CW has a temporary certification process to expedite the child's placement with relatives or other persons known to the child or family. This allows an initial assessment of the applicant, including the home environment, criminal history, and child welfare background checks. A certifier issues a Temporary Certificate of Approval for immediate placement, which avoids placement with a stranger. The certification rules allow flexibility while ensuring safety standards are met. Training for new certifiers emphasizes the value of initial placement with relatives and a child's safety and well-being.

ODHS is also reviewing the relative home study process and pursuing a focused relative home study with the Consortium for Children. This work is in the beginning stages as we wait for the final rules from the federal government. While that rulemaking process continues, CW is identifying best practices and collaborating with the Consortium for Children to develop a home study model and certification process that meets the needs of relatives who provide care and support the family. For instance, financial support to certified relative resource parents is equivalent to the financial support provided to general resource parents. This includes the maintenance reimbursement rate and other supports, including respite, childcare, and flexible funds to support placements.

*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 37



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 Family Time 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.

The Incarcerated Parents Workgroup to develop resources and awareness around the Bill of Rights for Children of Incarcerated Parents. See page 21 for more information. The Bill of Rights includes connection through letters, pictures, phone, and video contact, to further support relationships, especially given that in-person contact may be less frequent.

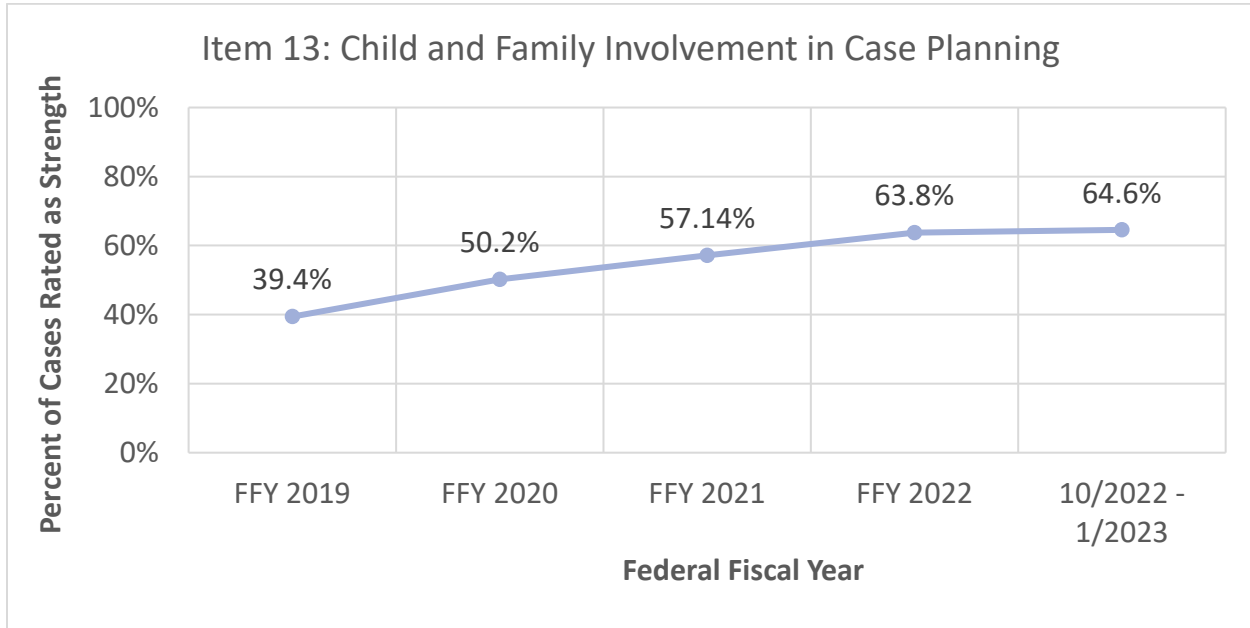
5. Well-being Outcome 1: Families have enhanced capacity to provide for their children’s needs.

*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, reference **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 38



Performance on Item 13 continues to improve. As discussed in last year’s report, there are several structures in place that support engagement with families around their case plans:

- Family Report poses questions that a caseworker can only answer by engaging with the family and getting their perspective
- Permanency Program quality assurance reviews measure the caseworker’s engagement with the family about their case plan
- Family Engagement Meetings, required by the case transfer process, provide a facilitated, trauma-informed way for caseworkers to engage families and their natural support network in safety and case planning

Youth Transition Plans provide specialized support to teens aged 14 to 20 who are in foster care. Barriers related to the pandemic impacted performance, particularly in FFY 2020, as seen in Figure 39.

Figure 39

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%
FFY 2022	13.8%	40.3%	84.6%	43.2%
<i>Data Source: OR-Kids and Administrative Data. 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). (pulled 3/23/2023) FFY 2022 from Youth Engagement One Time Pay Service or ILP Youth Engagement (OTP)-GF Service open at least one day during FFY, or Most Recent Completed Transition Plan on Approved Family Report is within the FFY (pulled 5/11/2023)</i>				

Youth Transitions Program is collaborating with OR-Kids staff to make a technical change to the Family Report that will require the caseworker to document the date the most recent Transition Plan was completed before they can submit the Family Report for approval. As with other required fields in the Family Report (for example, the fields documenting the family's perspective on the case plan), we anticipate this change will result in more transition plans being created and updated timely.

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 40

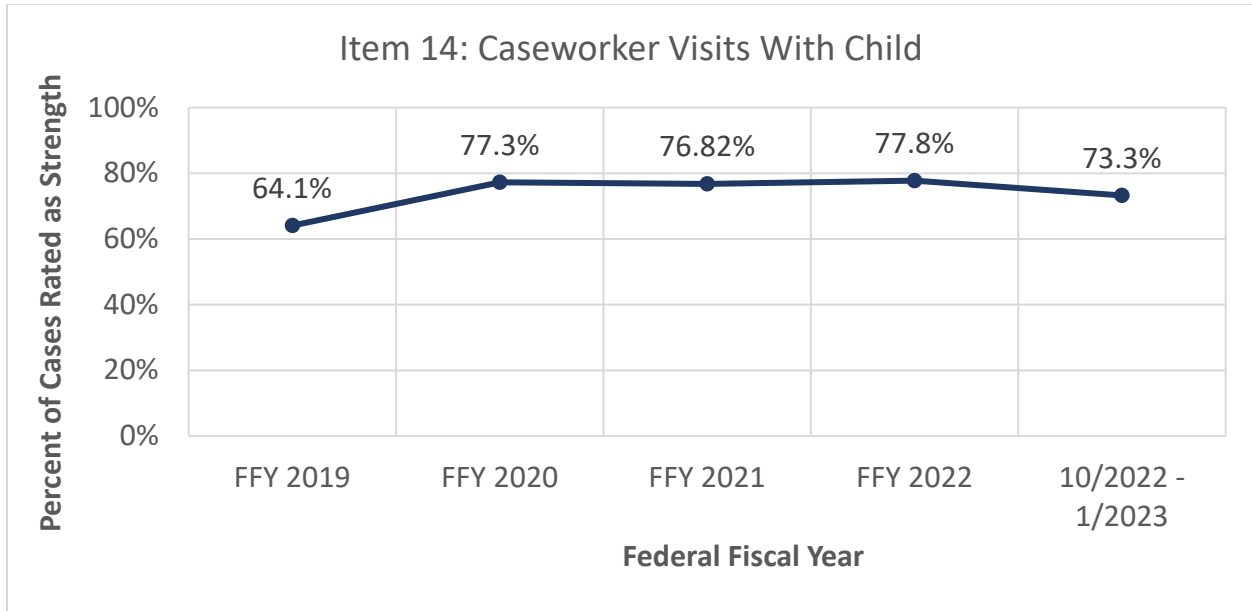
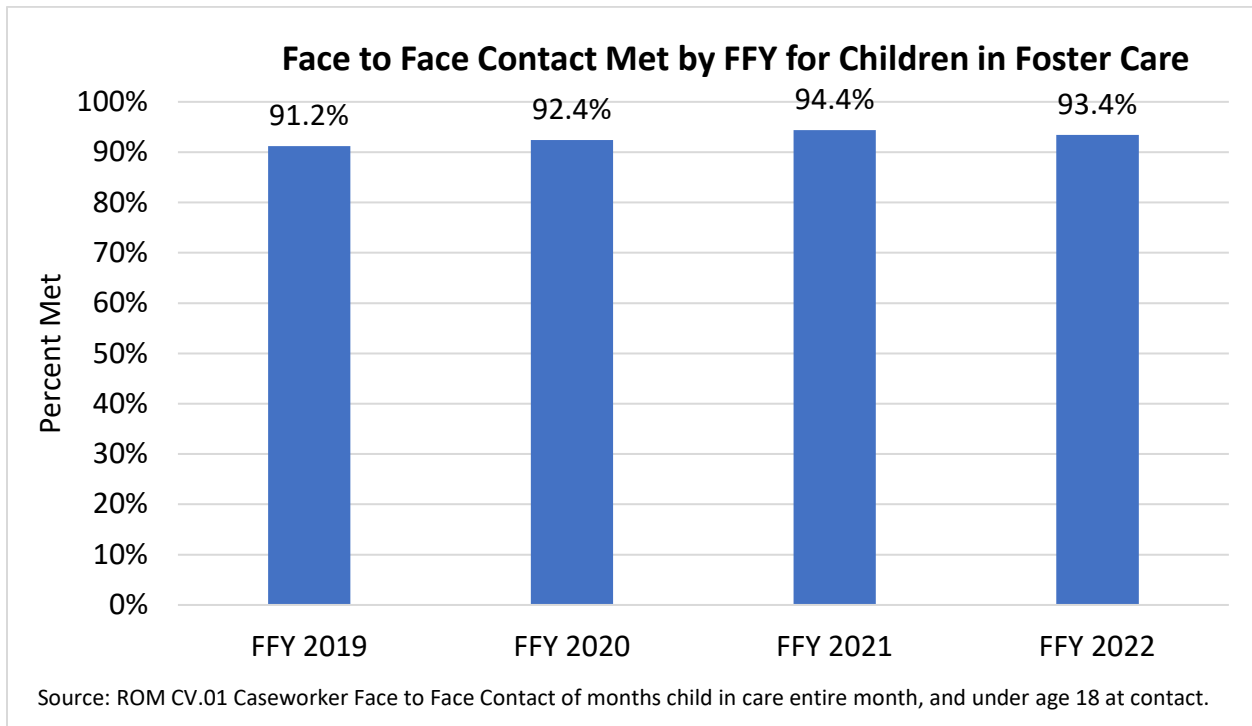


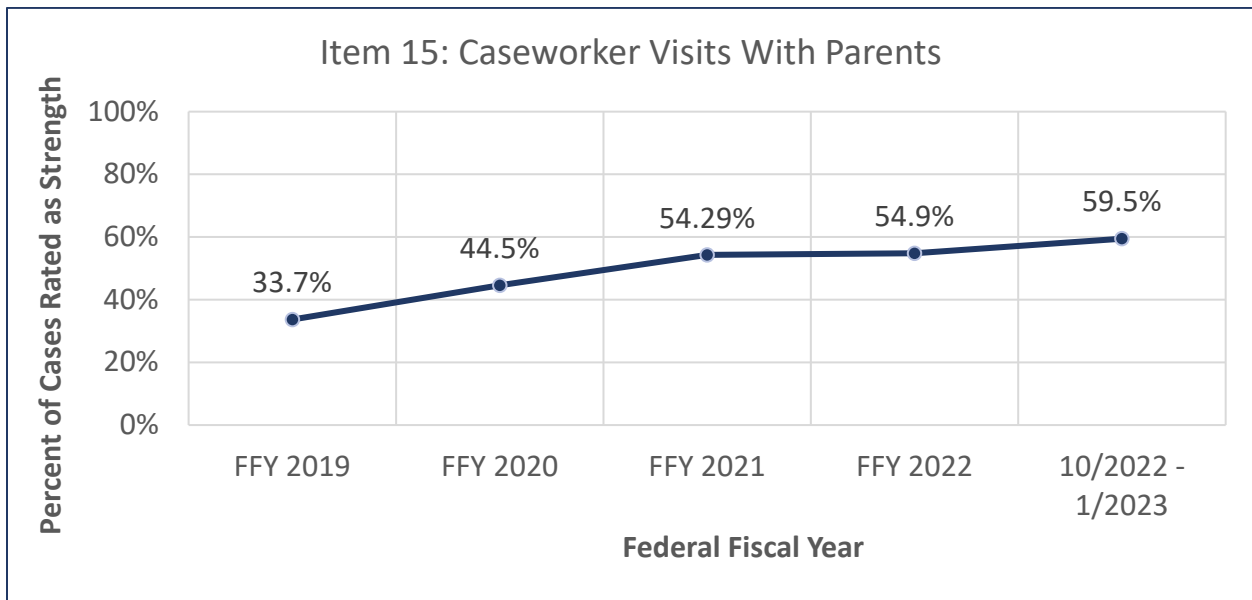
Figure 41



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. CW has been working on improving the quality of visits and documentation using All About Me books as engagement tools and debriefs with caseworkers following Permanency QA reviews.

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

Figure 42



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.

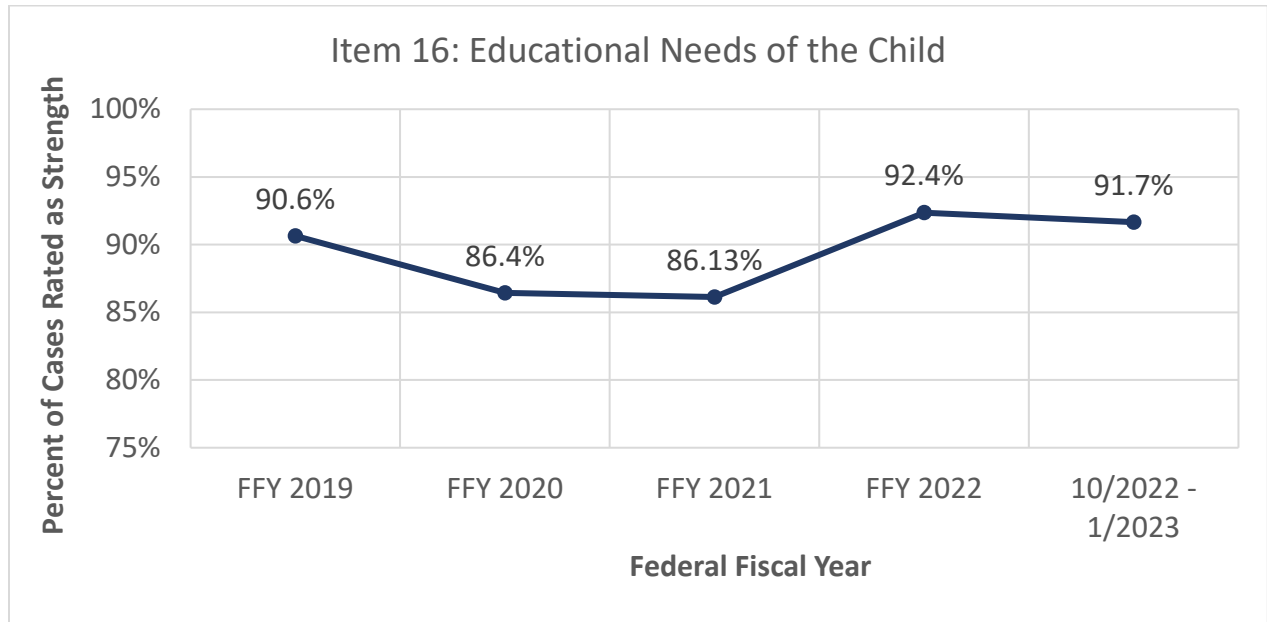
As described in the CQI section on pp. 110-113, many local offices who have begun the CQI cycle have selected face to face contact with parents as their focus for practice improvement.



## 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 43**



Meeting each child's educational needs continues to be a priority and CFSR data in figure 43 shows that caseworkers are strong educational advocates for children. This has not translated into equal graduation rates and educational outcomes compared to the overall student body in Oregon.

The Oregon Department of Education (ODE) released outcome data for students in foster care in the 2021-2022 Oregon Statewide Report Card (Attachment 6). The graduation rates data is for the 2020-2021 school year, which was impacted by the pandemic: distance learning impacted student success, and schools were more flexible around graduation requirements. The data shows that 47.75% of students who had experienced foster care graduated, compared to an overall rate of 80.63% for Oregon students. This is an increase since 2018, when ODE last released outcome data specific to children who have experienced foster care.

The Statewide Report Card also includes new breakdowns for students who are experiencing foster care, including:

- English and Language Arts performance
- Math performance
- Attendance
- 9th Graders On-Track to Graduate.

Senate Bill 279 was signed into law on June 15, 2021. This law requires CW to limit, to the extent practicable, the amount of time students in foster care miss school for family time. The law also requires tracking the number of days children in foster care miss all or part of five or more school days and reports to the legislature. Fall 2021, Spring 2022, and Fall 2022 data was reported to the legislature. Outcomes of the data show the following:

- In fall 2021, 40 students in foster care (0.75%), missed five or more school days.
- In spring 2022, 30 students in foster care (0.59%) missed five or more days of school.
- In fall 2022, 13 students in foster care (0.26%) missed five or more days of school.

CW ensures students miss a minimal amount of school for family time via the following activities:

- Procedure changes.
- Non-traditional staff schedules to facilitate flexible hours.
- Data tracking, including OR-Kids changes, to document missed school for family time in the case plan. These changes will go live in August 2023.
- Provision of (English and Spanish) educational guidelines for CW staff and resource parents (starting August 29, 2022).
- Video conferencing education training to decrease travel and increase attendance for resource parents and staff.
- Multiple Data User Agreements (DUA's) with the Oregon Department of Education, including child nutrition data sharing, Every Student Succeed Act data sharing, and Administration for Children and Families report data sharing.
- A Children's Bureau webinar Panel presentation on November 10, 2022, "How Child Welfare Agencies can partner with Schools to Support the Academic and Well-Being Success of Children in Foster Care."
- Participation in the OR-Kids Person Management Workgroup to improve student education documentation to support educational advocacy and data reporting.

CW has a strong collaboration and partnership with the Oregon Department of Education on:

- Federal foster care protections implementation: the Every Student Succeeds Act (ESSA).
- Weekly standing meetings with CW Education Program Coordinators and ODE to discuss program improvements, case consultations, and policy/procedure updates.
- Monthly ODE and ODHS office hours with local school district foster care points-of-contact to provide training, consultation, and discuss successes and areas for improvement.
- Training to staff, resource parents, and school personnel to support protections for students experiencing foster care.

CW also participates with the American Bar Association (ABA) Community of Practice to understand federal law and implement best practices. Pandemic-related issues and staffing continue to impact schools and outcomes for students in foster care, including:

- Insufficient school buses and transportation providers.
  - This impacts school-of-origin transportation options.
  - CW and ODE have met multiple times to problem-solve creative ideas, but this remains an ongoing issue.
  - CW staff do their best to support transportation in the interim.
- Staff shortages, prompting schools to place students with behavioral issues on in-home tutoring plans (abbreviated school day) during the school year.
  - This has impacted foster care students who also experience trauma-related behavior.
  - CW works with caseworkers and resource parents to support and advocate for students asked to leave the classroom.

### Activities to Improve Performance

#### K-12

Although caseworkers assess and advocate for children's education needs and services, children in foster care tend to have worse educational outcomes than their peers who have not experienced foster care. In addition to the strategies and activities already listed, CW and ODE prioritized the following for the coming year:

- Identifying best practices for the Education Decision Maker for special education needs.
- Researching a data sharing agreement to electronically notify the school that a child/young adult is in foster care.
- Improving procedures around Interstate Compact for the Placement of Children (ICPC) placements and school-of-origin issues in border communities.

CW is an active 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.

#### Early Learning/Early Childhood Education

CW continues to participate in the Raise Up Oregon Agency Implementation Coordination Team, a cross-systems team of state partners working to implement Early Learning Council early learning initiatives. The BUILD Initiative facilitates this monthly meeting. In addition, CW staff attend BUILD conferences to see how other states have implemented early childhood work. Raise UP Oregon is also developing a five-year plan for cross-systems early learning work. CW focuses on using early learning supports for children in family preservation and foster care placements.

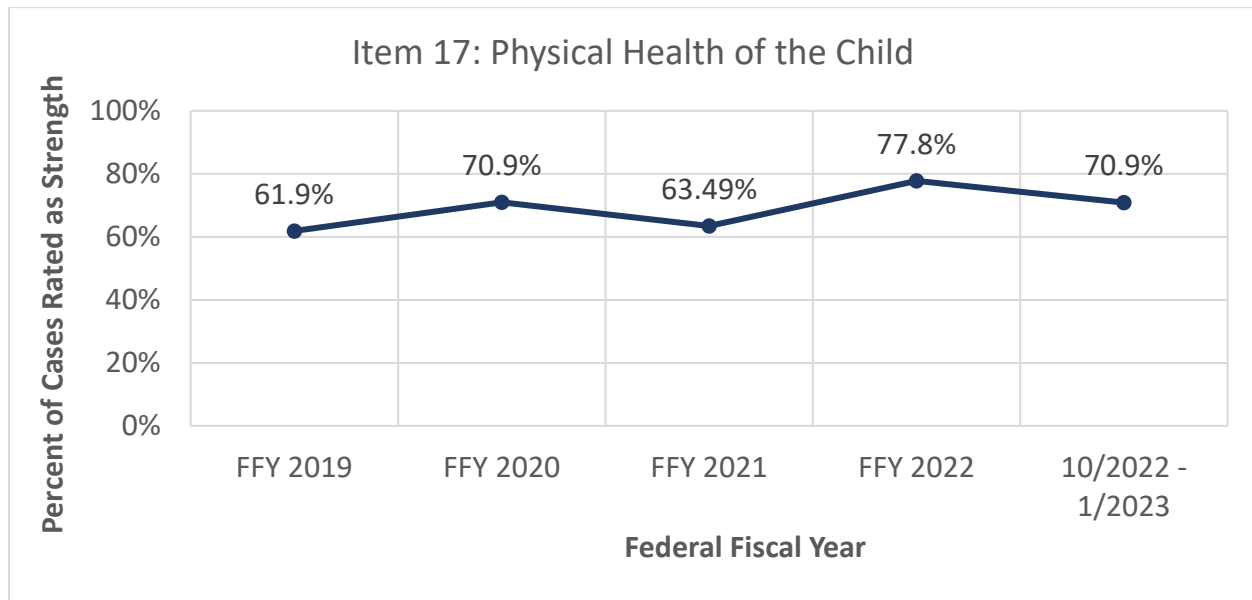
CW continues to participate in the State Inter-Agency Coordinating Council (SICC). The council ensures interagency coordination and support for developing quality statewide early intervention/early childhood special education for young children and their families. This

council meets five times yearly and develops a report to the governor annually. This partnership is critical for ensuring young children involved with child welfare have access to services promoting 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 44



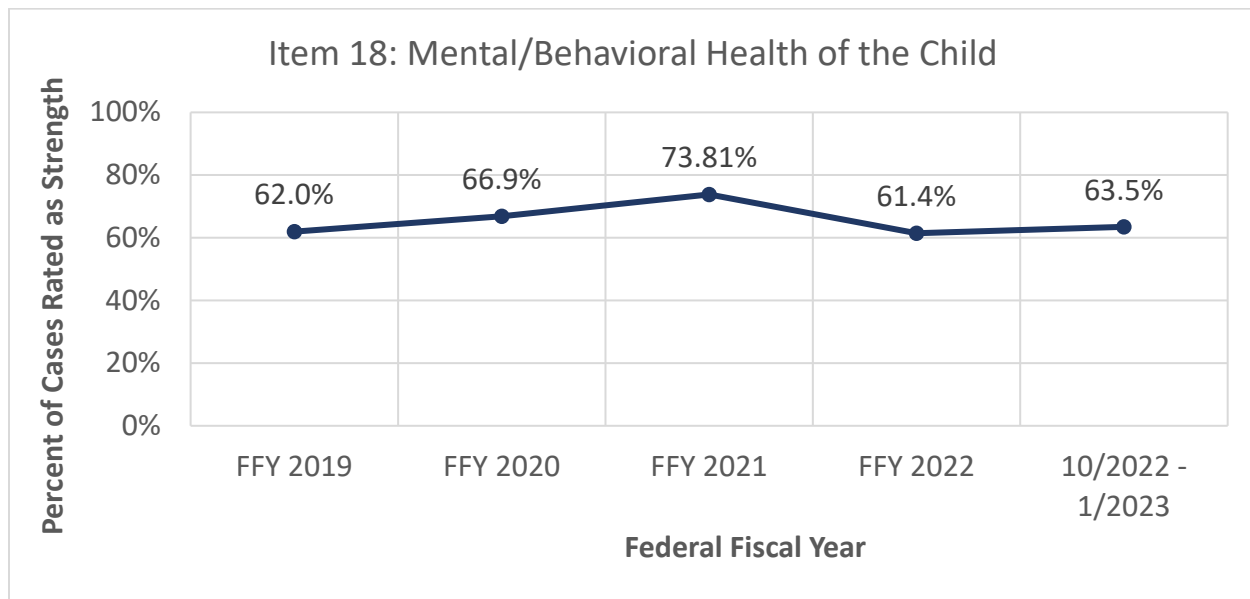
CW collaborates with OHA and Coordinated Care Organizations (CCOs) and actively strengthens local office and CCO relationships to support timely initial assessments, and trauma-informed physical, dental, and mental health services to children. CW has been advocating to OHA to align their CCO incentives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

1. Well Child Visits
2. Well Child visits for Adolescents
3. Kindergarten Readiness (dental, mental health)
4. Equity measures
5. Adolescent Immunizations
6. Preventative dental service utilization
7. Depression screening

See the Health Care Oversight section on pp. 189-191 for additional information.

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

Figure 45



In Oregon, the expansion of the service array for the high-acuity end of the spectrum continues to be a focus for the larger child and family-serving systems. This is especially true for children whose behaviors pose a safety risk to others (for example, fire-setting, physically harming other people, and problematic sexualized behavior). CW is engaged with partners in the child-serving systems in Oregon to expand capacity at these high levels of care. Expanding capacity at high levels of care (residential, sub-acute, and acute) is important because children may be placed in slightly lower levels of care, with less placement stability, if they must wait for the appropriate level of care. The following outlines the work CW is doing to address these dynamics.

Although OHA is responsible for the administration and oversight of mental health services for children in Oregon, CW has delegated authority through OHA to administer Behavior Rehabilitation Services (BRS) for children in foster care who meet the Medicaid medical eligibility standards for this service. BRS includes skills training, counseling, and interventions to support children and young adults with psychosocial, emotional, and/or behavioral disorders. The 2019 Office of Reporting, Research, Analytics, and Implementation's (ORRAI) Capacity Summary identified capacity needs based on children and family characteristics within the CW system. The study indicated a need for combined BRS and "system buffer" capacity at approximately 6% of the overall population served in foster care. System buffer capacity includes community-based, short-term service settings. As of April 2023, Treatment Services Program contracts with BRS and other community-based providers at a rate of 7.9% of the overall population served in foster care with 387 spaces available.

Treatment Services Program continues prioritizing recruitment and retention of therapeutic proctor foster families through the Foster Plus grant. Foster Plus is a collaborative of eleven

licensed proctor foster CCAs that connect children served with well-supported and trained resource families able to provide certain Medicaid-funded services. In May 2023, Treatment Services launched a Request for Proposals (RFP) to transition investment to an ongoing contract that prioritizes these supports ongoing.

Treatment Services Program expanded its current Response and Support Network (RSN) pilot to include Multnomah and Washington counties in 2022. It is set to expand into Clackamas County in July 2023. CW sought to expand RSN across Oregon over the next several years through the FOCUS Policy Option Package (POP) in the 2023 legislative session. Treatment Services Program, local CW offices, CCOs, and local providers work together to braid funding and support for this holistic service. RSN is a specialized, time-limited (60-90 days) approach to provide 24/7 flexible and seamless clinical and non-clinical services to ensure ongoing, long-term support. For more information on RSN, psychiatric residential capacity, and other Treatment Services Program initiatives, see items 29 and 30 beginning on page 91.

Collaborative meetings between Oregon Health Authority (OHA) Behavioral Health and CW continue to address the need for expanded Psychiatric Residential Treatment Services (PRTS) in Oregon and address policy and practice barriers to accessing PRTS. In October 2022, Treatment Services Program initiated direct contract negotiations with Looking Glass, a community provider, and expanded the intensive services contract by eight beds in the first half of 2023.

CW has a team of program and local office staff who collaborate regarding all children and young adults identified as at risk of temporary lodging by a design and delivery staff team and work to develop child-specific plans. This wraparound collaboration has successfully ensured that children receive all the resources needed. In 2022, CW used this format to staff 76% of children and young adults at risk of temporary lodging. When staffed in this format, children did not experience temporary lodging. Analyzing the Child and Adolescent Needs and Strengths tool (CANS) for each child/young adult who experienced temporary lodging relative to peers between ages 10-18 identified some specific behaviors, strengths, and family dynamics that inform the development of enhanced prevention strategies and services.

In preparation for CFSR Round 4, the CQI Program is doing an in-depth analysis of Oregon's performance on Item 18. The CQI program is evaluating each step of the Onsite Review Instrument and the narratives for Item 18. The goal is to identify themes or trends in practice that can either be spread to more areas (where successful) or addressed to improve practice (where the result is an area needing 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 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?*

Refer to Item 5 beginning on page 45, and Item 13 beginning on page 61 for detailed information about the Family Report.

*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 is a proxy for when a permanency hearing is required, assuming the petition is filed within a day or two of the children being placed in foster care (Oregon consistently defines “the date the child entered foster care” as 60 days from initial placement).

Figure 46

Calendar Year	% Timely to First Permanency Hearing
2019	89%
2020	84%
2021	85.5%
2022	87%

Initial permanency hearings are timely if conducted within 425 days (14 months) of the initial petition filed. Performance on this measure is steady, with a small dip during the pandemic years. During the pandemic, courts moved to virtual hearings and were forced to delay some hearings.

Figure 47

Calendar Year	% Timely to Later Permanency Hearing
2019	92%
2020	89.4%
2021	92.6%
2022	93%

Later permanency hearings (the second through case closure) are considered timely if held within 365 days of the prior permanency hearing. Like the data for initial permanency hearings, there is a dip in 2020 likely due to 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?*

In 2016, CFSR Round 3 rated item 23 as an area for improvement because CW did not have comprehensive information on whether filing for termination of parental rights (TPR) proceedings occurred within federal timelines.

JCIP tracks TPR petition filing based on the days the current dependency case opened. This is not an exact measure as it does not include cases where children were in foster care in a prior episode within the last 22 months and assumes certain cases were “late” to TPR, when 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 in care for 15 of 22 months and have not had a TPR petition filed to determine how many of these cases have a good cause judicial finding. Because OR-Kids does not require judicial exception information, obtaining this data requires manual file review.

The median number of days from filing a dependency petition to filing a TPR petition decreased slightly over the past year, from 497 in 2021 to 487 in 2022. The median number of days from filing a dependency petition to completing the termination or voluntary relinquishment of parental rights (for all parents) decreased from 748 days in 2021 to 661 days in 2022. These improvements were anticipated because courts, other legal entities, and CW removed pandemic-related barriers and concentrated on CQI work.

*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 developed local procedures to provide timely hearing and review notices to caregivers. The Family Report indicates whether resource parents or relative providers are notified of court hearings. If they are not notified, OR-Kids requires the caseworker to explain agency involvement (CPS – Out of Home, CPS In-home/Out of Home, or Pre-Adoptive) and who was (and was not) notified to submit the report.

CW will 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, 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, 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, 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, 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, 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, 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, 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 32, 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?*

Quality assurance reviews are completed in coordination with the CFSR team and follow their schedule, ensuring all local offices are reviewed each year. Reviews include resource parents, relative resource parents, and potential adoptive resources. Adherence to certification rules, including timely criminal history and child welfare background checks, was a strength. Additionally, the identification and narration of family dynamics within the home study had fidelity to the SAFE Home Study Model. An area for improvement is timely documentation of Oregon-required resource parent home visits. Foster Care Coordinators review visit documentation data with certification supervisors per required timelines. Each local office's sample (3%) is random. The reviewer pool includes many certification supervisors, foster care coordinators, and additional CW staff.

Debriefs with local offices include the program manager, certification supervisors, foster care coordinator, and quality assurance coordinator. The debriefs cover data collected during the

review period and discuss strengths and areas needing improvement. The debrief allows for more in-depth engagement and discussion of areas for future focus or improvement.

In 2022 ODHS partnered with the Consortium for Children to provide three SAFE home study refresher training. Oregon's Foster Care Program continued hosting quarterly video conferencing training with the Consortium for Children to address various topics of the SAFE home study for increased fidelity.

Foster care program updated the procedure manual and created certification staff training to provide staff with tools to assess the family's readiness to respect, accept and support race, ethnicity, culture, sexual orientation, gender identity, and expression.

*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?*

#### Background Check Unit

ODHS' Background Check Unit (BCU) processes criminal background checks for resource parent applicants and out-of-state child abuse and neglect checks.

Quality assurance reviews ensure background check compliance. There is a detailed procedure for completing background checks and assessing the information received. A weighing test helps analyze the impact of criminal history on child safety.

The ODHS provider record requires the entry of necessary background checks to issue a certificate of approval for certification.

#### Criminal History Rule Revision Process

The Oregon Administrative Rules (OARs)<sup>10</sup> governing how an individual's criminal history is assessed were revised in 2021. When an applicant, resource parent, or other adult living in the applicant or resource parent's home has a criminal conviction, a weighing test evaluates information to determine resource parent appropriateness. These weighing test factors consider the caregiver relationship, if the placement mitigates trauma experienced by the child or young adult, and if the placement provides for the child or young adult's safety, well-being, and permanency.

The weighing test also includes analysis and impact of cultural or societal actors, such as structural racism, poverty, and other impacts on marginalized communities, and if those forces contributed to the circumstances leading to a conviction. The procedure manual describes the factors with questions to consider as guidance in working through any criminal conviction,

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<sup>10</sup> [OARs 413-120-0400 through 413-120-0475](#)

focusing on the individual’s ability to provide for the safety and well-being needs of a child or youth.

*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, reference **Section III. Plan for Enacting the State’s Vision, part B. Supporting Families and Promoting Prevention and C. Enhancing our Staff and Infrastructure.**

*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, 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, eliminating 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 promoting equitable, accessible, and inclusive services and supports for children and families and a diverse, supported, and inclusive workplace that takes care of its workforce. This work is occurring alongside the broader work of equity and inclusion in Oregon<sup>11</sup>.

##### 1. Americans with Disabilities Act (ADA)

Multiple initiatives in the last year support the ability of CW staff to serve people with disabilities, including but not limited to:

- Funds allocated to 16 Districts to design sensory visitation rooms to enhance the family visitation environment. Approximately six offices have completed rooms, while many others are still in the process. The updated visitation rooms are designed with positive sensory stimulation to provide a calm and comforting environment for children and parents who have autism, ADHD, or other intellectual or developmental disabilities.

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<sup>11</sup> [State of Oregon Diversity, Equity, and Inclusion Action Plan](#)

- Creation and provision (by the ADA Steering Committee) of multiple resources to help staff communicate effectively with individuals who have a substance use disorder, understand why disability-related data is important and how to enter data in OR-Kids, and more. (Attachments 7 and 8)
- The opportunity (May 2022) for all ODHS staff to attend the presentation, “Disability Activism: The Judy Heumann Perspective,” featuring internationally renowned disability advocate Judy Heumann.

## 2. Community Partnerships

See section C. Collaborations, for more information about CW collaborations, including local, state, and national intersectional partnerships.

The Child Welfare Race, Equity, and Leadership team (CWRELT) has seven subcommittees to carry out CW’s commitment to equity. The subcommittees and their projects are:

Committee	Projects/ Work
Racial Equity and Social Justice (RESJ) Review Committee	<ul style="list-style-type: none"> <li>• Review programmatic submissions of the RESJ tool when new policies, procedures, and rules are proposed.</li> <li>• (RESJ Joint-Response Committee) Utilize text analysis software to research and understand the relationship between the outcomes for youth and families and Law Enforcement engagement in an initial contact.</li> <li>• (Child Welfare Foster Care and Equity, Training and Workforce Development) Develop Textured Tending Products and Textured Tending Appointment/Consult in OR-Kids (Attachment 9).</li> <li>• Create CW’s first decision-making tool to determine the criteria when law enforcement accompanies caseworkers.</li> </ul>
LGBTQIA2S+	<ul style="list-style-type: none"> <li>• Identify and implement SOGIE Data Collection Strategies.</li> <li>• Develop internal and external spaces to access anti-racist and LGBTQIA2S+ resources for staff, families, and youth.</li> <li>• Collaborate with OHA and other Oregon agencies to develop a governance structure for REALD and SOGIE data.</li> </ul>
Disability Justice	<ul style="list-style-type: none"> <li>• Facilitate the ADA Steering Committee.</li> <li>• Develop Sensory Rooms across the state.</li> <li>• Create learning opportunities for all CW Program Managers, including guest panelist discussions and Vocational Rehabilitation Presentations.</li> <li>• Partner with OEMS and ODHS Equity Lead Staff for statewide community partner listening sessions focused on removing barriers to services for people with disabilities, specifically IDD.</li> <li>• Plan ADA &amp; Disability related training for resource parents.</li> </ul>
Rural Access	<ul style="list-style-type: none"> <li>• Create a Rural Access resource guide.</li> </ul>

Language and Communication Equity	<ul style="list-style-type: none"> <li>• Ensure equitable translation.</li> </ul>
Staff Safety and Wellbeing	<ul style="list-style-type: none"> <li>• Develop the staff safety and wellbeing chapter in the procedure manual.</li> <li>• Create staff safety and wellbeing learning opportunities.</li> <li>• Collaborate with the Equity and Safety Culture team to pilot Safety Culture research in Districts 4 and 9.</li> </ul>
<i>General/ Cross-cutting</i>	<ul style="list-style-type: none"> <li>• Implement a payment process to ensure youth and families with lived experience receive compensation for the physical and emotional labor provided to CW.</li> <li>• Develop CW's first internal Youth Advisory Board to help direct work and statewide connections between youth and families.</li> <li>• Implement a Weighted Decision-Making Tool to ensure those with lived experience have an equitable voice in changes that will impact them and their communities.</li> </ul>

### 3. Service Equity

Community members prioritize what the CW Equity team works on. This requires authentic relationship building, accountability, and willingness to share power. Last year, the Racial Equity and Social Justice Review Committee (RESJ) finalized the new CW Racial Equity and Social Justice Tool to assess new rules, policies, and procedures' impact on historically oppressed and marginalized communities. The RESJ tool formalizes analysis through a grading matrix. The RESJ committee began evaluating policies using these tools in October 2022, which includes young adults with lived experience in the review process. See the collaborations section on pages 11-19, I. General information, part B. Oregon's Vision for Transformation on pp. 8-9, and work described throughout this document for more information on CW's commitment to service equity.

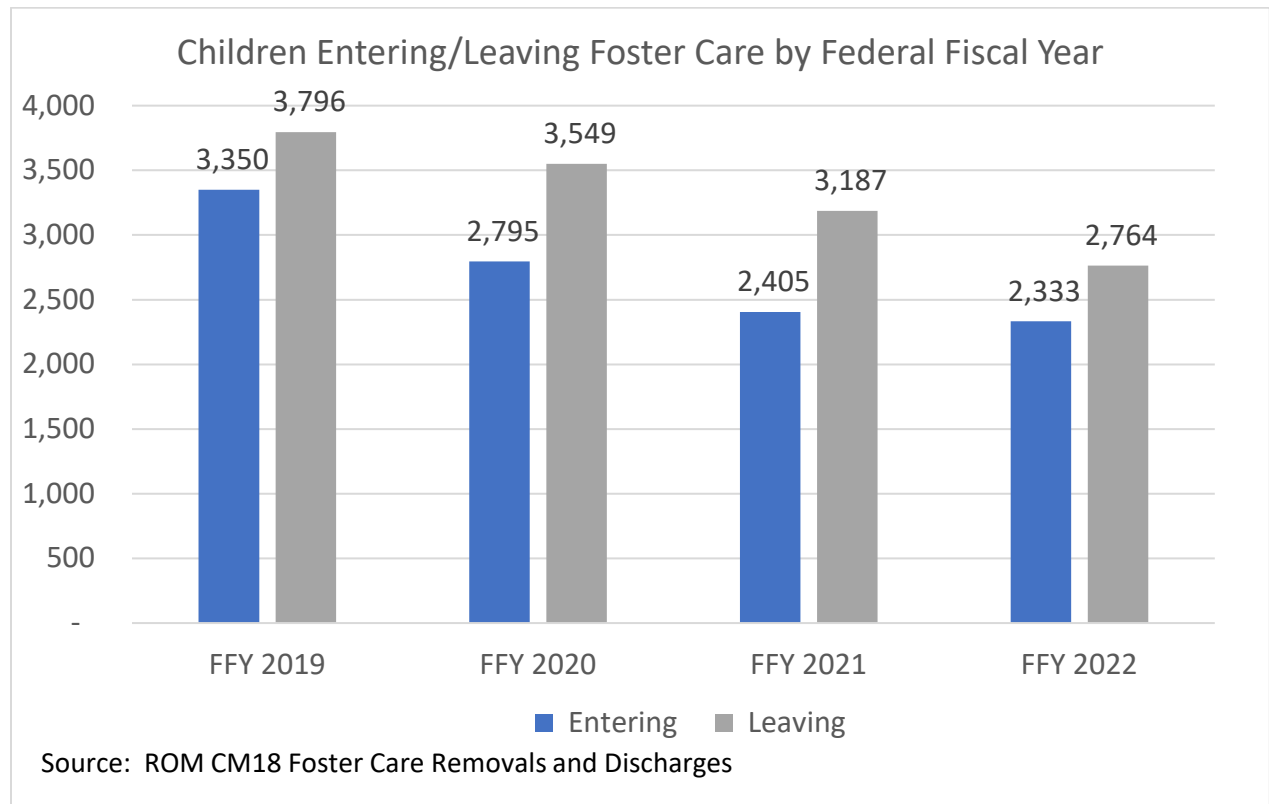
### 4. Workforce Wellbeing

Priority workforce wellbeing strategies in the last year included:

- Close collaboration between Human Resources (HR) and CW to develop and improve recruitment strategies, such as:
  - A caseload tracking dashboard for managers.
  - Events and targeted social media campaigns to build community relationships with veterans, colleges/universities, and Tribes to foster a more diverse applicant pool.
- Developing the Workforce Safety procedure. (Attachment 10)

## B. Supporting Families and Promoting Prevention

Figure 48



As seen in figure 48, the number of children entering foster care continues to decline as Oregon focuses on “upstream” prevention through family preservation and other initiatives described in this APSR.



Figure 49

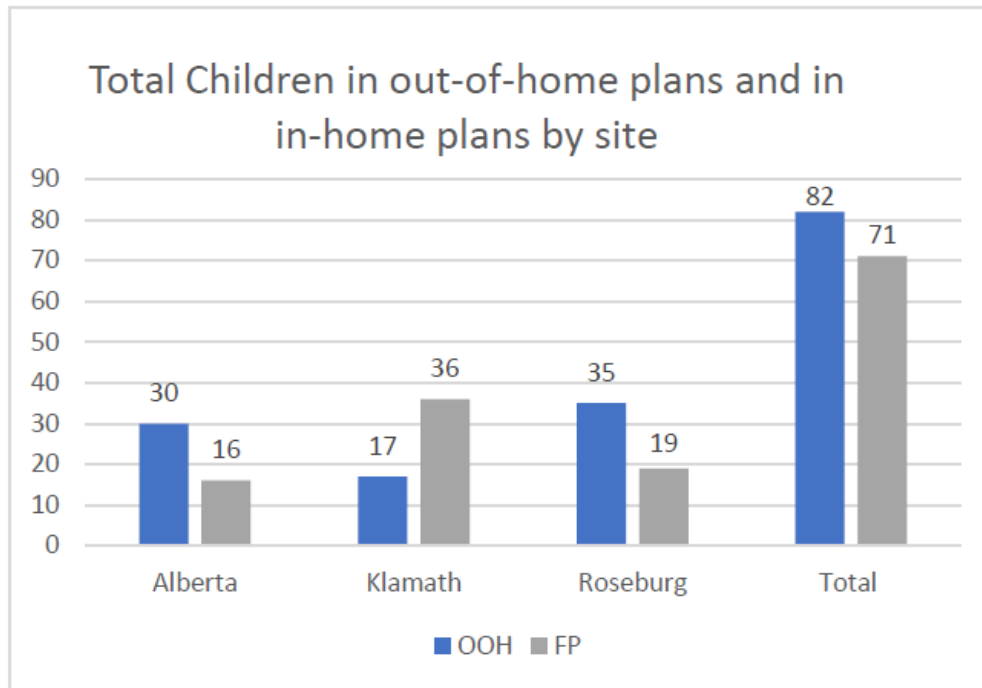


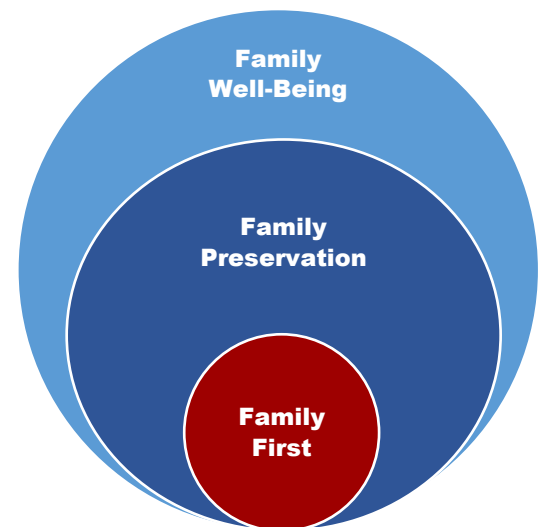
Figure 49 describes the number of children who remained in their homes (gray bars, Family Preservation cases) and those who entered foster care (blue bars, out-of-home care) in the Family Preservation demonstration sites from April to October 2022. CW anticipates that the number of foster care cases will continue to decrease as CW serves more families at home and provides interventions that provide families with the support they need to prevent foster care.

### 1. Developing Oregon’s Family Preservation Approach

Oregon’s Title IV-E Prevention Plan and Family Preservation approach seek to build a pathway that can support families staying together, safe, and stable in their homes and communities. Family First funding streams (detailed on pp. 149-151) help fund the infrastructure necessary for an effective Family Preservation approach.

Family Preservation strengthens and builds practices and structures that provide earlier, less-intrusive support to keep children in their homes and communities. CW aligns with national priorities and partners with Self Sufficiency, families, and communities, to advance beyond historical mandates and assist families after child maltreatment to secondary prevention: assisting families at high risk for child maltreatment before maltreatment occurs.

Figure 50



The Family Preservation approach across Self Sufficiency and CW is the Vision for Transformation in action. It equitably serves all families and children in their homes and communities instead of foster care. Family Preservation is designed and implemented through collaborative efforts between community agencies, families, Tribes, CW, and Self Sufficiency Programs, using:

- Values-Based Engagement:
  - *Strengths-based*: Everyone has strengths to build on.
  - *Trauma-informed*: Our histories impact how we react to others.
  - *Culturally responsive*: Where we come from matters.
  - *Family Driven/Youth Guided*: What families and children need are the priority.
- Concrete Supports and Connections: Meeting basic needs and connecting to people and places for support.
- Services That Meet Family Needs: Partnering with families to identify culturally responsive services that work for them.

There are three family preservation demonstration sites: District 6 – Douglas County, District 11 - Klamath County, and District 2 – the Alberta Branch in Multnomah County. At these sites, CW and Self Sufficiency staff work together, strengthening what is already in place and trying new interventions to support families and provide them with resources to meet their needs and allow their children to remain safely at home with them. Overall assessment of parental stressors data at each demonstration site revealed that substance use, domestic violence, and financial stress were the most common parental stressors. Over time, these data indicate that the stressors change, allowing sites to collaborate with their communities on specific strategies to reduce the impact of these stressors on families. Here are some of the lessons learned:

- Nationally, neglect was the most common allegation type.
- 65% of families served had prior contact with CW.
  - The average number of contacts was four
  - Most contacts were only for CW assessment.

By understanding this, CW can create strategies for staff training and support, resource development that targets specific community needs, and move support for families upstream (before CW or ODHS is involved). By understanding and utilizing our data, CW can work to identify root causes and determine actions and supports to keep families safe and stable, prevent repeat CW contact, and entry and re-entry into foster care.

#### *Technical Supports for Family Preservation*

Families and communities drive the long-term goals of the Family Preservation effort and:

- Serve/support children and families together in their homes and communities
- Stabilize families by meeting concrete needs and supporting connections to community and family

- Achieve positive outcomes for all families, particularly families of color
- With community, develop a well-being support & service array designed to help families thrive.

CW engaged with partners across programs, agencies, and communities nationally and locally to achieve these long-term goals. To achieve true transformation, CW must partner and engage in reciprocal relationships to share power and apply values-based practice to all interactions. To support this engagement, University of Chicago's Chapin Hall works with CW to provide technical assistance in implementing Oregon's Family First Prevention Services Act (FFPSA) plan and Family Preservation. They provide valuable information about best practices from other states. Chapin Hall has also supported internal and external training and materials about the connection between economic and concrete support to prevent child abuse. Portland State University supports the Family Preservation team to evaluate implementation and sustainability.

A quarterly Community Partner Forum brings together statewide agencies, community-based organizations, and people with lived experience to share resources, build relationships, and align preservation and prevention efforts. As a result of this convening, community providers connect around shared resources and key information for those they serve.

Leadership from the three demonstration sites and peer parent mentors meet bi-monthly to discuss Family Preservation efforts and what we are learning, share successes and challenges, and build relationships. The direct service staff from the demonstration sites, peer parent mentors, and Tribal partners also convene bi-weekly peer learning sessions to discuss successes and challenges, hear how the sites are doing, and think about the work to keep children and families together.

Local sites convene staff, people with lived experience, Tribes, and community partners because partnership and collaboration are needed to be effective and sustainable. Multiple Community Forums with over 90 community partners were held in demonstration sites to strengthen and build trust by listening to communities around strengths, needs, and barriers to keeping families together. Douglas County started Teams for Families, where the community, CW, and SSP meet weekly, sometimes with families present, to hear what the family needs and to meet those needs as a team. Klamath Falls has the Family Stability Program that brings together the Klamath Tribe, SSP, CW, and peer parent mentors to support families before a CW case opens.

#### *Collaboration with Tribes for Prevention*

Oregon actively works with five of the nine Tribes in Oregon with Title IV-E agreements on developing each Tribe's unique Tribal Prevention. Each Tribe is unique in its approach to planning and documentation. Each of the Tribes provide prevention services focused on family engagement through respective tribal best/based practices, including cultural events and activities, behavioral health programs, maternal health programs, substance use disorder

treatment, home visiting, and early education programs through the Tribe(s) and community partners.

The nine confederated Tribes of Oregon have worked 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 at the University of Iowa and have provided culturally informed Motivational Interviewing (MI) training for tribal staff in an array of the tribal human and behavioral health services programs (Burn-Paiute Tribe is scheduled for September, 2023). The next phase of implementation will be this fall.

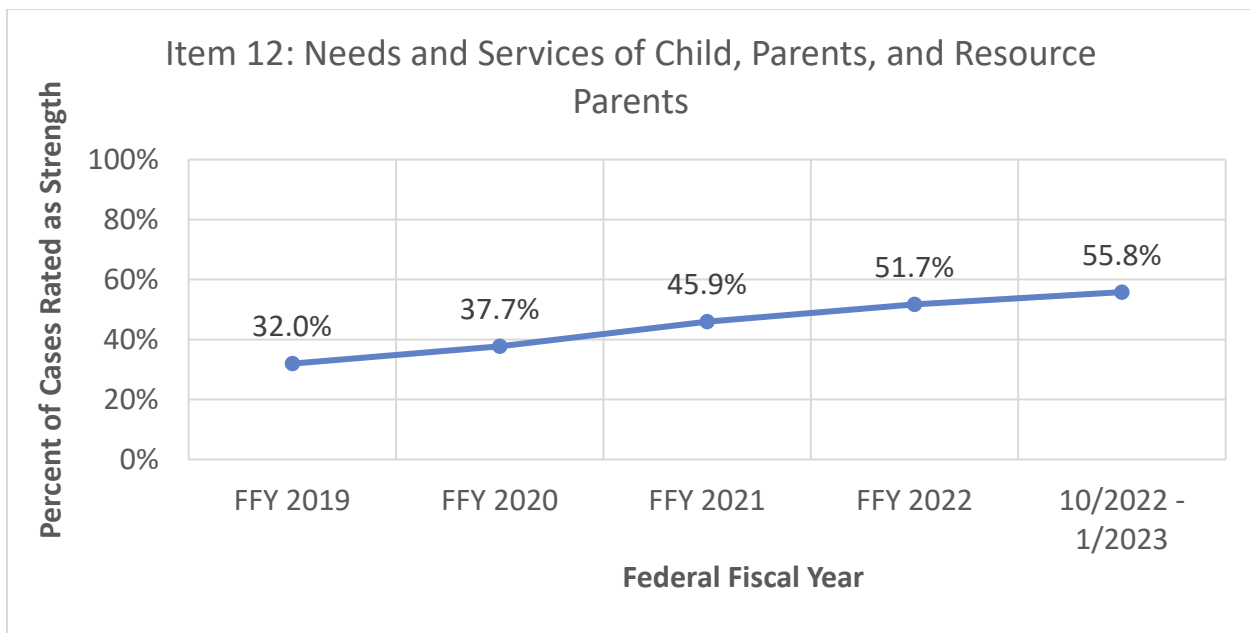
Additionally, ODHS is intentionally working with the Tribal programs to develop new language for a FFPSA Prevention Plan amendment to reflect culturally-informed prevention practices.

ODHS is working with the Tribes in Oregon and John Hopkins School of Public Health to provide the Family Spirit Home Visiting Program training. Training is scheduled for September 18-22, 2023.

## 2. CFR Metrics Directly Related to Oregon’s Vision of Supporting Families and Promoting Prevention

*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?*

Figure 51

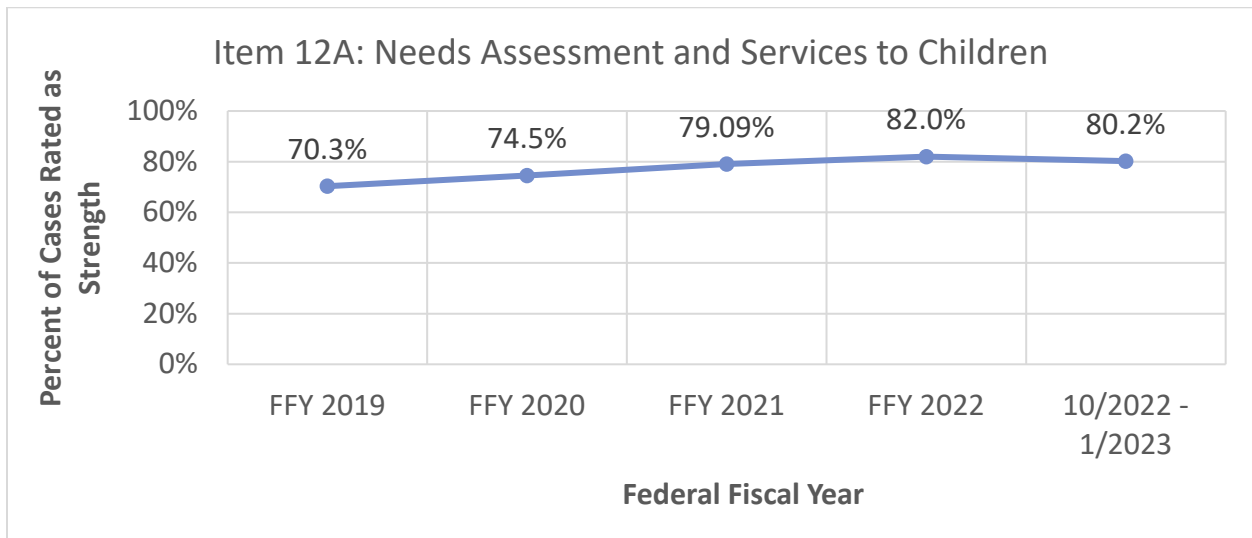


Item 12 covers services to meet the family’s and resource parents’ needs. CW has historically performed well in meeting children and resource parents’ needs and aimed to improve support

for parents while continuing good work with children and resource parents. Item 12 consistently improved from FFY 2019 (32%) to FFY 2020 (51.7%).

Children

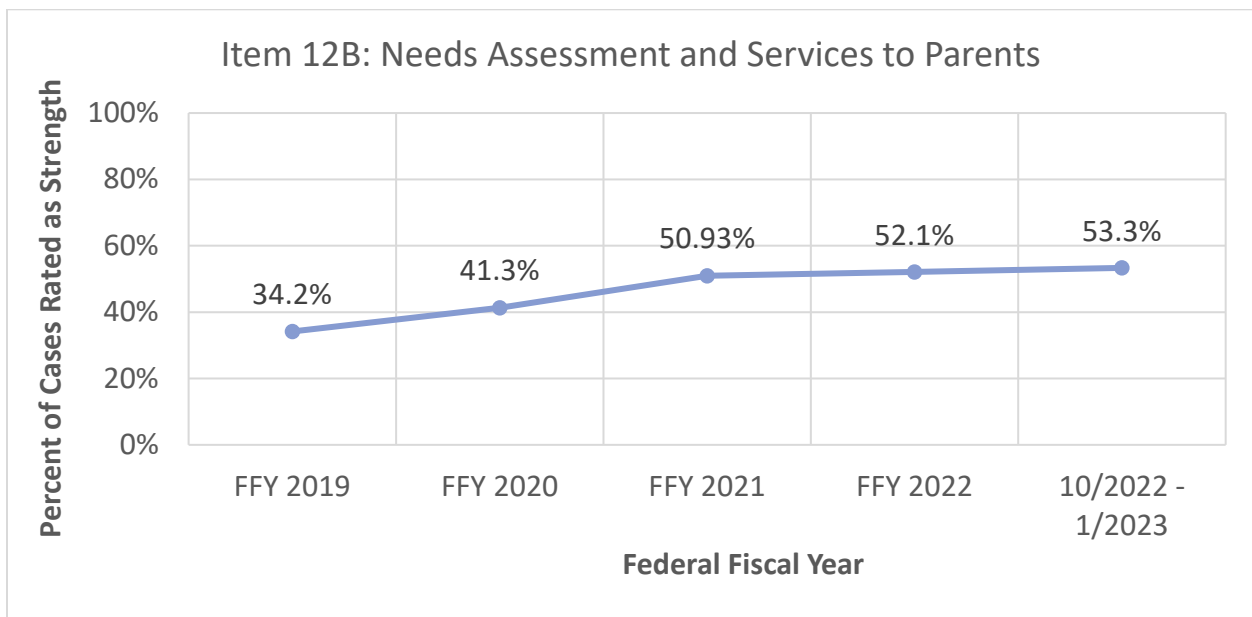
Figure 52



CW has typically performed well in meeting children’s needs. Over the last two years, implementation of All About Me books helped increase caseworker engagement with children and maintain a child’s community and cultural connections. See the 2023 APSR for an in-depth discussion of All About Me books.

Parents

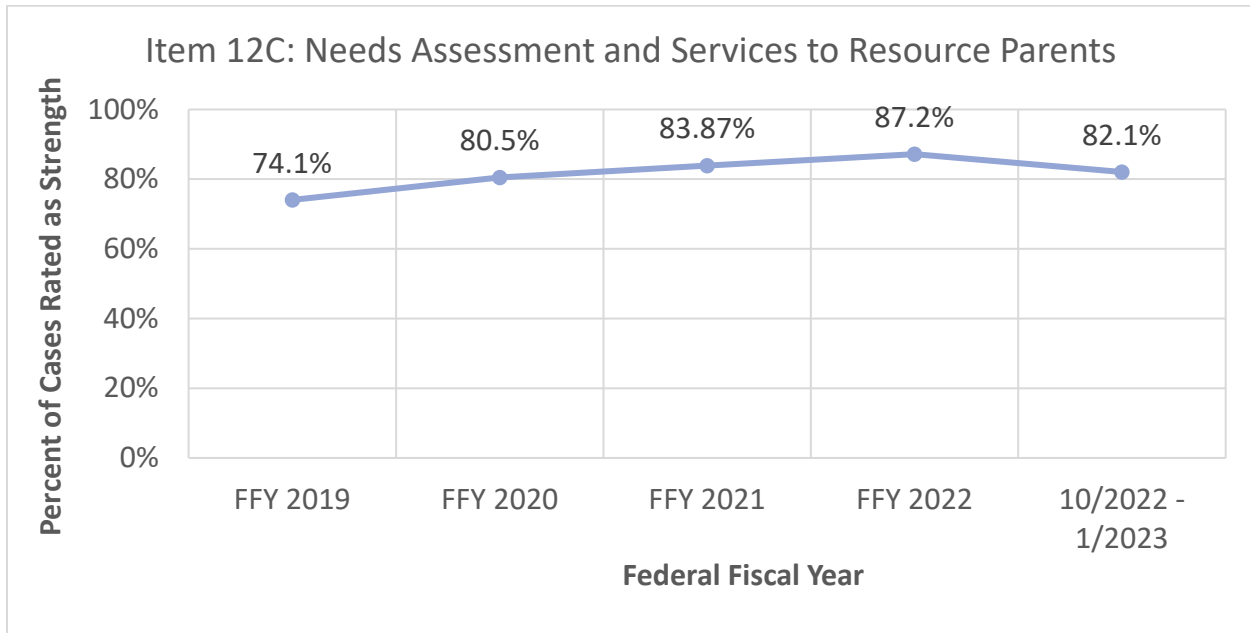
Figure 53



Over the course of the Program Improvement Plan, CW focused on improving engagement with parents to better understand and meet their needs. Many local offices have chosen face-to-face contact with parents as their lead measure to focus on in their CQI cycle. Item 12 consistently improved from FFY 2019 (34.2%) to FFY 2022 (53.3%). For more information about current CQI efforts, see pp. 110-113.

Resource Parents

Figure 54



CW has a variety of options available to support resource parents. KEEP, an evidenced-based support and skill enhancement program, is available to certified resource families. KEEP currently provides parenting support and education services to all Oregon counties. The Native American Youth & Family Center (NAYA) provides groups specific to families caring for Native American and Tribal-affiliated youth. Centro Cultural provides Spanish-language groups. Several affinity groups are also offered, including offerings for resource parents caring for LGBTQIA2S+ youth and ASL-interpreted sessions. Resource parent feedback has been overwhelmingly positive. Participating families earn \$25 per session and receive ODHS training credits. Groups are fully virtual, allowing full participation and alleviating childcare needs.

The Alternative Care Funding provided an additional \$375 per month per child to assist with supervision or caregiver needs. During the pandemic, this supported online school, non-traditional childcare, and support for child-specific supervision needs due to illness or other circumstances. This funding is ending on June 30, 2023, but reimbursement for childcare needs continues, including an additional \$375 per child per month for childcare needs due to work, school, and other specific circumstances. In addition, the department uses resource parent-

flexible funds to support certification requirements such as smoke detectors, fire extinguishers, and other child-specific needs to support placement.

A certified respite program started in January 2023 with funds from the legislature. The program includes certification processes to increase the pool of qualified support. Previously, resource parents identified their respite providers, and ODHS would complete provider background checks and reimburse the resource parent if they paid their respite provider. Those funds were limited, and resource parents identified the need for a more formal respite program. This new program includes certification for respite care, including virtual training for potential respite providers. This provides additional support by allowing resource parents to access respite from a certified respite provider or identify their own.

ODHS also partners with The Contingent (Every Child) to provide resource parent supports, including resource parent mentoring, needs requests, and Foster Parent Night Out (FPNO).

CW submitted a Policy Option Package (POP) for the 2023 legislative session to increase the maintenance reimbursement payment for resource parents. It moved forward in the legislatively-approved budget, but it is unclear what the concrete increase will be. In creating the POP, discussions took place with the executive director of the Oregon Resource Family Alliance (ORFA) as well as the Governor's Child Foster Care Advisory Commission (GCFCAC). The GCFCAC includes members of the Child Welfare Parent Advisory Council, individuals with lived child welfare experience, resource parents, and other child welfare advocates.

Retention and Recruitment Champions developed action plans with their assigned districts to create measurable recruitment and retention strategies. These plans are updated regularly with local district leaders and community partners. An internal dashboard provides timely data to CW executive leadership and the ODHS Director's Office.

[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?](#)

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, internal 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. (Attachment 11) It determines whether community-based services availability or effectiveness are a factor in reviewed cases. These services include private, county, and state child and family-serving agencies (e.g., school, court, and law enforcement). Service array is a factor in 23% of cases reviewed since July 2019 (n=98). Safe Systems Analysis considers identified improvement opportunities as a place to start identifying 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*

The availability of substance use disorder treatment in Oregon is limited compared to the need, making it challenging to provide parents and caregivers who experience substance use disorder with appropriate support. CIRT case file reviews identify trends in parental substance use during critical incidents in 12 out of 30 children who met the criteria for a CIRT review in 2022. 43% of SSITs reviewed since July 2019 indicated the need for intervention to address parental substance use (n=98).

In response to CIRT and Safe Systems data surrounding parental substance use, a full-day strategy session was held with Child Safety, Child Fatality Prevention and Review, CW Equity, Training & Workforce Development and Permanency program to develop a 12-month plan to increase staff knowledge and skills in working with cases involving parental substance use and impacts on children. The outcomes from the cross-system effort will be discussed in the 2025 APSR.

In 2021, 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, three of which include recommendations related to the service array and are at varying stages of implementation. They are:

1. Restructure and expand the Addiction Recovery Team and corresponding contracted services. A policy option package (POP) was submitted to the legislature to support this work, but it was not funded.
2. Develop a process for referring reports closed at screening to community-based supports or services. This recommendation is in the early stages. A workgroup to develop a screening prevention framework has been established and has started meeting. The Oregon Child Abuse Hotline does not have the infrastructure to support those referrals at this time, and the workgroup may be able to identify a path forward.
3. Identify and support culturally appropriate paid respite, child-care programs, and safety service providers. A certified respite program was launched in January 2023 with the legislature's funds to expand respite options, including a certification process to increase qualified support. The initial program focuses on certified resource parents. The next iteration is for parents with children in their care. Funding is established for this program, which will utilize the established certified respite program and collaborate with Family Preservation to coordinate sites and launch statewide in the next 12 to 18 months.



*Child and Young Adult Suicide*

Intervention was required to address mental health needs in 17% of the 98 completed SSITs since July 2019. According to the most recent data, youth suicides continue to decrease<sup>12</sup>. However, Oregon remains above the national average for youth suicide rates<sup>13</sup>. Considering the continued need to reduce youth suicide deaths in Oregon, ongoing efforts to enhance suicide prevention and intervention knowledge and practice among child welfare professionals remain within CFPRP.

Throughout 2022 CFPRP has maintained a .5 FTE Suicide Prevention Coordinator. CFPRP Suicide Prevention Coordinator continues to further the work initiated previously by CFPRP and engage in new endeavors to promote suicide prevention and intervention to Oregon youth. In collaboration with the Oregon Health Authority, CFPRP utilizes Garrett Lee Smith grant funds to support workforce training and education around suicide prevention and intervention through the ongoing provision of Question, Persuade, Refer (QPR) training for the greater CW workforce. Approximately 900 CW direct service professionals can facilitate QPR training for casework staff.

Additionally, approximately 90% of ODHS staff are trained in computer-based QPR, and ODHS requires QPR training for all employees. Resource, Parent-specific QPR training supports families caring for children and young people in CW custody. CFPRP Suicide Prevention Coordinator supports additional information and resource provision efforts for resource parents through collaboration with the Equity, Training, and Workforce Development Program (ETWD). CW used the Garrett Lee Smith grant to fund training for trainers for two additional QPR Gatekeeper trainers in the CW ETWD team to support ongoing resource parent QPR training.

In fall 2022, CFPRP Suicide Prevention Coordinator developed 90-minute Youth Mental Health and Suicide Prevention training with the Oregon Child Abuse Hotline (ORCAH) to provide additional risk assessment knowledge and skill to Oregon screening staff. To date, all current and incoming ORCAH staff receive the training and follow-up with the CFPRP Suicide Prevention Coordinator to address additional questions or needs.

In January 2023, CFPRP, in partnership with the Oregon Health Authority and Oregon Pediatric Society, commenced the development of the CW YouthSAVE training (SAVE stands for Suicide Assessment in Various Environments). This training is a version of the widely available YouthSAVE Training and is being modified to support the child welfare professional workforce in identifying, assessing, and safety planning for suicide risk within the unique context child welfare engages with young people and families. While QPR is an entry-level training that empowers everyone to act, YouthSAVE offers the next level of training, addresses safety planning and implementation practice, and focuses specifically on reaching children and young

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<sup>12</sup> [2021 Youth Suicide Intervention and Prevention Plan \(YSIPP\) Annual Report](#)

<sup>13</sup> [2021 Youth Suicide Intervention and Prevention Plan \(YSIPP\) Annual Report](#)

adults. The curriculum development and internal training for trainers should be completed by August 31, 2023, with a rollout in fall 2023.

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, are ethnically diverse, and more). The CFPRP Suicide Prevention Coordinator regularly participates in local suicide prevention learning opportunities and supports prevention for disproportionately impacted groups such as Black, Latinx, Indigenous, LGBTQIA2S+, neurodiverse, and physically, developmentally, or intellectually disabled persons. Oregon is also fostering a diverse provider array through targeted recruitment strategies. Reference the attached Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities for more information about CW's youth suicide prevention efforts.

#### *Young Parents with Child Welfare History*

In 2022, 19 of 30 children who met the criteria for a CIRT review had at least one parent who, as a child, came to the attention of CW. Six of the parents were under 25 years old during the critical incident. The ratio has remained relatively steady for the last two years, and there is continued concern that young adults involved in the child welfare system are not adequately developing protective factors, 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.
2. CW's response to planning for and meeting the supervision needs of children.

CFPRP plans to determine 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. CFPRP will continue to gather CANS information and share learning with other CW programs to support improving service delivery to young adults.

CW's Health and Wellness Services Program tracks Adverse Childhood Experiences (ACEs) and experiences that contribute to ACEs (e.g., poverty, racism, entry into foster care, community violence, and more). This data helps staff understand how to tailor engagement strategies and services to the unique needs of children and families. CFPRP will continue to 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*

Oregon saw an upward trend in fatalities for adolescents using substances, and in CY 2022, eight fatalities involved overdose. CIRT reviewed three of these, identifying limited access to treatment services as a challenge for families and CW professionals working with adolescents. Additionally, CFPRP added an item to the Safe Systems Improvement Tool to capture the presence of child substance use at or around the time of the critical incident. Of the 22 SSITs

completed for 2022, substance use by the child required intervention in 27% of cases, regardless of whether the fatality resulted from a substance overdose. This number reinforces the ongoing importance of addressing the needs of Oregon's young people when it comes to substance use.

CFPRP plans to identify successful treatment modalities, including for adolescents not yet ready for formal substance use disorder treatment. 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. Throughout 2023, CFPRP will be consulting with subject matter experts to review the recommendations of previous CIRTs involving youth overdoses to identify and address practice and service array gaps that may exist for this population.

Treatment Services and service array for children and young adults with complex needs

CW Treatment Services contracts with Comagine Health to conduct independent, Qualified Mental Health Professional (QMHP) assessments of the strengths and needs of children and recommendations regarding the benefits of Qualified Residential Treatment Programs to those needs. Additionally, Treatment Services contracts with Comagine Health to provide BRS Medical Eligibility determinations for children with specialized needs through a Licensed Practitioner of the Healing Arts (LPHA). These assessments provide child and family teams with recommendations on the least restrictive type of care needed to support the unique needs of children and young adults with complex needs. More information is in the 2022 Annual QRTP Report. (Attachment 12)

CCA's have been struggling with sustaining adequate workforce. CW contracted with Effective System Innovations to assess how COVID-19 impacted Oregon's child well-being services. Specifically, the study explored impacts on operations and services to children served by ODHS, particularly within CCA's (including behavioral health and BRS) and ODDS group home settings. The study is now concluded. (Attachment 13)

OHA's Intensive Service array, including Psychiatric Residential Treatment Facilities (PRTF), continues to function below the level identified in 2019. In 2021, the Kairos New Beginnings program closed, which meant losing 21 PRTF beds. In 2022, the functional capacity (number of available spaces) remains critically low. Joint OHA-ODHS efforts continue to sustain and grow this needed capacity in Oregon. More information is in Attachment 14.

Due to low capacity at the PRTF level of care, Treatment Services negotiated an expansion with the Looking Glass Regional Crisis Center program. This PRTF provides prioritized access for children in CW care through a direct contract. This is unique because Oregon's children's behavioral health services are accessed through the Coordinated Care Organization (CCO) structure administered by OHA. However, providers report challenges contracting with multiple CCO's at various rates. In 2017, CW began to contract directly with Looking Glass to ensure

access to clinically supported Intensive Psychiatric Residential Treatment, including assessment, PRTS, and Subacute service options. The contract amendment was completed in March 2023 and expanded the existing 12-bed program to 20 beds across two buildings. The second building and additional beds opened beginning June 2023.

In response to HB 4012 (2022 Legislative Session), Treatment Services worked with OHA and OYA to commission and complete the Children's Continuum Rate Study. The study identified necessary rates and payment structure changes for contracted providers across the children's service array. The study identified ways to reimburse for actual costs incurred and ensure enhanced stability and availability of services. Recommendations for services fully funded through Medicaid, such as Psychiatric Residential Treatment Services (PRTS) (services that occur within a PRTF), are implemented. Rates related to partially funded Medicaid services, such as BRS, are being reviewed by the Governor's Office and the Legislature, with a determination expected by June 30, 2023. More information is in the Children's Treatment Services Rate Study Report of February 2023. (Attachment 15)

The Behavioral Health Treatment Foster Care (BH-TFC) pilot was initiated in May 2021 and was extended through December 2024 to ensure a sufficient sample size to determine long-term recommendations. This pilot combines BRS with community-based intensive behavioral health outpatient services to support children with psychiatric needs in a family setting. To date, the pilot served 47 children, including seven CCA's, using various models with consistent data collection. The Office of Reporting, Research, Analytics, and Implementation (ORRAI) will support a project evaluation process during the last phase of the pilot.

The Response and Support Network (RSN) pilot expanded to a second district in 2022, providing services in Multnomah and Washington counties, and will expand to Clackamas County in July 2023. RSN is a specialized, time-limited approach to support Resource families 24/7 by supplying various flexible services (clinical and non-clinical) to support thoughtful connection to long-term support. The services are provided through a partnership between CW and the local CCO. The rapid response of varied services aims to keep children and young adults stable in foster care, aid in reunification, address urgent and emergent needs, maintain a connection to community supports, deter residential placement, deter emergency department use, and achieve child and family goals.

In 2022, Treatment Services developed a new service pilot to support children and young adults to remain in their biological or Resource home settings called: Child-Specific Caregiver Supports (CSCS). CSCS provides intensive, individualized support to the caregivers of children with complex needs who otherwise may be at risk for placement in higher levels of care, such as residential treatment. In-home and community-based services support caregivers and child's needs. Services provided include hands-on coaching and skills training, training specific to the child's needs, caregiver support through groups and connections, system navigation, research, and sharing of community resources. The pilot serves five districts and will end in October 2023.

### Additional Services Available Statewide

Safe infant sleep surfaces were provided to CW and Self Sufficiency offices throughout the state to distribute to families in need at no cost.

Funding for families caring for infants with prenatal substance exposure supports families with child welfare involvement and the development of a Plan of Care.

The Child Fatality Prevention and Review Program (CFPRP) purchased injury prevention kits from Oregon Health Sciences University, Tom Sargent Safety Center, to prevent child fatalities and serious injuries by improving home environment safety. These kits were shipped to local CW and Self Sufficiency offices to improve household safety. Examples of items provided include window locks, firearm locks, and medication storage items.

CW has explored using grants to support smaller, local providers and providers who are just getting established. Grants offer greater flexibility in supporting providers more equitably. In addition, CW has worked with the Racial Justice Council and Non-Profit Oregon on several issues, including ways to address the barrier obtaining insurance can pose to new and small providers. See p. 119 for more information about how CW helps providers more easily and equitably obtain initial insurance.

[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?](#)

### Treatment Services service array for children with complex needs

The ORRAI Capacity Summary estimates a small number (less than 1%) of children in CW care cannot access recommended services. (Attachment 14) As a result, the Specialty QRTP Request for Applications (RFA 5204-21) remains active to solicit an expanded QRTP array for specialty populations. This solicitation aims to support children who require services through a QRTP and need services like Commercially Sexually Exploited Children (CSEC) treatment, support children with heightened physically aggressive behavior, Sex Abuse Specific Treatment, and co-occurring substance use disorder (SUD) treatment. Pilots listed in Item 29 on pp. 91-92, such as RSN, CSCS, and BH-TFC, also aim to support children with complex needs in creative ways who may otherwise have needed placement in a residential type of care. This RFA has been active since early 2022, with two respondents. One additional provider shared their intent to apply shortly.

Two additional cross-system workgroups were initiated in 2023 to address the lack of access to PRTF for children with externalizing aggression and/or suicidal ideation. These efforts are due to Oregon's statewide system of care finding that access was problematic for children who require physical interventions to maintain their safety.

In January 2023, CW Treatment Services, Resource Management Director, and Multnomah County CW leadership began to meet with OHSU and OHA staff to support young people with

high needs frequently accessing the hospital emergency department in the Portland area. The group is developing an Emergency Department (ED) Toolkit to support CW staff in understanding case planning with ED's involved.

In March 2023, the System of Care Advisory Council initiated a Safety Workgroup to provide policy and implementation recommendations regarding children and young adults with externalized aggression behaviors and needing a residential care stay. This workgroup was established out of a service need to ensure children and young adults with externalized aggression behaviors can safely receive the care they need. Members of this workgroup include youth or family members of youth who have used aggression and needed residential treatment, rural and urban representation, demographics that align with the population served, youth or parent of a youth with IDD, youth or parent of a youth with SUD or dual diagnosis need, Providers of residential care, Insurers/Medicaid representatives, child psychiatrists and related staff of area hospitals, OHA, ODHS ODDS, OTIS, DOJ, OYA, and the Children's Care Licensing Program.

Family First Prevention Services

See Section IV. Services, part E. Additional Services, subpart 3. Family First Prevention Services Act Transition Grants (pp. 149-151) for more information.

#### *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?

See figure 3 on pp. 11-19 for a comprehensive list of CW's many collaborations.

Oregon Child Abuse Hotline

The Oregon Child Abuse Hotline (ORCAH) partners closely with mandatory reporter groups to gather input and information and to address community questions and concerns. These include, but are not limited to, educators, law enforcement, medical professionals, mental health professionals, and multi-disciplinary teams. ORCAH provides a Train the Trainer model for CW staff and Child Advocacy Center staff around the state on an ongoing basis (refer to Annual Report 2022). Additionally, significant revisions to the Workday OHA/ODHS Mandatory Reporter Training for employees began in April 2022, with the gathering of expertise from internal and external partners. Specific input was sought regarding equity, race and culture from the Tribal Affairs Unit, Child Fatality Prevention and Review Team, Office of Equity and Multicultural Services, and the Racial Equity & Social Justice (RESJ) tool reviewers to ensure

diverse perspectives and values are reflected and honored throughout the new training resource.

#### Treatment Services

Treatment services contracts with private child serving CCAs and child and family service providers using the FOCUS program. In March 2022, Treatment Services began a youth feedback process to learn from young people what they need when receiving services in CCA settings. Treatment Analysts meet with children in these settings every six months to gather feedback which is collated to highlight themes of strengths and needs directly from children and young adults receiving these services.

Treatment Services relies on close partnerships with CCAs and strives to involve contracted providers as equal partners in decision-making wherever possible. In addition to provider forums held bi-monthly, treatment services include partners in developing and implementing pilots to support children with complex needs in the least restrictive settings possible. Additional information about current pilots through Treatment Services is in items 29 and 30 on pages 91-94.

#### CFPRP Collaboration

By the nature of its cross-systems work, the Child Fatality Prevention and Review Program (CFPRP) is engaged in joint efforts mentioned briefly in the Collaboration section and expanded here.

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 Tribes in Oregon or other federally recognized Tribes, 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, 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 Tribes in Oregon 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 Tribes in Oregon and other federally recognized Tribes having voice in the work of CFPRP remains central to the work.

CFPRP collaborates 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, CW 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.

The Comprehensive Addiction and Recovery Act (CARA) implementation requires statewide collaboration across Oregon's systems serving individuals who use substances, infants, and families. CFPRP has engaged the following groups throughout the statewide implementation process:

- Child and Family Futures for technical assistance
- Pregnant and parenting individuals who use substances
- Substance use disorder treatment professionals
- Health care professionals (doctors, nurses, midwives)
- Hospital social workers
- Oregon Hospitals and Health Systems Association
- Treatment Courts
- Oregon Judicial Department
- Peer mentors (parents in recovery)
- Oregon Health Authority
- Community Care Organizations
- Community health nurses
- Oregon Medical Board
- Oregon Nursing Board
- Child Advocacy Centers of Office of Tribal Affairs
- Oregon Department of Education Early Intervention/ Early Childhood Special Education
- Medicaid

CFPRP Suicide Prevention coordinator engages in frequent and ongoing communication with community members via local and regional statewide suicide prevention coalitions. In addition, CFPRP collaborates ongoing with the Confederated Tribes of Grand Ronde Children and Family Services to develop a plan for neglect training delivery.

CFPRP established open connections and nurtured engagement with children formerly in foster care for consultation. The program also contracted with Comagine Health, 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.

CFPRP collaborates with Oregon's Early Learning Council to improve Early Intervention referrals as required by CAPTA.

CFPRP is in communication and coordination with various statewide Coordinated Care Organizations (CCOs) in exchanging community social determinants of health gap analysis data



for the purposes of assessing and developing localized 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. JCIP is focused on two primary initiatives: the Judicial, Court, and Attorney Measures of Performance (JCAMP) project through the Capacity Building Center for the Courts, and the Joint JCIP-ODHS Safety Questions Project (Attachment 16). The JCAMP project involves members of CW, court partners (from the bench and bar) and individuals with lived experience of the child welfare system. The goal is to use the technical assistance to assess the legal and court processes of child welfare system involvement in Oregon.

Community-Based Child Abuse Prevention Grant (CBCAP)

The CBCAP State Lead leads collaboration, coordination, technical assistance, and coordination to Family Support and Connections (FS&C) Providers.

The CBCAP State Lead collaborative engagements include but are not limited to the following:

- Tribal Prevention-quarterly meeting with Tribal prevention coordinators from the nine federally recognized Tribes in Oregon.
- Maternal and Infant Early Childhood Home Visiting (MIECHV).
- Home Visiting Committees.
- The Attorney General Sexual Assault Task Force.
- Prevention and education subcommittees.
- CW Family Preservation.

A few highlighted collaborations include:

<b>Collaborators</b>	<b>Description</b>
Self-Sufficiency TANF and Temporary Assistance for Domestic Violence Survivors (TA-DVS)	Active engagement in program and policy development
Oregon Attorney General Sexual Assault Task Force	Participates in the prevention subcommittee
Child Welfare	Collaboration on Family Preservation, including joint participation in learning communities through American Public Human Services Association and the FRIENDS Prevention Mindset Institute.
Early Learning Council & Maternal Infant and Early Childhood Home Visiting (MIECHV)	Serves on the state advisory councils for MIECHV committees and the Home Visiting Collaborative, which will soon be an Early Learning Council Home Visiting Subcommittee.
Oregon Parenting Education Collaborative Hubs (OPEC)	Funds and participates in (OPEC), a multi-year initiative led by The Oregon Community Foundation (OCF), The Ford Family Foundation, and Oregon State University. OPEC increases access to professional development opportunities for parenting education professionals by coordinating parenting education curriculum training (in-person and virtual) and training on best practices for parenting education groups.

Collaboration with Coordinated Care Organizations (CCOs)

See Health Care Oversight and Coordination plan on pp. 189-191.

Family Preservation

CW Leadership participates in the Early Childhood Council Home Visiting System Committee and the Raise Up Oregon: Statewide Early Learning System Plan, a comprehensive state system plan for early childhood prenatal to age five. These workgroups and planning processes are working to align federal investments such as MICHEV and Medicaid in early childhood programs.

Family Preservation is working to better coordinate between CW & SSP to ensure that families can fully benefit from programs available through TANF and SNAP, in addition to those funded by CW.

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?

CW Resource Family Retention Recruitment Champions (“Champions”) actively support, develop, recruit, and train a diverse pool of resource families using data and customer service-focused strategies for a community-wide, family-centered approach to caring for children and young people in their communities. This happens through intentional collaboration with community partners and CW staff to promote improved service access and delivery by centering equity, inclusion, and diversity. The Champions develop recruitment action plans to support families who reflect the diverse characteristics of children and young people in foster care. CW tracks demographics and disproportionality in our foster care population to inform recruitment needs. The Champions have already participated in recruitment activities to support LGBTQIA2S+ affirming families and families that represent the district-specific cultural and ethnic needs, some of which are listed on page 100.

CW continuously works to recruit and retain resource families. Resource Family Retention and Recruitment Champions provide leadership and coordination to local office staff to support the development of retention and recruitment strategies. Champions are assigned to ODHS districts to support local office managers and staff directly. An additional Champion provides statewide coordination of the research, resource development, and training for CW staff, establishing a customer service approach and ensuring an effective, equitable, and inclusive approach to serving resource families. Their primary goal is to ensure Oregon has abundant, safe, diverse, and affirming resource families that reflect the diversity of children and young adults in foster care.

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, families that reflect the diversity of children and young people in foster care, and families for teens with complex behavioral and mental health needs. In addition, CW partners with The Contingent and other community organizations to recruit diverse populations, Tribal communities, and LGBTQIA2S+ affirming families.

CW also continues to explore the technology solutions for supporting the work of tracking recruitment, certification, retention, and training of resource parents. Updates will be included in the 2025 APSR.

Initiatives between July 1, 2022, and June 30, 2023, include:

- CW launched the new Respite Certificate of Approval in January 2023. This program supports certified and relative resource parents who need a respite from caregiving. It

required updating existing administrative rules, new procedures, OR-Kids system changes, new standardized forms, and training curricula. See Item 12 on pp. 86-87 for more information about the respite program.

- Provided training to respite care providers, including:
  - Introduction to ODHS CW.
  - Introduction to Respite Care.
  - Trauma-informed Parenting.
  - Logistics.
  - Emergencies.
  - Mandatory Reporting.
- A partnership with Our Giving Table and Papa Murphy’s Pizza delivered hundreds of pizzas to resource families.
- CW held a virtual statewide LGBTQIA2S+ provider recruitment event in October 2022, which included:
  - A panel of resource providers who belong to the LGBTQIA2S+ community and care for foster youth.
  - A second panel of LGBTQIA2S+ foster youth who shared their experience and needed resource parent qualities when caring for LGBTQIA2S+ young people.
- CW enhanced collaboration with Tribes in several districts to build and sustain culturally responsive and reciprocal relationships with the Tribes, including:
  - A tri-county committee (Multnomah, Clackamas, and Washington) of ICWA certifiers.
  - Champions.
  - ICWA ODHS CW Managers.
  - Tribal representatives.
  - Tribal Child Welfare staff.
- District-specific initiatives include a series of summer recruitment activities to support local recruitment and retention action plans. For example:
  - D1 tabled a booth at the Columbia County Fair, targeting the need for families that reflect the diversity of the children and young people in foster care, LGBTQIA2S+ families, and families to support teenagers.
  - In District 7, regular tabling began at the Brookings-Harbor Farmer’s Market.
  - District 11 was regularly at the Klamath Falls Farmers Market and Klamath Downtown Association.
  - D13 recruited at the Baker City Farmer's Market.

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) central office staff provide virtual and in-person training to CW delivery staff. Most training and consultation are provided individually via instant message, video conferencing, email, or phone. Increased availability of video communication with other state ICPC offices enhances professional relationships and bolsters cross-jurisdictional collaboration, as does attendance at the annual Association of Administrators of the ICPC training and business meeting/child welfare conference.

Oregon is in the process of joining the National Electronic Interstate Compact Enterprise (NEICE). The Memorandum of Understanding/contract is executed, and Oregon will use NEICE this summer. ICPC central office staff participate in regular meetings with OR-Kids business analysts and Office of Information Services (OIS) staff to prepare to integrate NEICE in current business processes.

Oregon ICPC continues to have a team of workers dedicated solely to completing home studies for incoming placement requests. The data shows that Oregon can meet the Safe and Timely Interstate Placement of Foster Children Act deadline when home studies are assigned to ICPC home study workers rather than local offices. The below chart shows the number of home studies or preliminary reports completed timely (within 60 days of assignment):

	<b>Home studies due 7/1/2020-6/30/2021</b>	<b>Home studies due 7/1/2021- 6/30/2022</b>
<b>Completed by ICPC workers</b>	203/256 = 79%	187/210=89%
<b>Completed by local office staff</b>	12/29 = 41%	1/4= 25%

## C. Enhancing Our Staff and Infrastructure

The Vision for 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?*

#### Caseworkers, CTS, SSAs, and Supervisors

Initial training for SSS1 (caseworkers) and Social Service Assistant (SSA) is provided through a University Partner, Portland State University.

Once caseworkers have completed orientation requirements from Department of Administrative Services (DAS) and ODHS, they are oriented to CW through their local branch. Due to the differences in geography, staffing, resources, and community, orientations vary depending on where workers are assigned. For example, Marion County staff are assigned to a training unit upon hire. They then spend 3 weeks getting familiar with branch operations, community resources, and completing pre-service training pre-requisites. After three weeks SSS1s attend part 1 of Essential Elements for Child Welfare Practice. Once this is complete, they begin working on their On-Ramp. The On-Ramp is an on-the-job training program designed to introduce workers to eight key tasks, provide them an opportunity to research it and observe an experienced worker performing it, discuss it with their supervisor, and perform it while being observed before being released to do it on their own. When Part 1 of Essential Elements is complete and progress is made on the on-ramp, caseworkers are assigned cases on a limited basis with increased supervision. In the CPS training unit, a supervisor or Coaching & Training Specialist (CTS) accompanies new workers over the first six weeks and gives one assessment per week for the first three week. Marion took this approach to ensure that caseworkers received consistent and thorough onboarding support.

CTSs receive a seven-day initial pre-service training before they begin performing their duties. This courseware covers coaching, training, child welfare practice, collaboration, and engagement. Components of this training is integrated with Supervisor training to support their role as trainers in the branch.

Supervisor pre-service is a two-week training designed to provide the necessary tools to lead CW staff. Subjects include leadership, coaching, human resources, and child welfare practice. Supervisor training also includes a monthly “New Supervisor” that further establishes connections between supervisors in other branches, leading to expanded support networks, communities of practice, and wellbeing. They also have an on-ramp they have to complete as

part of their training, as well as intensive field follow-ups that they schedule with consultants from Human Resources, Child Safety, Permanency, Foster Care, OR-KIDS, and other central office programs.

Supervisors must also 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 Resources Management
- Ethics
- Managing Resources – Budgets, Contracts, Audits and Risks
- New Manager Introduction to ODHS

The following training guides for Social Service Assistant (SSA), caseworker (SSS1), CTS (SSS2), and Supervisor positions are available to all staff on SharePoint:

- Initial Training Pre-Requisites
- 12-month Training Plan
- Pre-Training Activities
- On-Ramp Guide
- On-Ramp Checklist
- Intensive Follow-ups for Supervisors

The Workforce Training Team has begun development of a Pilot Academy that will enhance pre-service training for caseworkers (SSS1s) in their first 18 months of service. This project will include a statewide Child Welfare Orientation, a revised Training Calendar, new content developed in collaboration with staff, central office programs, and community partners, additional training opportunities, and more definition around the roles and responsibilities of a new SSS1 in trainee status.

Training content for ODHS/CW’s Statewide Automated Child Welfare Information System (SACWIS), known as OR-KIDS, is transitioning from virtual classroom and quick reference guides to e-learning modules and video micro-learnings. E-learnings will provide a more interactive experience for staff to understand how to access, navigate, and manipulate our SACWIS system. Video micro-learnings are 3-5 minute instructional videos that will give staff quick step-by-step instructions on how to complete individual tasks within OR-KIDS.

#### [Child Welfare Education Program](#)

CW partners with PSU to provide enriched social work education for employees in BSW and MSW programs.

#### [Oregon Child Abuse Hotline Screening Training Academy \(STA\)](#)

Each Screening Training Academy consists of 80 hours of training, composed of 12 Screening

Practice modules and 13 Technical Training modules, along with presentations from ORCAH's Continuous Quality Improvement unit and our partners at CARES NW and Oregon Tribal Affairs. Prior to the Screening Training Academy, new screeners complete an onboarding process, and after complete Post-Academy Coaching directed by ORCAH's Hiring and Training Supervisor and team of Coaching and Training Specialists. In total, the training process for new screeners is completed within 10 to 12 weeks.

Upon completion of the Screening Training Academy and Post-Academy Coaching (PAC) activities, screeners are evaluated in three areas of competency for graduation: phone skills, report writing and use of technology. Coaching and Training Specialists (CTS) observe the screener's demonstrated skill level in the three competencies by using a tool that covers 71 skills while the screener practices with mock reports. The screener must receive a minimum of 75% or 80% positive responses per area of competency before they will graduate from the training environment.

Once screeners graduate from PAC, they begin performing screening duties with tiered expectations. The progression for new staff is as follows:

- 3-6 months: one contact received and documented at a time
- 6-9 months: 6/8 contacts per day (8/10-hour shift), no contacts taken in the last hour of the shift
- 9 months to 1 year: transition to full screener expectations of 8/10 contacts per day

Current ORCAH practice uses competencies at graduation but does not have a structured program for regularly assessing a screener's ability to meet another set of competencies as their expertise increases and ongoing education is provided. Screening competencies currently used as a guide for our program at ORCAH over all are as follows: workforce management skills, conceptual skills, interpersonal skills, self-management skills, and technical knowledge.

ORCAH implemented a Structured Decision Making® (SDM) Screening and Response Time Assessment Tool on August 1, 2022. The SDM model is a suite of decision-support tools that promote safety and well-being for children and families and focuses on achieving four main goals:

1. Increase consistency.
2. Safely improve timely decisions.
3. Shared knowledge of screening decisions among CW staff.
4. Decrease disparity in screening decisions and advance equity goals.

The SDM, Screening, and Response Time Assessment Tool was developed with internal and external collaborators, including the Casey Family Programs and Evident Change. ORCAH Screeners received training on the SDM tool. Virtual training was provided to all CW staff and was required for SSSI and IIs, SSAs, case aids, supervisors, program managers, district managers, and program design staff.



*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?*

From 2022-23, CW continued to develop its Equity, Training and Workforce Development program. The purpose of this program is to provide technical assistance and develop deliverables that will support recruitment & selection, education & professional development, Supervision & Leadership, Practice Supports, and Organizational Culture of Child Welfare. This program has a strong foundation in Diversity, Equity & Inclusion, with immediate attention towards reviewing existing training materials and putting standards in place to ensure that training content is accessible, inclusive, representative, and respectful of underrepresented communities.

Three new teams were established to that effect: a Workforce Training Team, a Resource Parent Training Team, and an Operations Team. Twenty-four new staff were hired into this program in the past year, bringing the program strength to 94%. These new team members were provided an intensive 14-week training program focused on design, development, delivery, administration, and evaluation of training. They are being developed to create courseware in the form of video micro-learning, e-learning, webinars, distributed curricula, and other modalities.

Each of these teams has begun providing technical assistance, utilizing their expertise in Adult Learning Theory, Training Delivery and Facilitated Learning Methodologies, Transfer of Learning, Training Content Development, and Evaluation of Training Effectiveness. TDS2s have been assigned to Central Office Programs, Districts, and Special Projects to identify training priorities, conduct training needs assessments, advise on available resources, and begin development of new content.

**Workforce Training Team:** This team has been established to support the training and professional development of CW staff. It is composed of 9 Training & Development Specialist 2 (TDS2)s, 1 Leadership Consultant (OPA3), and 1 Training Manager (TDM1). Their role is to develop and maintain training content that will assist staff in developing the skills, knowledge, and competencies necessary to meet the needs of the community and prepare them for higher level responsibilities within the organization. One TDS2 on this team has been coded as a multilingual position to assist with community outreach and provide perspective and support on the professional development of multilingual staff.

**Resource Parent Training Team:** This team has been established to support the training and professional development of Resource Parents. It is composed of 9 TDS2s and 1 Training Manager (TDM1). Their role is to develop and maintain training content that will assist resource parents in developing the skills, knowledge, and competencies necessary for resource parents to meet the needs of children in their care, support families engaged with the child welfare system, and meet the needs of the community. One TDS2 on this team has been coded as a

multilingual position to assist with community outreach and provide perspective and support to multilingual resource parents.

**Operations Team:** This team has been established to develop, oversee, and maintain best practices, standards, specifications, rule, policy, and procedure for the development, design, delivery, evaluation, and administration of CW training content. Specialists have been hired in the field of Curriculum Development, Instructional Design, Instructional Technology, CQI & Evaluation, Communication, and Administration. Within these specialties they are responsible for developing resources, tools, and trainings, as well as identifying key principles to support the best practice & standards. In addition to these duties, they are responsible for driving innovation through research and recommendations, as well as staff and community collaboration. Their duties are further explained below:

- **Curriculum Lead:** Designs curriculum specifications, evaluates overall curriculum and recommends improvements. Leads Trainer/Developers in how to develop curricula to ensure a consistent training experience for all staff.
  - **Instructional Designer:** Provides support, instruction, tools, and resources for trainer/developers in the creation of learning experiences, specifically the identification of training modality and design of the blocks of instruction.
  - **Instructional Technologist:** Serves as subject matter expert for educational software, learning management systems, and other technology related to training & education. Supports Trainer/Developers in learning and implementing Instructional Technology.
  - **Evaluation & Continuous Quality Improvement Specialist:** Responsible for developing the statewide Training Evaluation Plan and developing data sets to support a data driven Training system that effectively evaluates student response, skills acquired, behavior changes, and impact to the work.
  - **Communications Specialist:** Responsible for developing a communications & marketing strategy that ensures staff, resource parents, and other attendees are aware of training and workforce development events.
- Training Support Specialist:** Provides administrative support to ETWD in the design, delivery, evaluation of training and customer service support to students attending training.

ETWD staff completed an intensive, three-part train-the-trainer program covering Adult Learning Theory, Multi-Modal Instruction, Webb's Depth of Knowledge, Giving and Receiving Feedback, Creating a Motivational Learning Environment, Effective Questioning, the Socratic Method, advanced PowerPoint skills, and Distance Learning.

Additionally, ODHS obtained software licenses that will provide Trainer/Developers with the capacity to record, edit, and publish professional-level audio/video for an enhanced learning experience in virtual instructor-led training, self-paced online e-learning, video microlearning, blended learning, mobile learning, simulation-based training, and other distributed audio/video

training. This has significantly increased the accessibility of training for staff who work in remote/rural areas or have scheduling challenges.

CW, in partnership with Self-Sufficiency Program (SSP) have collaborated with Capacity Building Center for States on identifying a coaching model for implementation. (Attachment 17). Staff and leadership from SSP and CW selected the Atlantic Coast Child Welfare Implementation Center (ACCWIC) Coaching Model to be adapted and implemented in both ODHS programs.

A manual of Best Practices and Standards for Training is in development. This document will serve as instructional material as well as setting requirements for development, design, delivery, evaluation, and administration of training.

Ongoing training requirements are in development for staff and resource parents. These requirements will consist of a set number of hours of training to be completed on an annual basis after pre-service. A portion of these hours will be made up of mandatory trainings, and the remainder will be either directed by a supervisor or Certifier or selected by the Staff or Resource Parent.

Training Advisory Board (TAB) is established as a governance body to discuss major training changes and initiatives at the CW administration level. It meets quarterly, and is made up of child welfare personnel, community partners, and individuals with lived experience. Example topics include:

- Implementing new required courseware.
- Discontinuing existing training course(s)
- Establishing or changing training requirements.

ETWD conducts ongoing professional development activities throughout the year for staff in the form of Triannual events:

**LEAD Summit:** This is a virtual conference that brings together Child Welfare Supervisors, Consultants, and Coaching & Training Specialists to participate in webinars, focus groups, facilitated discussions, and presentations about Child Welfare Practice, Workforce Wellbeing, Leadership, Coaching, and requested topics. This is an opportunity for learning, collaboration, and networking to create a broader community of practice.

**Trainer's Institute:** This is a virtual conference led by ETWD designed to provide learning opportunities for CW staff throughout the state with an interest or responsibility in development, design, delivery, evaluation, and administration of training.

**Community of Practice:** A training Community of Practice is hosted every other month by the ETWD Operations Team. Trainers, developers, and leaders attend to network, collaborate, and share resources. This is a statewide group that includes public and private sector individuals from multiple organizations.

The previous APSRs (2022 & 2023) 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.

#### [Oregon Child Abuse Hotline](#)

Mandatory Reporter Training (MRT), Train the Trainer: In accordance with our community training plan, statewide partners and requests for conference presentations are facilitated by an ORCAH Screening Consultant. A MRT was provided for Independent Living Program providers around the state during the month of April. Between January 1, 2023, and the beginning of April 2023, 56 requests were received for training, and 22 trainings were completed.

ORCAH Documentation Guide (ODG): In January 2023, all Screening and Business Staff units were provided training on the updated functions of the final stepper (Cross Reporting and Notifications) of the ORCAH Documentation guide for CPS-Child Welfare reports. The training team provided content which included 13 short "How-To" videos, updated reference guides, updated Report Examples and updated practice considerations for documentation of Cross Reports and Notifications. Additionally, the training included information about the newly updated Screening Report and Cover Sheet form, as well as training on linking reports directly from the ORCAH Documentation Guide to OR-Kids cases.

Domestic Violence: In collaboration with the Safety Program Coordinator, ORCAH produced a 43-minute advanced domestic violence training for all screening and screening supervisory staff. The video, along with interactive discussion and exploration, was delivered in April 2023. During May screening supervisors participated in group supervision to allow for additional application of the Universal Screening for Domestic Violence model, report application,

gathering sufficient information to determine abuse type, and practice the interviewing model with mock scenarios.

*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?*

### Orientation Training

In November 2021, ODHS ETWD began working with Publications and Creative Services to create an online video series to replace the local office Orientation training. The team completed all scripting, voiceovers, and four (of five) sections. The project is on hold due to staffing turnover in the publications department, with future conversations anticipated in Summer 2023.

### RAFT

In May 2022, ODHS ETWD transitioned from the pre/initial training series “Foundations” to a new curriculum, “Resource and Adoptive Family Training [RAFT],” statewide. RAFT is a curriculum adapted from the National Training & Development Curriculum. The ETWD team piloted RAFT in person in Salem, Oregon, between March – April 2023, and local information and implementation locally are shared with districts. Local staff and ETWD staff provided the training. Registration for RAFT can be done locally or via our statewide registration process<sup>14</sup>.

Additional tools and supports help increase staff RAFT training understanding effectiveness, and include the following:

- Two annual Facilitator Trainings (April / October).
- Certification-specific tools: RAFT Marketing flyer (both English and Spanish), RAFT FAQs, Sessions at a Glance, Sessions in Detail, RAFT and Safe Home Study, Facilitation Guides for both Virtual and In-Person Delivery. (Attachment 18)
- Completed Facilitation Guides and Powerpoint slide decks (translated in Spanish).
- Monthly Coaching opportunities statewide (topics are scheduled for the year and advertised on our RAFT OWL page).
- ETWD identified points of contact as ‘RAFT Coaches’ who regularly connect with RAFT facilitators to discuss any updates, coaching opportunities, and can assist in implementation.
- The RAFT Participant Guide<sup>15</sup> is available in English, pending Spanish translation.

Future steps include converting media, with voiceover, into Spanish and other languages.

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<sup>14</sup> [Statewide Registration site](#)

<sup>15</sup> [RAFT Participant Guide](#)

### Ongoing Training for Resource Families

All ETWD Ongoing Training<sup>16</sup> is delivered virtual/statewide. The team coordinates various monthly topics. Just-in-time training (videos/podcasts) are also available for review.

Registration via Smartsheet forms for resource parents will transition to Workday Learning to improve tracking consistency.

In Fall 2023, ETWD will implement three new training curriculums to support specific and concrete tools to parent youth experiencing challenging behaviors:

1. Core Teen
2. Positive Discipline
3. Crisis Prevention Intervention (Verbal De-Escalation only)

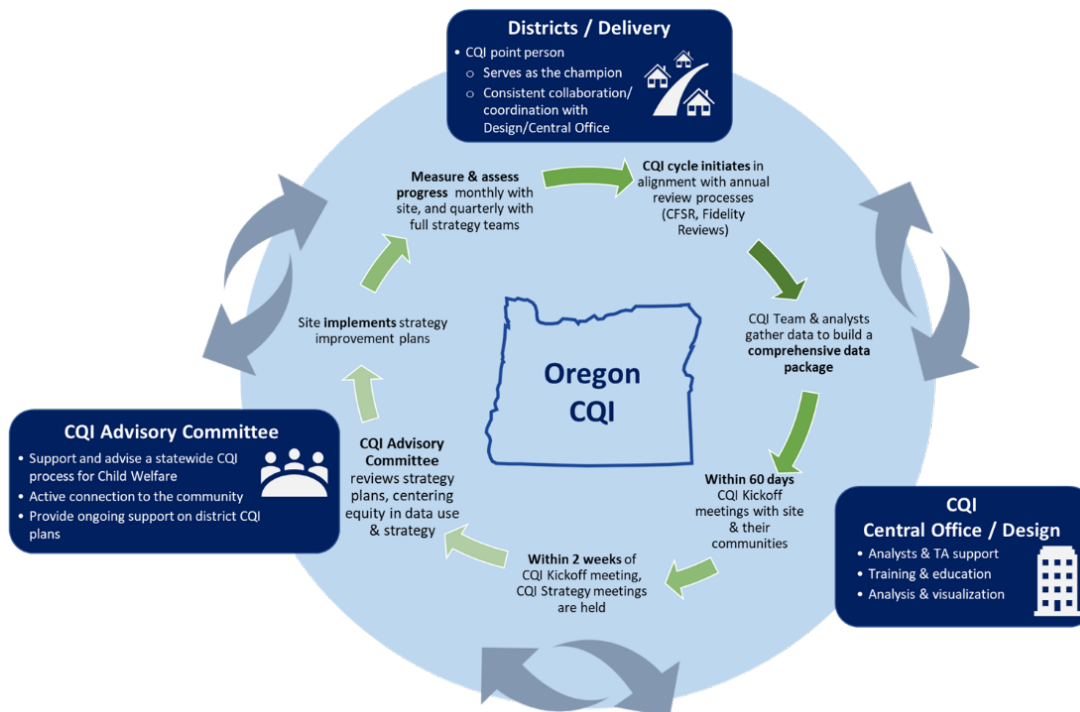
### D. Enhancing the Structure of Our System by using Data with Continuous Quality Improvement (CQI)

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

##### Continuous Quality Improvement Program

Figure 55



<sup>16</sup> [Certification Renewal & Ongoing Training](#)

Continuous Quality Improvement Program (CQI) launched in July 2022. In alignment with the third guiding principle of the Vision for Transformation, the CQI program aims to improve services to children and families equitably using data and CQI principles. As of June 30, 2023, six of the sixteen districts in Oregon are engaged in the CQI cycle. In July 2023, the program will implemented statewide.

The CQI program aims to make small, sustainable changes with large impacts. The CQI program aligns with the Child and Family Services Review (CFSR) process and utilizes the Plan, Do, Study, Act (PDSA) model. The team works closely with each district to identify how many CQI sites they would like to have (if there is more than one local office) and who in their community they would like to invite to participate in the CQI cycle. The CQI team guides the conversation and works with the local office to include critical participants such as Tribal partners, people with lived child welfare experience, Self Sufficiency partners, community partners, resource parents, legal partners, and community members.

The CQI analyst creates a comprehensive data report using qualitative and quantitative data to outline the site's overall functioning and how children and families in the community experience the child-serving system. The comprehensive data report is called a Service Delivery Data Report (SDDR) (Attachment 19). It is built on the Child Welfare Vision for Transformation and the Data Equity Vision Statement, which the Continuous Quality Improvement Advisory Committee created. The statement is a commitment to use data responsibly, with integrity and transparency. It acknowledges that CW is accountable to children and families and the communities who serve them to ensure consistent, accurate, inclusive, and transparent data reporting and analysis. Service delivery points provide context for the data and information about root causes for involvement in CW, such as poverty. The SDDR also includes information about community metrics and disproportionality in the child welfare population.

The team reviews qualitative and quantitative measurements (retrieved from OR-Kids and other sources) together. The qualitative data found in the SDDR contains all 18 items from the Onsite Review Instrument (OSRI) of the CFSR. There are also qualitative measurements from other programmatic reviews, such as the CPS and Permanency fidelity reviews. Lead and lag measurements are used to create the structure of the SDDR and outline the data which follows the CFSR Items. The data framework uses research and input from local and national child welfare experts. The lag measurements are the federal measures tracked on our federal measurement dashboards, and the lead measurements are practice measures that impact the lags. The lead and lag measurement relationship is foundational in CQI work. Lag measurements move slowly and over a long period. The lead measurements are practice measures that can be observed frequently and tracked monthly to show real-time improvement.

The CQI program facilitates a CQI Kickoff meeting for each site. The Kickoff meeting participants review and discuss the SDDR with CW staff and community in the same room, digesting the information simultaneously, building connections, and sharing real-time insights about data

representing children and families in their communities. Service providers and others see themselves in the data, which is impactful and empowering. Following the review of the SDDR, the group discusses which lag measurements the site is not meeting or exceeding federal benchmarks for and selects a lead measurement to improve using the CW CQI process. This decision-making process is unique and shares power. Everyone in the room participates in the discussion and decision-making. No one person in the room makes the decision, and everyone has an equal say.

Since the CQI program launched, five sites have decided to work on face-to-face contact (lead measure) with parents. Of these sites, one aims to improve qualitative needs assessment and services to parents, another selected the initial quantitative placement with kith and kin measurement, and another aims to improve the accuracy and sufficiency of ongoing safety plans.

The CQI team hosts a CQI Strategy meeting approximately two weeks after determining a lead measure. This smaller meeting has community participants and additional branch or site participants who can explain the measurement. The CQI analyst works with the site and participants at the CQI Kickoff meeting to identify participants for the meeting. The team completed a root cause analysis and action plan.

Following the CQI strategy meeting, the Action plan is presented at the CQI Advisory Committee, comprised of approximately 80% persons outside ODHS and CW, including people with lived CW experience (as children and adults), data scientists, community partners, PSU partners, and a Tribal representative. The committee includes a Self-Sufficiency Program (SSP) representative, caseworkers, supervisors, program managers, and two District Managers. One of the primary roles of the CQI Advisory Committee is to ensure that all action steps benefit children and families equitably. The committee provides recommendations which the analyst and site presenter report back to the site for implementation consideration.

After CQI Action plan implementation, the analyst meets monthly with the site's management team for a quick 15-minute check-in. The analyst also checks in regularly via email and Teams to offer support. There is a quarterly formal Strategy team meeting where all members, internal and external to ODHS, come together to review the Action plan, review data regarding the efficacy of each step, and make decisions about continuing, adjusting, or stopping the step. The plan is consistently monitored and adjusted throughout the year-long cycle.

Several sites have demonstrated sustained incremental improvements, which are more likely to lead to sustainable improvement, and indicate integrated practice change in everyday work. CQI aims to make small changes that will have large impacts over time. When done correctly, process changes will change business long term and give caseworkers and staff the tools they need to sustain the practice improvements they have made.

Communities are excited to see their work in the data and positive outcomes for the children and families in their community. Conversations about systemic racism, disproportionality, and



how children belong with their Tribes and in their communities in line with Guiding Principle One in the Vision for Transformation are happening, and it is powerful to witness. Community partners own action steps that CW staff have indicated help them feel supported.

The CQI program continues to grow. Data literacy is infused throughout the CQI cycle, and analysts work with a project manager to develop a data literacy tier of the program, to support all CW staff. This tier will launch shortly and focus on two tracks:

1. Track one will be basic data concepts and learning.
2. The second will focus on the CFSR and how qualitative data can improve practice and outcomes for children and families in preparation for CFSR Round 4.

The final hire for the CQI team was a Tribal Relations CQI Analyst. This position was a recommendation from the Tribal representative on the CQI Workgroup. This analyst will work directly with Oregon Tribes and community partners who work with Tribal children and families to engage them in CQI activities in their communities. The CQI team will focus on building relationships with Tribes and providers and determine how this position can best serve them and the families they work with.

Finally, the team started working on the program's third tier, learning collaboratives. Given the patterns we are seeing in the rollout of the CQI cycle with parent face-to-face contact, there are integrated learning opportunities across the state. These collaboratives will allow Districts to share successes and how they overcame common barriers to achieve positive outcomes for children and families. Organized discussions for teams working on the same or similar lead measures will enhance service delivery and teaming. The team is working with a project manager and has started a charter of the work.

The CQI team works weekly with consultants through Chapin Hall to continue learning and implementation support. Chapin Hall has provided ongoing consultation on the CQI data framework and resources. The CQI team participated in the CQI Academy through the Capacity Building Center for States and discussed lessons during learning collaboratives, integrating information into the program, and utilizing tools from the academy. The team meets weekly as a group and has quarterly in-person gatherings where the Deputy Chief of Strategy and Innovation for ODHS Child Welfare presents on CQI topics. This ongoing learning and support enhance the team's capacity to understand and evaluate data and information from the SDDR. It also provides tools to facilitate strategy meetings and action plans.

## 2. CCWIS Enhancements

The OR-Kids team facilitated several hundred releases since the last reporting period ended, including data and emergency fixes. Below are highlights of significant enhancements:

<b>Release</b>	<b>Date</b>	<b>Description:</b>
<b>Family Report Tribal Adoption Release</b>	1/3/22	Enhancement to Family Report to support enhanced data tracking.
<b>Screening Participant Matching</b>	2/15/22	Iterative enhancement to the ORCAH ODG to support thorough and robust searching.
<b>In-Home Service Candidacy Determination (ISCD)</b>	3/29/22	Supporting Family First Implementation in Oregon for Phase 1.
<b>OR-Kids GO Initial Release (Pilot)</b>	4/28/22	Initial release to pilot group of the OR-Kids Go application.
<b>QRTP Assessment Upgrade</b>	5/20/22	Update to QRTP Module to enhance user experience and improve efficiency.
<b>Screening History Review</b>	5/31/22	Iterative update to the ORCAH DG Module.
<b>Family Report Compelling Reasons</b>	6/3/22	Desired update to the Family Report to handle specific permanency workflows.
<b>Screening Probability Tool Removal</b>	6/30/22	Removed predictive analytic tool to prepare for implementation of SDM in screening.
<b>OR-Kids GO Provider</b>	7/6/22	Iterative release to add additional functionality (provider data) to the app.
<b>Screening Structured Decision Making (SDM) deployment</b>	8/1/22	Iterative enhancement to the ORCAH ODG of an Evident Change SDM Tool.
<b>OR-Kids GO File Cabinet</b>	9/27/22	Iterative release to add functionality to the app.
<b>Screening Cross Reporting</b>	1/1/23	Final release to complete Screening workflow for ODHS specific hotline calls.

## 3. Oregon's Current Case Review Instrument

Oregon uses the federal Onsite Review Instrument (OSRI) with an ICWA Addendum. The ICWA Advisory Council, ODHS Tribal Affairs, and the CFSR team created the ICWA Addendum. The addendum captures tribal-specific information on reviewed ICWA cases that are not included in

the OSRI to identify trends, areas of improvement, and potential initiatives. The CFSR team continually collaborates with the ICWA Advisory Council by attending their quarterly Advisory Council meetings to present current CFSR data gathered during reviews, share future changes, and answer questions.

#### 4. Sustaining a State Case Review for CFSR Purposes

The ODHS Office of Program Integrity conducts onsite state-led CFSRs using the PIP schedule. The team reviews each district within the state annually and provides each district with a debrief summary outlining their performance on the items reviewed. Since July 2022, the CFSR team has collaborated with CQI to integrate CFSR data into the CQI kickoff and strategy meetings to assist districts in targeting an area needing improvement.

In preparation for Round 4, the CFSR team implemented the new OSRI in February 2023. The team requested and received federal secondary oversight of three cases per month and technical assistance as needed. The CFSR team has also increased guest reviewer training to ensure there are enough trained and experienced guest reviewers for state-led reviews in Round 4.

#### 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

Internal operational dashboards help CW better understand services, improve the data, and meet the Vision for Transformation goals. CW works in partnership with the Office of Research, Reporting, Analysis, and Implementation (ORRAI) to enhance existing dashboards and reports, and to create new reports when needed.

##### 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.

##### Families Served Outside of Foster Homes

This dashboard helps CW understand the populations (e.g., demographics) served outside 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.

#### 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 Retention and Recruitment Champion staff data. 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 (strategic, measurable, ambitious, realistic, time-bound, inclusive, and equitable) 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 filters by zip code, county, and radius.

#### [Foster Home Certification](#)

Refer to Item 33 on pp. 75-76.

#### [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 (ORCAH) has its own CQI program. The ORCAH CQI program was implemented in July of 2019 and includes:

- Quality Assurance reviews of screening reports.

- Trained screening Quality Assurance (QA) Specialists review a random selection of screening reports each month, amounting to one per screener.
- Quality Assurance reviews of live calls each month.
  - Screening QA Specialists and screening supervisors listen to and review a random selection of live calls, amounting to 2 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 evaluate whether the decisions align with rule and procedure.
- Data reporting.
  - Quarterly reports are prepared from the QA and Feedback boxes and used to inform continuous quality improvement efforts.
  - Weekly and monthly supervisor performance management data reports help manage screener performance to meet ORCAH's priorities (answering calls, timely assignment, timely approval of closed at screening reports).
- Child and Family Services Reviews (Item 1).
  - Screening QA specialists review screening reports assigned during the period under review to determine if they were assigned timely so that initial contact could be made in a timely manner.
- Critical Incident Review Team reviews.
  - Program managers and coordinators review screening reports (closed and assigned) for cases within Oregon's Critical Incident Review Team process. They use a QA review tool and provide system improvement recommendations to the team.

The results of both quality assurance reviews (reports and live calls) are shared with screeners by their supervisors in clinical supervision and used as coaching tools for continuous improvement. The data regarding the accuracy of screening decisions provided in Item 1 (Child Safety) came from these reviews. The data demonstrate that ORCAH screeners usually make screening decisions (including the decision to assign or close and timeline decisions for assigned reports) aligned with statutes, rules, procedures, and practice guides.

Misunderstanding and the need for clarity tend to increase after rules or procedures change. The feedback box helps inform what types of coaching and support screeners need to improve. In addition, ORCAH's participation in the CFSR process is a valuable way to measure how its timeliness to decision making impacts the ability of CPS workers to make timely contact.

Critical Incident Review Team participation has been a critical and collaborative step in ORCAH's CQI efforts. The QA process for these reviews includes a review of sufficient information gathering and a focus on whether correct screening decisions (assign/close, response time, allegation selection) were made for ORCAH-documented screening reports for the case under review. In the last 18 months, the findings indicated ORCAH closed or assigned reports correctly

94% of the time, made correct response time decisions 94% of the time, and chose correct allegations 76% of the time.

In the summer of 2022, ORCAH began planning and recruiting for a CQI Committee. The committee includes internal and external perspectives in the ORCAH Plan, Do, Study, Act (PDSA) CQI cycle. This model uses data to inform CQI efforts. The committee's role is to review the data and recommend improvement opportunities and strategies. The committee includes ORCAH, other CW staff, an Oregon Tribe representative, mandatory reporter representatives, and persons with child welfare lived experience. The committee met in November 2022 to draft a charter, identify ORCAH's key performance indicators (KPI), and recommend changes to ORCAH's quarterly report used by the committee (Attachment 20). The committee met again in February to finalize and approve the charter and review the report.

ORCAH's three foundational goals are safety, consistency, and customer service.

- Safety refers to the extent to which ORCAH contributes to the CW mission of ensuring child safety in a manner that promotes equitable service delivery.
- Consistency refers to ORCAH's ability to provide consistent, equitable decision-making that aligns with statute and policy, as well as predictable call handling and predictable documentation.
- Customer service refers to meeting Oregon children and family needs by answering calls timely with an approach to the work that is trauma-informed and considers cultural context.

Key performance indicators and data (see Quarterly Report) were chosen by CW leadership and the ORCAH CQI Committee, and are:

- Contact service level.
- Timely referral to Child Protective Services (CPS) of assigned reports.
- Timely approval of closed at screening (CAS) reports.
- Accurate screening decisions.
- Sufficient information gathering/documentation.
- Consistent screening decisions.
- Equity in screening practice and decisions.

### Treatment Services

Treatment Services Program administers contracts with Child Caring Agencies (CCAs) to provide Behavior Rehabilitation Services (BRS), community shelter-based contracts and skills training, and mentoring service-based contracts to support children and young adults with specialized needs. Treatment Services facilitated placements for 462 children and young adults across 344 contracted beds in CCAs in CY 2022. Treatment Services conducts comprehensive audits of each CW contracted CCA every two years to ensure children and young adults with specialized needs receive the necessary services and support. These audits include extensive reviews of agencies

providing BRS to ensure compliance with federal Medicaid requirements and Oregon Administrative Rules. Domains assessed include:

- Services provided
- Quality of service documentation
- Staff training
- Agency policies
- Placement-related activities
- Facilitation of kith/kin contact
- Integration into treatment planning.

Agencies out of compliance in any domain/subdomain have up to 120 days to demonstrate full compliance. CW meets quarterly with the Oregon Youth Authority (OYA) and Oregon Health Authority (OHA) to debrief program audits and analyze themes or trends across the BRS continuum in Oregon, and participate in a larger “BRS Review” process to ensure quality. Themes include:

- Program admission criteria
- Updated OAR
- Aligned BRS prior authorization process
- Medical eligibility process and communication consistency across the three agencies.

This process started in spring 2022 and will continue over the next two years or more. Treatment Services program analysts are assigned to CCAs to provide ongoing technical support, including quarterly site visits. Treatment Services has launched a data dashboard to help provide a clearer profile (age, gender, race, county of origin) of the children served in CCAs and the placement outcomes, including length of stays. This data will be integrated into program reviews starting in 2023.

Treatment services created and adopted an internal process that considered equity for populations needing business acumen support to get a small business up and running or respond to the official solicitation process (Attachment 21). The process respects the requirement not to indicate any preference to insurers in any marketplace, and treatment services provide additional information to allow individuals to choose the best option for themselves.

#### [Child Fatality Prevention and Review Program](#)

The Child Fatality Prevention and Review Program (CFPRP) was formed in 2020 and includes the Critical Incident Review Teams, suicide prevention, safe infant sleep, and chronic neglect. CFPRP built quality assurance processes into existing and new work. Regular collaboration occurs with community partners, CW staff, those with lived expertise, and populations most at risk for maltreatment to analyze gaps and inform CFPRP work.

### Critical Incident Review Team

See pp. 128-137 for more information on CIRT work.

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 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, CFPRP compiles a case file for CIRT review. Members identify actions and 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.

CIRT publishes a final report on the public website<sup>17</sup>. It includes relevant family history with CW, recommendations, and timelines. CFPRP tracks recommendation progress and completion through an internal system. 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, CFPRP offers feedback opportunities to local office staff and partners involved in a CIRT. Feedback is compiled and shared with CIRT coordinators for continuous quality improvements.

As the CIRT develops, CFPRP will use information from local office engagement plans, Child and Family Services Reviews, and program fidelity reviews to help shape meaningful, data-responsive system improvement opportunities and recommendations.

### Internal Discretionary Reviews

CFPRP is responsible for leading Internal Discretionary Reviews, which are directed by the ODHS Director when CW receives a report of abuse that resulted in child fatality, near fatality, or serious physical injury 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 developing of system improvement recommendations and actions like the CIRT process.

CFPRP team members are assigned to complete the work surrounding the Internal Discretionary Review process, such as engaging and preparing participants, facilitating meetings, partnering with other child welfare programs to conduct case reviews, and developing and assisting in implementing system improvement recommendations. The aggregated data set includes Safe Systems Improvement Tool (SSIT) results from each case to inform broad system improvement efforts.

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<sup>17</sup> <https://www.oregon.gov/odhs/child-fatality-review/Pages/default.aspx>



## 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, 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 support the completion of the Safe Systems Improvement Tool (SSIT). These debriefings are voluntary, trauma-informed, and use supportive inquiry to help CW staff share their experiences.

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 from blame to creating a safety culture and system improvement. The REDCap database gathers data to identify trends for preventing child maltreatment deaths. See *Efforts to Track and Prevent Child Maltreatment Deaths* beginning on p. 128.

SSIT findings, CIRT recommendations, Child Safety and Permanency program fidelity reviews, and Child and Family Services Reviews (CFSR) identify correlations, trends, and intersecting CQI initiatives. Oregon is an early adopter of a systems-focused approach to reviewing critical incidents and regularly provides leadership and support to other jurisdictions.

## Data Gathering

CFPRP reviews and gathers data from statewide plans developed by other family-serving systems and Community Health Assessments conducted by Community Care Organizations and public health agencies in each of Oregon’s 36 counties. The information has been compiled in a Smartsheet database, disaggregated by county, to provide a more comprehensive view of the socioeconomic conditions, health disparities, and the array of existing services available to children and families in local communities.

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. Reference *Efforts to Track and Prevent Child Maltreatment Deaths* beginning on p. 128 for more information on CFPRP data collection.

## 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. 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 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 (QPR) 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 subsequent survey was developed in 2022 to assess QPR knowledge, comfort, and utility of suicide prevention and intervention strategies six months post-training. To date, one cohort has met the 6-month benchmark and received an invitation to complete the surveys.

#### 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 assessment sample selected from a six-month review period. The measures use standardized language from rules and procedures. A review guide helps ensure consistency between reviewers recruited from Tribal Affairs, Portland State Child Welfare Partnership, ORCAH, the CFSR team, and CPS delivery staff. Two reviewers read and submit a joint review. 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 creates the following 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.

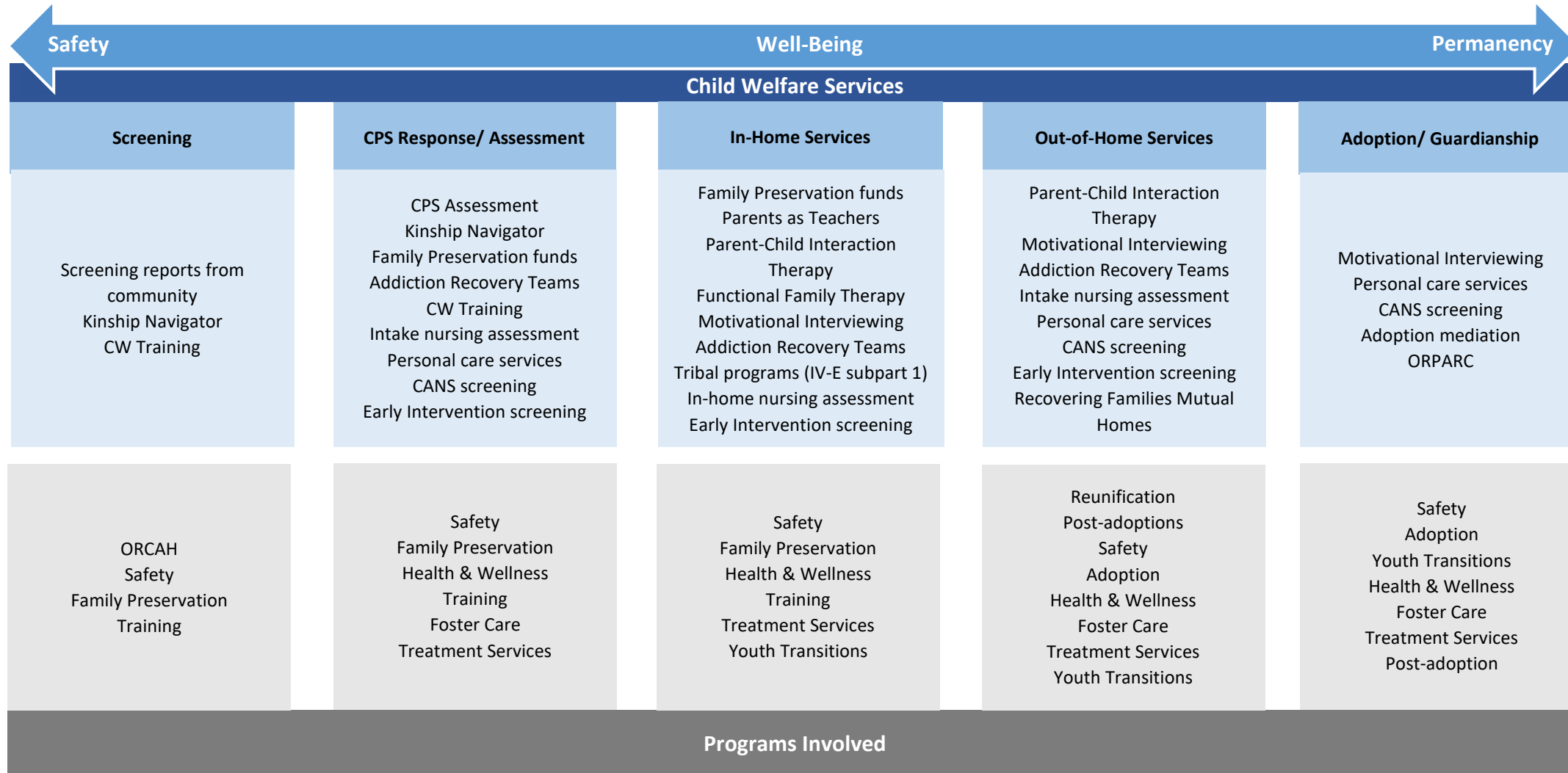
These reports identify strengths, areas for improvement, and strategies for statewide implementation. As CW implements new practices, new measures help evaluate them. The reviews demonstrate that the comprehensive assessment ensures the safety model effectively manages safety. Safe outcomes decrease 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 56: Services and programs available throughout the “Journey of a Family”**



## 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 referred to child-protective services who need substance use services. ART Teams use a short-term crisis intervention model. Each team includes an alcohol and drug counselor, an outreach worker, and a social service specialist. They work with resource providers in local communities and other ODHS agencies. The ART Teams focus on family strengths and providing parents with clean and sober support networks to assist with their alcohol and drug addiction recovery. Team members assist parents with the initial response to their addiction, assessment, referral to treatment, and relapse prevention.

#### *Tribal Programs*

The Tribes of Oregon use Title IV-B, subpart 1 fund 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. The Tribes also use these funds for transportation to alleviate barriers to accessing services, improving family management and life skills.

#### *Family Preservation Funds*

The Title IV-B subpart 1 fund help meet a family's needs to maintain children safely with their parents, including payment for basic needs (food, clothing, and supplies), household items and repairs, family and youth mentoring, counseling, 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 contracts for the following services using Title IV-B, subpart 1 funds:

- Kindred Matters
  - Sibling Camp: Summer camp connecting siblings who are not placed together.
  - Sibling Connect events: Events throughout the year for siblings who are not placed together, focusing on fun, emotional empowerment, and sibling connection.
  - Family Camp: Summer camp for certified resource families (all children in the home), including fun camp events, and training 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.
- **My Neighbor:** Mobilizes Oregonians to meet families' unique, pressing, and real needs. My Neighbor serves those currently involved with CW, including youth, resource families, kin caregivers, and birth families.
- **Oregon Kinship Navigator:** Provides services and support for children cared for by relatives or close non-related family in Oregon, primarily families not currently involved with CW.

See the CFS-101, Part II form for the estimated number of individuals and families served in FY 2024, the populations served, and the geographic service availability.

## 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)

### *Addressing Developmental Needs*

#### *Early Intervention*

CW refers all children under age three for screening for early intervention services using the CPS Early Intervention Referral Form (CF 0323). Districts throughout the state have interagency agreements outlining the referral process for areas covered by the Educational Service District. Infants and toddlers who are eligible for early intervention services receive services 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

Children ages 3-5 who have disabilities may be referred to Early Intervention/Early Childhood Special Education Services.

#### *Parent Child Interaction Therapy:*

Parent Child Interaction Therapy (PCIT) is a nationally recognized therapeutic intervention for children ages two through six years and their parents. It is one of the most effective treatments for young children experiencing significant social, emotional, or behavioral problems. The average length of treatment is 16 sessions, though PCIT is not time limited.

In PCIT, caregivers establish and 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 behind a one-way mirror and guides the parent through a wireless communication system. OHA made a significant investment in PCIT service expansion, which increased PCIT accessibility to families and resource families who care for young children with behavioral health needs.

#### Home Visiting Programs:

CW refers children in our care to various community home visiting programs such as Family Connects, Nurse Family Partnership, Babies First, and CaCoon for children with complex medical needs.

Additionally, CW launched its own nurse visiting program for CPS cases with infants in the home and all Family Preservation cases using the SafeCare® curriculum, Family Advocacy and Support Tool (FAST), and Ace’s education teaching module. The Health and Wellness Services nursing team collaborates with local home visiting programs to ensure seamless service transitions.

Other Community Home Visiting Programs utilized across the state:

- Early Head Start
- Healthy Families Oregon
- Children’s Relief Nursery
- Parents as Teachers
- Family Support and Connections
- Healthy Families America

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

##### Permanency Consultants

Permanency Consultants provide expertise and creative problem-solving for cases at key decision points and provide caseworkers or supervisor guidance on case-by-case basis when requested.

##### Group Supervision

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 barriers to permanency.

##### The Statewide Transfer Protocol

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 through the transfer process and that the family and workers are clear on the safety threats, conditions for return, and expected outcomes.

##### The Family Report

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

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

Child Fatality Prevention and Review Program (CFPRP) focuses on systemic issues in the broader child safety system that may help prevent child maltreatment, including serious physical injuries/near fatalities and fatalities (Attachment 22).

The mission of 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 child maltreatment prevention and 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<sup>18</sup>.
- Co-chairing and coordinating the work of the State Child Death Review and Prevention Team in partnership with Oregon Health Authority and Public Health, including the support of county child death review teams as required by ORS 418.748.
- Gathering and reporting child fatality data using REDCap and other agency electronic databases.
- Safe systems analysis 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.
- 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 of:
  - 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 individuals and groups, including but not limited to:

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<sup>18</sup> [ORS 418.806](#)



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

CFPRP has continued regular outreach and engagement with the community to find new resources and identify existing places families go for assistance. This provides an opportunity to create meaningful partnerships with other prevention entities and family-serving agencies to support systemic change related to child safety and well-being.

### *Collaboration*

Collaboration is a critical component of the Child Fatality Prevention and Review Program (CFPRP) mission and integral to ensuring community voice is present in all work. Some of the collaborative efforts are detailed below and demonstrate how the work aligns 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 CFPRP aligns with the Vision (Attachment 23).

Depending on the circumstances, CFPRP includes:

- The Office of Tribal Affairs
- Law enforcement
- Probation and parole officers
- Self Sufficiency Programs
- Oregon Health Authority
- Medical professionals
- Oregon Youth Authority
- The Tribes of Oregon and/or other federally recognized Tribes
- Service providers
- Subject matter experts
- Others with information related to the family or the family-serving system as members of a Critical Incident Review Team (CIRT)

CFPRP seeks the expert insight of the Office of Tribal Affairs in the Critical Incident Review Process. CW's commitment to Tribes in Oregon and other federally recognized Tribes having voice in the work of CFPRP remains central to the work. CFPRP ensures the Office of Tribal Affairs is involved in the Critical Incident Review Process at the earliest possible juncture when the fatality of a child with Native ancestry meets review criteria.

CFPRP received expert consultation and guidance from ODHS Tribal Affairs about reducing traumatic impact when a child dies and ensuring Tribal engagement. The guidance is incorporated into the Fatality Protocol revisions and includes the following new section:

### **Cultural Awareness and Responsiveness**

When Child Welfare staff become aware of a child fatality, staff must make efforts, as applicable, to gather information about the family, community, and tribal cultural practices surrounding death. Use information gathered to inform communication and engagement.

Additional modifications to the protocol address engaging the Office of Tribal Affairs and Tribes early by including a representative from each in the fatality staffing within three days of the child's death. This early consultation will offer guidance to ensure CW professionals gather and utilize information about cultural practices when contacting the family.

Ongoing, CFPRP collaborates with the Confederated Tribes of Grand Ronde Children and Family Services to develop a plan for neglect training delivery. Confederated Tribes of Grand Ronde Children and Family Services professionals will join CW staff in the virtual learning environment throughout 2023.

CFPRP engaged in and continued to develop communication and connection with multiple community partners, maintain open communication, and respond to needs, including:

- Actively participating in local and regional statewide suicide prevention coalitions throughout Oregon.
- Sharing activities, initiatives, and strategies for suicide prevention and intervention.
- Attending the Oregon Suicide Prevention Conference in Ashland, Oregon, in October 2022 to collaborate and partner with numerous providers, advocates, and community partners invested in preventing suicide throughout Oregon.

The Children's Justice Act/Child Abuse Multidisciplinary Intervention (CJA/CAMI) Administrator convened a monthly meeting with the CAPTA and CBCAP Administrators and OCAS Executive Director to share information on current prevention and intervention efforts and projects and identify potential collaboration and support.

CW collaborates with the Department of Justice (DOJ) to support child death review and prevention. This includes significant joint efforts to support equitable child death investigation, and county and state child death review teams. Some of these efforts include:

- Ongoing process improvement for the identification and dissemination of child death data to county teams.
- Capacity building through identification and pursuit of grant opportunities.
- Providing technical assistance to county teams.
- Overseeing the Child Death Review Resource and System Improvement Plan.
- Communication, engagement, and relationship building with county teams.
- Restructuring the state team.
- Developing a sustainable plan for equitable death review training.

Child Fatality Prevention and Review Program (CFPRP) partnered with DOJ to support DOJ's administration of the Children's Justice Act (CJA). CFPRP presented on child death review to the CJA Task Force and established a path for maintaining ongoing communication via representation on the state team.

CFPRP participated in a 12-person advisory group to guide the Primary Care Clinicians (PCC) Child Abuse Pilot Training Program, developed in partnership with the Oregon Pediatric Society and Oregon Child Abuse Solutions. Overall, 19 General Practice doctors and nurses registered for and participated in the training, representing 17 counties across Oregon. The advisory group included:

- Child abuse pediatricians
- General pediatrician
- A mother with lived experience
- The Multnomah County District Attorney's office
- A pediatric clinic administrator

Between March and May 2022, CFPRP provided training on the following topics:

- Children's Advocacy Centers
- Designated Medical Providers
- Karly's Law
- Types of bruises
- Abusive abdominal injuries
- Elements of inflicted burn injuries
- Increased risk for abuse in children with disabilities
- Sentinel injuries
- Head trauma
- Concerning fractures
- Special considerations for infant populations
- Oregon Department of Human Services reporting and the life of a case

Additional examples of CFPRP collaboration include the following examples:

- Participated in the Oregon Alliance to Prevent Suicide group and equity sub-groups to support diverse and underrepresented communities access suicide prevention and intervention supports.
- Supported workforce and community suicide prevention and postvention programs through ongoing collaboration with the Oregon Health Authority public, behavioral health Suicide Prevention Coordinators, and ODHS Trauma Aware.
- Collaborated with ODHS Shared Services, Oregon Health Authority, and Oregon Pediatric Society to develop and implement (Fall 2023) the Oregon CW YouthSAVE training module.
- Collaborated with local vendor Scio Mercantile and Hardware to purchase and distribute medication and small handgun lockboxes to CW local offices for disbursement to families who need access to safety measures for suicide prevention and intervention.
- Collaborated with the CW Equity, Training, and Workforce Development Program to provide enhanced Question, Persuade, Refer for resource parent training and additional information and guidance to support resource parents in caring for youth in their care.

- Collaborated with Oregon Health Authority and Oregon Department of Education as part of the State Agency Partnership to share and develop best practice strategies for suicide prevention and intervention for Oregon’s young people.
- Collaborates across state agencies to advance education and treatment options related to youth substance use. CFPRP evaluates ODHS’ efforts to address child substance use by consulting with experts to assess additional intervention strategies.
- Continues to lead the creation and oversee the implementation of system and practice recommendations developed in response to child fatalities through collaboration with numerous and varied system partners.
- Collaborates with the National Partnership for Child Safety (NPCS) and 35 state, county and Tribal child and family-serving agencies and technical assistance advisors to safety science implementation.
- CFPRP collaborates with the interdisciplinary State Child Death Review and Prevention Team and 36 multidisciplinary county child death review teams to enhance Oregon’s death review system, death review data collection, and prevention efforts. Some of the collaborative efforts include:
  - Implementing the Child Death Review Resource and System Improvement Plan (informed by the county child death review team needs assessment). All 36 county multidisciplinary teams had a voice in the assessment and the plan.
  - Outreach to each county death review team when a prevention recommendation is entered into the National Fatality Review Case Reporting System to acknowledge effort, and to offer and provide the support requested by the county.
  - Establishing an external partner workgroup that includes professionals impacted by death investigations, such as medical examiners and designated medical professionals. The group supports equity in child death investigations across Oregon counties.
  - Initiating and participating in listening sessions with county child death review teams to learn about their work and how to promote infant sleep-related death prevention.
- Initiates and engages in extensive collaboration statewide with child and family-serving professionals and those they serve to support infant safe sleep practices, including:
  - Partnership with health care providers to strategize community messaging efforts to promote safer infant sleep environments.
  - Promoting infant safe sleep education for Oregon family-serving professionals, using input from parents, family-serving professionals, and organizations to improve consistent infant safe sleep education across family-serving systems (Attachment 24).

- Support Safe Sleep Awareness Month activities for The Confederated Tribes of Grande Ronde by providing data, talking points, and resources regarding safe infant sleep practices.
- Consults with an adult who experienced foster care to improve the work.
- Collaborates with individuals, professionals, and organizations to increase engagement, keep infants safely with their families, eliminate or reduce CW involvement, mitigate substance use impacts, and support recovery for parents diagnosed with substance use disorder (Comprehensive Addiction and Recovery Act and Plans of Care). CFPRP engages the following groups throughout implementation:
  - Oregon Health Authority (OHA) Programs
  - Transformation Center
  - Quality and Health Outcomes Committee (QHOC)
  - Coordinated Care Organizations
  - Every Step Clinics
  - Project Nurture
  - Health Care Professionals (doctors, nurses, midwives)
  - Community Health Workers (traditional health workers, peer support specialists, doulas)
  - Healthy Birth Initiative
  - Help Me Grow
  - Oregon Association of Relief Nurseries
  - Northwest Portland Area Indian Health Board
  - Office of Tribal Affairs
  - Raise Up Oregon
  - Connect Oregon (Unite Us)
  - Prevent Child Abuse Oregon
  - Oregon Sexual Assault Taskforce
  - Morrison Child and Family Services
  - Families Actively Improving Relationships (FAIR) Program
  - Comagine Health
  - WA State Department of Children Youth and Families
  - And more
- Collaborates with OHA to support the Nurture Oregon ‘Plan of Care pilot’ to integrate maternity services, substance use disorder treatment, and social service coordination. The ‘plan of care pilot’ gathers data on what does and does not work for pregnant and parenting people, and the different members of the care team, including:
  - Health care professionals
  - Peer support specialists
  - Behavioral health providers
  - CW professionals

Over the past year, sites collaborated with pregnant people to create over 90 Plans of Care. CW and the Nurture Oregon implementation team facilitated listening sessions with seven Nurture Oregon providers to learn about the process and to gather feedback.

- Participate on the National Partnership for Child Safety Affinity Group: Safely to Their First Birthday to promote upstream prevention, compassionate and equitable screening, safety threat identification, and CPS assessment disposition after sudden unexpected

infant deaths (SUID). This group creates practice guidelines to support the child welfare workforce, families, and broader community to keep infants safe.

- Collaborate with Oregon’s Early Learning Division and Department of Education to improve Early Intervention referral and engagement as required by Child Abuse Prevention and Treatment Act.
- Communicate with Coordinated Care Organizations (CCOs) to develop and streamline local processes for CW staff to connect families to community-based resources.

### *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 Health data
- State Child Death Review and Prevention Team data (an inter-disciplinary team of state-level representation)
- Local Child Death Review Team data (county multi-disciplinary teams 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 that come to the attention of CW promptly. CFPRP tracks sensitive issues reports and coordinates continuous quality improvement for all child fatalities and near fatalities/serious physical injuries.

#### Fatality Protocol

The fatality protocol (Attachment 25) directs CW staff on required steps when a child dies. CFPRP is responsible for maintaining the protocol.

### Critical Incident Review Team (CIRT)

See Section III. Plan for Enacting the States Vision, part D. Enhancing the System's Structure by using Data with Continuous Quality Improvement (CQI), subpart 5. CFSR Metrics Directly Related to Oregon's Vision of Enhancing the Structure of Our System by using Data with Continuous Quality Improvement (CQI) on pp. 110-113 for more information about this work.

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 to prevent future child maltreatment fatalities. CFPRP provides an objective review process for child fatalities, researching, recommending, and implementing innovative strategies and efforts focused on child maltreatment prevention at all levels, including primary, secondary, and tertiary.

The ODHS Director assigns the CIRT to conduct the executive review of an incident resulting in a child fatality when maltreatment is suspected, and criteria met for contact with CW (ORS 418.806 to 418.816)—Oregon statute further details who must and may be CIRT's members. A typical CIRT includes:

- The ODHS Director
- ODHS Chief Administrative Officer
- CW Deputy Director
- ODHS communications
- ORCAH continuous quality improvement and training program manager
- DOJ representative
- 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.
- Local office representatives

In addition to the typical members, 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 Tribes
- Self Sufficiency Program
- External partners with information related to the family or the larger family serving the family-serving system (for example, law enforcement, medical providers, service providers, and subject matter experts).

CFPRP has team members (CIRT Coordinators) who facilitate meetings and engage and prepare CIRT members, including 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 developing 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 tracks CIRT and fatality data, facilitating regular cross-program meetings to ensure the completion of all system improvement recommendations. Despite the role of CFPRP in the CIRT process, the CIRT is separate and distinct from CFPRP.

#### Internal Discretionary Review

CFPRP is responsible for leading discretionary reviews initiated by the ODHS Director when CW becomes aware of a fatality, near fatality/serious physical injury, or other serious incident involving a family that has had contact with CW 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 developing system improvement recommendations and actions similar to the CIRT process.

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

#### Near Fatalities/Serious Physical Injuries

In addition to the data collected by CFPRP on child fatalities, CFPRP now gathers data from near fatalities/serious physical injuries and utilizes this data to inform CW practice changes. 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, CFPRP joined the National Partnership for Child Safety<sup>19</sup> (NPCS), a collaborative of 35 jurisdictions focused on applying safety science and sharing data to develop CW strategies to improve safety and prevent child maltreatment fatalities. Safety science provides a framework and processes for child protection agencies to understand the work's complex nature and the factors influencing 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, 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 because they are voluntary, they lend important detail and reliability to the overall information gathered and rated in the Safe Systems Improvement Tool (SSIT) (Attachment 11). These debriefings are

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<sup>19</sup> <https://nationalpartnershipchildsafety.org/>



voluntary and trauma-responsive and use supportive inquiry to help CW staff share their experiences.

CFPRP aims to facilitate a robust critical incident review process that builds safety and trust between professionals and families and facilitates introspection and learning. Safe systems analysis helps provide real stories, identifies common casework problems, and develops meaningful solutions to improve workforce conditions and child and family outcomes. As members of the NPCCS, CFPRP receives technical assistance from the Safe Systems Team at the University of Kentucky Center for Innovation in Population Health. This technical assistance is ongoing and includes training and support (Attachment 26):

- Training for CFPRP and other CW staff 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 NPCCS Data Dictionary information.
- Peer support for Critical Incident Review Leaders.
- Innovation and Implementation Learning Communities (I2LC) on the intersection of Safety Culture and Racial Justice and Workplace Connectedness.
- Support facilitating safe systems mapping, this includes participating in the mapping meetings and providing technical assistance before and after the mapping.
- NPCCS Affinity Group, Safety to their First Birthday: Upstream Prevention and Compassionate, Equitable Screening, Safety Threat Identification, and Maltreatment Classification after Sudden Unexpected Infant Deaths (SUID).
- NPCCS Affinity Group, Advancing Safety Science in the Workforce: Integrating learning from Systems-Focused Critical Incident Reviews and Safety Culture Surveys to implement new innovations through Workforce Development.
- SSIT review and support on a case-by-case basis.
- Facilitation of 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.

CFPRP actively participates in the CW Worker Safety Workgroup and Coaching Implementation Team to advocate for safety culture and safe systems.

## 5. Documentation of Data on Child Maltreatment Deaths

CW documents data on maltreatment deaths in multiple places:

- The CW information system, OR-Kids, enters family-specific death data in the electronic case record, primarily narrative.
- The Sensitive Issue Report Application (SIRA) captures data on child fatalities meeting the criteria for a mandatory CIRT review and information gathered during CIRT process.
- CFPRP shared drive with Excel spreadsheets. These serve as backups to each other and a quality control mechanism that captures the broadest data on child maltreatment deaths.
- REDCap database documents data from safe systems analysis, including SSIT results and the NCPS Data for each case. CFPRP receives NPCPS technical assistance to develop reports and understand data.

## 6. Review of Child Maltreatment Death Data

CFPRP reviews all child maltreatment death data to separate maltreatment fatalities from non-maltreatment fatalities and 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 maltreatment.

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 dies by suicide is likely mental injury or neglect because parental or caregiver actions or inactions reasonably could have contributed to or resulted in the death.

The review identifies trends, contributing risk factors, and system improvement opportunities, including continuous quality improvement for the review of the death data.

NCANDS provides tools, guidance, and support as needed.

## 7. Use of Child Maltreatment Death Data

Data collected and maintained by CFPRP identifies 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. 143-144.

Through membership in the NPCPS, CW participates in data sharing and analysis across jurisdictions, including retrospective reviews to identify children at risk of fatality. Data from each jurisdiction is in a central National Center for Fatality Review and Prevention database, enabling analysis across the partnership to inform strategies that address and reduce

maltreatment and fatalities for at-risk children and families. Jurisdictions began sharing data in late 2022, and Oregon uploaded our first round of data in March 2023. Data is uploaded quarterly.

## 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* – See the Early Learning Division’s Title IV-B, subpart 2 annual report for 2022 (Attachment 27).

### 2. Family Preservation

- *Early Learning Division* – See the Early Learning Division’s Title IV-B, subpart 2 annual report for 2022 (Attachment 27).
- *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 facilitated family reunification. Various 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. It tracks parent and child participation in other programs and services supporting 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, CW, 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 and Guardianship Mediation* – CW contracts with trained, impartial mediators to help birth and adoptive/guardian families create a plan to guide communication and contact after finalizing adoption or guardianship. Late in FFY 2021-2022, CW used funding to train four potential mediators (Completion of the training is one of the qualifications to award a contract to a mediator). Paying for the training could eliminate barriers for mediators to qualify for this contract and diversify the pool of mediators. The four participants were approved, in part, based on the diversity they could bring to the mediator pool. Two participants were awarded contracts in FFY 2023 and in geographically underserved parts of the state. The other participants are working toward meeting contract requirements. One of those individuals is bilingual (Spanish/English). CW works with the mediator who provided this training to schedule another for two mediators who are bilingual, Spanish/English speaking. These training payments will likely continue as part of efforts to diversify and improve mediation services.
- *Oregon Post Adoption Resource Center* – CW contracted with Northwest Resource Associates to operate the Oregon Post Adoption Resource Center (ORPARC). ORPARC serves adoptive and guardianship families who provide permanent homes for children involved in CW. These services enhance the stability and functioning of Oregon adoptive and guardianship families and their children by providing 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 before adoption finalization.

See the CFS-101, Part II form for the estimated number of individuals and families for FY 2024, the population 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 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

These funds are a small but integral part of state social service systems for children and families who need assistance to keep their families together. These grant funds allowed CW to utilize

several strategies and unique or innovative programs and services that local communities rely on for at-risk families.

Figure 57

Programs	Purpose
Prevent Child Abuse Oregon	<b>Child Abuse Prevention Collaborative</b> – Building prevention capacity among organizations who provide child abuse prevention services and supports.
The Contingent	<b>Thriving Families Safer Children</b> – Building Community Capacity for Child Abuse Prevention and Family Preservation.
Tiffany Carr, Consulting	<b>Batterers Intervention – Risk assessments</b> for Family Preservation.
Karen Lofts Jarboe, Consulting	<b>Coaching support of Family Preservation</b> staff to assist in changing practice philosophy.
Oregon Child & Family Council	<b>Culturally responsive aftercare</b> - Develop a culturally responsive and support model for youth and their families during reunification and aftercare of Qualified Residential Treatment Provider programs.
Morrison Child and Family Services	<b>Peer Parent Mentoring for Parents</b> involved with CW to provide them peer support, encouragement, and direction. Program was <b>expanded</b> with the support of grant funds.

These efforts have directly impacted lessons learned and opportunities identified by using this grant.

- Several private and public Oregon organizations, such as the Children’s Public Private Partnership (CP3) and Prevent Child Abuse Oregon, are interested in focusing on prevention and family preservation. These organizations were not actively engaged in a collective impact approach to prevention work. Current efforts are underway to progress this initial effort into a long-term comprehensive public/private partnership.
- CW aims to work within the communities differently, including letting go of gatekeeping community conversations about child abuse prevention and family preservation. CW’s historical efforts were limited to focus groups, surveys, and using committees to engage a community member. With these investments, CW invested in mutually beneficial infrastructure to support long-term relationships rather than "one and done" conversations or listening sessions.
- Through the success of Peer Parent Mentors expansion and a building community in Oregon, the Department is moving toward a statewide model supported by evidence as funding becomes available.

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

## 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 prevention supports to increase parental protective factors and decrease the risks of child maltreatment and subsequent involvement with CW. The Community-Based Child Abuse Prevention (CBCAP) partially funds the FS&C Program. Contracted community-based organizations within each Oregon Department of Human Services (ODHS) district statewide implement these programs. Each contracted provider collaborates 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, ODHS staff, and Parent Leaders.

Oregon's FS&C Program is funded by CBCAP, Temporary Assistance for Needy Families (TANF), and state dollars. FS&C expanded service delivery over the past year through an increase in TANF funding as a part of the TANF redesign. FS&C also expanded its focus from primarily serving families receiving TANF to families experiencing low-income. FS&C contracted providers are now funded to provide culturally responsive services to more than 7,000 families.

To date, CW contracted five more culturally specific/responsive organizations to provide FS&C services because of a Request for Application (RFA) solicitation. Evaluation Teams include ODHS district representatives, FS&C providers, ODHS FS&C Coordinators, and the ODHS Office of Equity and Multicultural Services (OEMS). Among other considerations, RFA applicants were evaluated based on their description of how they would meet the goals of the FS&S Service expansion, including the following:

- Strengthening the current network of FS&C providers and continuum of prevention services
- Expanding the current network of FS&C providers to include culturally specific organizations
- Focusing and prioritizing services for populations who have been historically and presently underserved, marginalized, or overrepresented in the child welfare system
- Strengthening the cultural responsiveness and capacity of services delivered through FS&C

## 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 families and children. 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, violence, age, and factors surrounding and influencing child fatalities.

CFPRP recognizes that the available data is limited, particularly in quantity, and does not provide a clear understanding of which disparities exist within maltreatment fatalities in Oregon. CW's continuous quality improvement efforts are related to accurate, efficient data entry and quality assurance, which will provide clearer and more comprehensive data for CFPRP. CFPRP is committed to better identifying and understanding disparity and impacted populations.

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 to address previous data categories which 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, 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.

As noted in previous reports, the child fatality data gathered by CFPRP show infants (0-12 months) and adolescents (14-17) are the highest-represented age groups. Further analysis of the available fatality data has continued to show the following factors as present in many cases:

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

Often these factors intersect and co-occur. In response, CFPRP continues to support efforts mentioned in previous plans, and outlined below.

- Development of substance use disorder training, education, and resources for CW staff.
- Implementing 2021 Safe Systems mapping recommendations to address case practice and service gaps for parents and caregivers involved with CW and experiencing substance use disorder.
- CFPRP representation on the Oregon Health Authority (OHA) Youth and Young Adult Substance Use Disorder (YYASUD) workgroup, focused on collaborative strategies
- Safe sleep training, education, and self-studies to address culturally responsive engagement and alternative safe sleep surfaces when serving Oregon Tribes. 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-to support culturally responsive case practice with families experiencing substance use and parenting infants throughout all of Oregon’s 36 counties.

As noted on pp. 138, participation in the National Partnership for Child Safety (NPCS) enables data aggregation with other jurisdictions nationwide to analyze maltreatment-related fatality. This allows CW to understand and identify at-risk populations and connects CW staff with effective and innovative national prevention strategies. Oregon uploaded data to the NPCS data warehouse for the first time in March 2023 and will be uploading quarterly.

## 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 include all kinship families in Oregon, not just those already involved with the public child welfare system. CW aims to work on upstream prevention, including trauma-informed, family and community-centered, and culturally responsive programs and services focused on engagement, equity, safety, and well-being.

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

The core model includes the following:

- Coordination with other state and local agencies, Oregon 211 Info line,
- Accessing feedback from kinship caregivers and others impacted by kinship care through conversation, survey, and a formal Kinship Advisory Committee comprised of kinship caregivers and public and private organizations.
- A toll-free phone line, website, and Facebook page—for routine and ongoing conversation and information sharing. The website provides many resources and referrals for public assistance, legal guidance, and resource guides.

The enhanced model includes the following:

- Online education support KEEP for kin, an evidence-based program.
- Positive Parenting Program—Triple -P. Provides parents with simple and practical strategies to help them build strong, healthy relationships, confidently manage their children’s behavior, and prevent problems from developing. This program has a supported rating with the IV-E Clearinghouse.



- My Neighbor is a partnership between Oregon Kinship Navigator and Every Child to provide tangible support for kinship families. This model accesses and leverages community resources to help with immediate needs and help build family capacity for the future.

Prior to the initial appropriation of these funds in 2018, Oregon did not have a Kinship Navigator Program. With these investments over the last four years, Oregon has developed a robust set of services for both formal and informal kin caregivers in Oregon. The particular focus is on outreach and engagement with kinship families who are not involved in the child welfare system and with communities of color. These services keep children safe and connected to family in the least intrusive way possible by providing a centralized access point to obtain information, referrals, and supports for relatives parenting their kin.

Implementation of OKN has led to the development of a broader system of care for kin caregivers through coordination with other systems of care, such as Self-Sufficiency (including TANF, SNAP, and child care subsidies), Aging and People with Disabilities, and Behavioral Health. Community supports for this population have also increased, including the KEEP for Kin and the MyNeighbor Program, which provide both emotional support and concrete and economic supports to kin caregivers. The following program components have also developed since federal funding became available in FFY 2018:

- Basic Service Center (1-800 Toll-free phone line, website, email and social media presence and access to resources and support)
- Resource Guide for Relatives Raising Children in Oregon
- Oregon's Legal Guide for Relatives
- Oregon Kinship Navigator Advisory Committee
- Online support groups for relatives via social media
- Resource and legal guides, pamphlets and other materials both online and in-person at community events (with targeted outreach in education systems, faith communities, and health care settings) in English, Spanish, and other languages as appropriate
- Outreach to other local and national organizations supporting kin caregivers
- Manual for Kinship Navigator Best Practices and program protocols

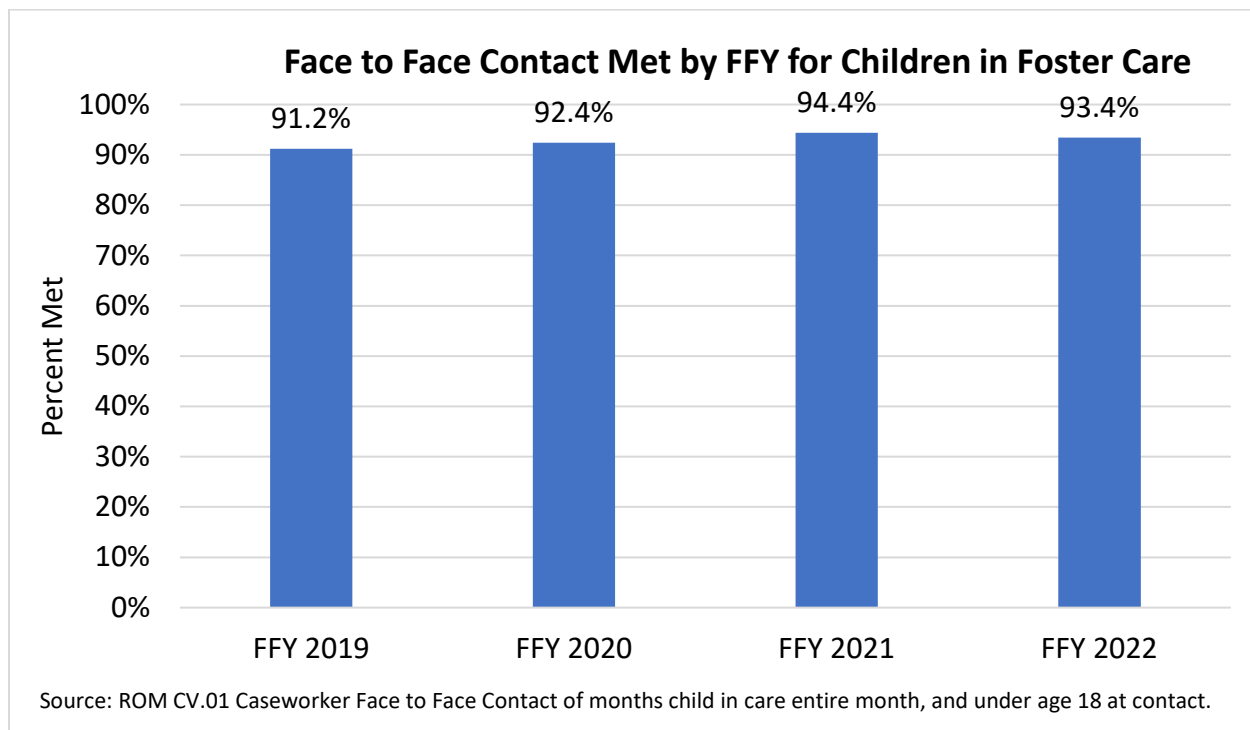
This work has led to an increase in the number of kin caregivers who are well supported, aware of community resources, and can access them when needed. These services support the well-being of children and youth by placement stability with relatives within their family systems and communities.

CW incorporates evidence-based and evidence-informed programs to enhance support to caregivers. Oregon has chosen a two-program design that caregivers experience as one program. Oregon is not formally evaluating OKN at this time. In administering the program, CW is guided first by the federal regulations for the Kinship Navigator grant.

CW applied for the funds made available by FFY 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

Figure 58



As discussed on pages 63-64 (Item 14 – Caseworker Visits with Child), frequency of face-to-face contact with children is a strength for CW. CFSR data (on page 63) and ROM data (above in Figure 58) show performance holding steady. The federal goal for face-to-face contact with children in care is 95%, a bar that CW is very close to meeting. Data on face-to-face contact is shared at least monthly with staff. The following measures have been implemented to increase quality engagement in these contacts.

### 1. Alia Innovations:

Alia Innovations continued work with CW in 2022. For 2022 there were a total of 116 individuals divided into nine cohorts. Participants engaged in various workshops and monthly case consultations and learning circles. The identified cohorts included:

- 2 Program Managers
- 3 Permanency Supervisors
- 3 Safety Supervisors
- 1 Safety Consultant

A kickoff meeting took place in January 2022, followed by four trainings offered to all CW staff. The trainings included:

- Readyng the Workforce for a New Way of Work
- Building a New Way Together
- The Unlikely Road to Leadership
- The Biology of Resilience.

In addition to these large trainings, Alia offered 15-min “microlearning” each month on a variety of topics.

The learning circles helped cultivate a safe environment for ODHS Supervisors, Consultants, and Program Managers to build the capacity to share and express knowledge through open dialogue, deep reflection, and exploration of trauma-informed, permanency-focused practice. Learning circles are used across disciplines, including Native American studies, education, and counseling. A learning circle is a highly interactive and participatory structure for organizing group work. For these cohorts, learning circles create an opportunity to dive deeper and explore information from training. For each learning circle, a discussion guide was created and disseminated to each cohort member to be used as a tool for further learning and conversation with individuals or in teams.

Following the Learning Circles, each cohort had the opportunity for a Child and Family Consultation to deepen and build an understanding of trauma’s impact on child development, realize the function of pain-based behaviors, create awareness of grief and loss, and identify opportunities for connection. Each child and family consultation session included three parts:

1. Wellbeing check-in
2. Consultation hour
3. Time to debrief the consultation and apply concepts to similar scenarios past or present, and/or receive updates on previous consultation outcomes.

ODHS participants presented 55 planned cases throughout the year and consultations without cases provided an opportunity to explore broader child welfare practices. Each cohort created a method for determining how to use that time to fit their unique culture and needs.

## 2. Sensory Rooms

Funds were allocated to all 16 districts to design sensory visitation rooms to enhance family visitation. Approximately six offices completed rooms, and others are in process. These visitation rooms provide positive sensory stimulation to create a calm and comforting environment for children and parents with autism, ADHD, or other intellectual or developmental disabilities.

### 3. Courage and Compassion Webinar by Dr. Nicki Weld

In May 2022, Dr. Nicki Weld held three webinar training for CW and Self Sufficiency Programs staff titled Courage and Compassion. The webinar focused on how child welfare professionals should engage with parents to maintain their humanity and dignity, even in difficult circumstances.

Dr. Weld is a senior lecturer at the University of Auckland and a director of a New Zealand social service training and supervision company. She has worked in child and family work in the government and non-government sectors for many years. Dr. Weld is the author and co-author of six books and the primary creator of the Three Houses tool used internationally.

## E. Additional Services

### 1. Adoption and Legal Guardianship Incentive Payment Funds

CW does not anticipate any changes to spending of these funds. CW does anticipate some challenges in spending the funds fully as contracts are going through revision.

#### *Child Care for Resource Parents: Alternative Care*

CW reimbursed foster parents for Alternative Care during the COVID-19 pandemic. Alternative Care provides supervision outside of traditional work or school due to work and school changes 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*

The Bridge Meadows 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.

#### *Mediation*

Mediation contracts provide mediation between adoptive/guardian families and families of origin for contact after case closure. CW also used these funds to pay for mediator training. See p. 140.

#### *Independent Living Program*

Independent Living Program (ILP) funds support youth who are not 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, supporting positive, permanent outcomes for children at risk of entering foster care, and any service allowable under titles IV-B or IV-E. During FFY 2022, CW used Adoption Savings as described below.

### *Post-Adoption/Post-Guardianship Services*

- Intercept is a service provided to families who finalized guardianship or adoption through CW. Intercept serves families in the Portland metro area, Marion, Klamath, and Deschutes counties. This service was available through January 2023.
- ORPARC screens and refers to Intercept and provides community resources tailored to the needs of adoptive and guardian families. Other supports include a lending library, support groups, training (KEEP) for adoptive parents, Training Adoption Competency (TAC) for licensed clinicians, case consultation, and coordination.
- KEEP for adoptive parents was created by the Oregon Social Learning Center (OSLC) as an intervention strategy to support placements and avoid disruption. OSLC partnered with ORPARC to release KEEP training adapted for adoptive and guardian families, with coordinated and supportive training to increase placement stability for post-legal cases
- Response and Support Network (RSN) for adoptive and guardian families is a 24/7 response network incorporating Coordinated Care Organization (CCO) Medicaid support for eligible individuals and highly trained non-clinical support for adoptive and guardian parents. RSN supports the whole family and others who provide support. The Response Support Network (RSN), a compatible service, focuses on resource parents in Multnomah and Washington counties.
- Families Are Forever provides convenient online training for families, especially those who adopt Oregon youth and reside out of state. This training addresses distance and limiting factors related to in-person education. With this new training option, in-state and out-of-state adoptive families have similar and supported education.
- Training for Adoption Competency (TAC) is a new certificate for licensed mental health clinicians. It is a series of advanced, evidence-based courses on specialized theories and practices for children and their families who experience adoption/guardianship, foster care, or relative care and the impacts of child abuse, trauma, and neglect. TAC is one of the few Institute of Credentialing Excellence accredited certificate programs nationwide. ORPARC coordinates TAC. The first cohort of 17 graduated on June 25, 2022, and is one of the most diverse cohorts in TAC history, including adoptees, adoptive parents, individuals who identify as African American, Asian, Latinx/Latina, South Asian, and LGBTQIA2S+, and bilingual and bicultural individuals. Cohort 2 graduated in June 2023, with 20 graduates, and, like Cohort 1, includes a range of lived experiences, including

adoptees, adoptive parents, Resource Parents, individuals who identify as LGBTQIA, multilingual, and several from geographically underserved areas.

- Bridge Meadows 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.

#### *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 in foster care. During the COVID-19 pandemic, CW began reimbursing foster parents for supervision outside of traditional work or school due to work and school changes (Alternative Care). The use of Adoption Savings for this service was phased out during FFY 2022.

#### *Expected Use of Funds Next Year*

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

#### *Post-Adoption/Post-Guardianship Services*

The RSN service described above has expanded to Clackamas County and will now serve the entire tri-county metro area (Multnomah, Washington, and Clackamas counties).

#### *Services Allowable Under IV-B or IV-E*

CW does not anticipate changes to the childcare reimbursement next year.

#### *Spending Unused Savings*

CW does not currently have an estimated timetable for spending unused savings calculated for previous years.

#### *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 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 uses the same Adoption Savings calculation and procedures for the current FFY as the latest FFY report period submission. CW is not required to complete the Adoption Savings Methodology form.

### 3. Family First Prevention Services Act Transition Grants

CW has not yet used Family First Prevention Services Act Transition Grant funds. This is primarily due to successful advocacy for state funding to support programs previously funded by Oregon's Title IV-E Waiver, and other state investments in prevention services.

#### *Prevention Services*

CW intends to use these funds to launch the Evidence-Based Practices (EBPs) outlined in the Oregon Title IV-E Prevention Services Plan, including Functional Family Therapy, Parents as Teachers, Parent Child Interactive Therapy, and Motivational Interviewing. These funds will develop initial contracts with the creators of the models to provide training and technical assistance to providers in Oregon on the models. These funds will also support initial contracts with providers of the EBPs to build the capacity to provide the services and participate in the Family First CQI and Evaluation process.

#### *Policy Equity Review*

This grant will conduct a full equity policy review. Black, African American, and American Indian/Alaska Native children are overrepresented in foster care in Oregon. While there are many drivers for this, including implicit bias and structural inequities, CW recognizes that our administrative rule, policies, and procedures play an important role in contributing to the inequities we see in which children enter foster care. CW is in the process of posting a Request for Information (RFI) to explore contracting with an equity expert to comprehensively review all CW's rules, policies, and procedures through the lenses of equity, structural racism, accessibility, and disproportionality. The goal is a deliverable describing the current impacts of CW's rules, policies, and procedures, and improvement recommendations through an equity lens.

#### *Thriving Families, Safer Children*

CW was selected to participate in *Thriving Families. Safer Children* - a first-of-its-kind effort of the U.S. Children's Bureau, Casey Family Programs, the Annie E. Casey Foundation, and Prevent Child Abuse America that provides the opportunity to receive technical assistance from national partners and to participate in the national learning collaborative.

During year one (2021), CW and the community leadership team determined that a community organization should facilitate this work rather than a government agency. Family First Transition Grant funds support The Contingent as the lead community organization.

#### 4. Family First Transition Act Funding Certainty Grants

CW has not yet used the Family First Prevention Services Act Certainty Grants. This is due to successful advocacy for state funding to support programs previously funded by Oregon's Title IV-E Waiver, and other state investments in prevention services.

##### *Evaluation*

CW intends to use the Certainty Grants to support the development of the Family First Evaluation and CQI process.

CW intends to award a contract or agreement to a successful proposer who can thoroughly analyze Oregon's Title IV-E Prevention Plan implementation, utilization, and effectiveness of the EBPs, per FFPSA requirements.

The goals and objectives of this work are to thoroughly, methodically, and scientifically assess services provided, including quantitative and qualitative analysis, to determine the strengths and opportunities for improvement in Oregon's FFPSA implementation and satisfy the FFPSA evaluative and reporting requirements.

The contractor will work closely with ODHS staff, partner agencies, service providers, community partners, and Oregon Tribes to analyze and provide feedback on Oregon's FFPSA implementation.

In addition to the Family First Evaluation, CW will use these funds to contract with Portland State University's Center for Improvement of Child and Family Services (CCF) to conduct an implementation evaluation of Family Preservation (FP).

##### *Future EBPs*

CW intends to use Certainty grant funds to support the development and rigorous evaluation of evidence-based prevention services that are utilized in Oregon and which may be able to be included in future amendments to the Oregon Title IV-E Prevention Plan.

##### *People with Lived Experience*

CW intends to use Certainty Grant funds to compensate youth, parents, resource parents, and other community members in participation in Family First and Family Preservation planning efforts and policy and practice development across CW. Compensation will include prep time, meeting debriefing, and food for in-person meetings. Positive impacts are possible when those impacted by policies and practices are at the table reforming them.

#### 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.



With the increase in funding provided by the Oregon Legislature in the 2021 session (\$5.5 million) and the Division X funding (ILP = \$5,542,398 & ETV = \$806,000), the Youth Transitions team has been able to implement a significant number of new or improved services to support young people as they continue to recover from the effects of the COVID pandemic. Details are listed in the sections below.

## 1. Collaboration

The following are in addition to the collaborations described on pp. 11-19.

### *Foster Club*

FosterClub has contracted and partnered with Youth Transitions to enable Lived Experience (LEx) Leaders working as peer navigators to provide outreach and financial support to ILP-eligible disconnected young people (former foster youth with no open CW case and not actively receiving ILP services) based on need (n=506). The following describes some of the work CW completed with FosterClub.

- Peer navigators facilitate the NYTD survey process by creating informational content (including an educational video), outreach, supporting young people, and providing incentives to encourage survey completion.
- FosterClub supported Youth Transitions' \$500 educational incentive pilot project for the 2021-2022 academic year (n=136), which is now an ongoing CW incentive for foster youth completing high school (diploma or GED).
- FosterClub also teamed with Youth Transitions to provide barrier-free statewide stimulus payments via reloadable Visa debit cards for all young people 14+ in foster care, including trial reunification (n=1,335) and the Aftercare population (young adults ages 18-23 who exited the foster care system after age 14 with at least 180 days of placement services after age 13) served by an ILP Provider (n=213).
- Youth Transitions sponsors two yearly LEx FosterClub All-Star internships (\$7,000).
  - Interns receive leadership training and help to improve outcomes for young people transitioning out of care.
  - They educate peers and industry professionals while changing public perceptions about foster youth at nationwide conferences and events.
  - All-Stars learn to amplify perspectives of themselves and other foster care youth through advocacy and activism, motivating peers, and using their experience to affect systemic change.
- Youth Transitions and FosterClub are supporting a one-day conference to promote young people's well-being and explore their challenges while sharing coping strategies.
  - "Finding Balance: A Summit on Youth Well-Being" is a community event promoting mental health, valuing peer support, exploring best practices, and providing practical takeaways for young people and those that support them.

- While surveying the Aftercare population about their experiences with ILP, there were notable differences in the response rate when caseworkers asked for responses vs. through direct outreach. This realization led Youth Transitions to financially support FosterClub to create a mobile application for direct outreach/information sharing with eligible young people statewide. FosterClub should launch the application later this year.
- Youth Transitions awarded FosterClub a grant to provide ILP providers training on planning and implementing summer experiential learning opportunities or wellness excursions. Young people will help plan and implement the excursions, including peer co-leadership, and assist ILP providers with outreach, preparation, funding, and debriefing.
- FosterClub partnered with InsideTrack to offer one-on-one career coaching and a monthly virtual "hangout" space for all youth and young adults (ages 16-26) with lived experience in Oregon's foster care system.
- FosterClub will continue hosting the 2023 youth summer events, Teen Retreat, and the DREAM Conference.

#### *Portland State University*

- Youth Transitions is preparing to post a Request for Applications (RFA) for newly created ILP skill-building contracts effective in October 2023.
  - Recent pilot evaluation efforts and survey data inform the new program model.
  - The Portland State University's School of Social Work's Research Associate Professor Jennifer Blakeslee, Ph.D., MSW, supports this work.
- CW continues to pilot and evaluate two potential service improvements before statewide implementation.
  - One was a development-oriented approach to services for youth aged 14-15 (Tier 1), focusing on group learning, peer connections, and a curriculum introducing typical ILP skill-building domains.
  - CW met with pilot sites monthly to provide technical assistance and collect fidelity data to inform statewide expansion.
  - Lessons learned inform the new model, including implementing group-based and one-on-one services for this age group to account for varying development levels, including some young people who were ready and interested in beginning more traditional one-on-one ILP services.
- CW continues to pilot a more intensive ILP approach for young people ages 16-20 (Tier 2A), with additional meetings following a clear program model (e.g., My Life or LifeSet), using:
  - A fidelity model and collected outcome data from young people to inform a new intensive statewide service for a subgroup of young people with high needs.

- Based on pilot findings, providers can provide more intensive service efforts based on a young person's circumstances and readiness to engage in ILP skill-building activities without prior approval or enrollment in a higher-level service tier. This removes barriers to desired support and increases flexibility in service delivery.
- CW conducted a multi-phase statewide survey of young people and supportive adults to collect feedback about services, inform the new program model, and to understand their experience accessing or choosing not to access services.
  - This included in-depth, incentivized surveys with young people ages 16-23 with (n=84) and without (n=88) open CW cases.
  - Respondents rated and described their experience with ILP services and offered suggestions for improvement.
  - Young people provided significant quantitative data and qualitative reflection, knowing that CW administrators would use the findings to improve services.
  - One clear finding was that the older age group wanted more experiential learning activities with peers and group-based skill-building. The new service model will require and financially incentivize peer-oriented activities.
  - Like ILP providers, young people were interested in more skill-building time, beyond 60 minutes per month, as their circumstances required. Older youth will also have more opportunities to mentor 14-15-year-olds as peer leaders during group activities, with funding for providers to provide stipends.
- CW surveyed adult supporters (n=93, primarily CW caseworkers) familiar with ILP to rate services and reflect on youth experiences and areas for improvement.
  - The program evaluation partner collected and analyzed the data and presented it to internal stakeholders, direct service providers, and supervisors.
  - Survey data highlighted the need for consistency, collaboration, communication, and feedback loops at a local level. Multiple young people appreciated being asked for feedback, which led to a consensus that this youth-friendly survey effort could be repeated annually with young people and adult supporters most familiar with ILP services to inform continuous program improvement.
- ILP providers will create a feedback-driven culture and related internal monitoring processes for timely action to improve service delivery and performance.

#### *Outreach to Increase Youth Voice*

The Child Welfare Centering Youth Voice Campaign Project focuses on developing and executing a plan that centers youth voices within the agency. The workgroup pooled and shared informative resources via a tool kit to support staff and provided training as a call to action. Branch Program Managers included plans for centering youth voices in their district Community Engagement Plans. The team attended a workshop on developing youth advisory boards. A quarterly Child Welfare Youth Voice Newsletter was created, with Volume One shared statewide in April 2023. The newsletter invites young people to share their expertise

with the CW Policy Unit. The Policy Unit shares information about OARs, upcoming events, ways to engage ODHS, and tips to increase work experience and resources. The second volume is in development. The newsletter goes to young people, youth programs, and staff. It allows young people to share their stories, artwork or contribute in other ways.

### *Technology Supports*

Microsoft Teams allows ODHS staff to self-organize and collaborate across programs. A Youth Advocates team helps organize and share resources and information with staff interested in supporting youth and young adults. The team includes CW, Self-Sufficiency, and Vocational Rehabilitation. Staff can post or share files, ask questions, and seek advice or clarification. Youth Transitions takes advantage of the technology by regularly posting youth opportunities, events, resources, and reminders. It is a space to share updated files related to referrals, service overview, provider information, state and community-based resources, guidelines, funding opportunities, postsecondary scholarship and financial aid information, employment and training outreach, transitional living program openings, and information about waitlists.

## 2. Services Provided

Per the NYTD Data Summary Report for FFY 2022 (Attachment 28), ODHS provided independent living services to 2,199 young people during FFY 2022. Demographic data indicates that most young people received services while in foster care (81.2%). Individuals identifying as female (58.8%) continue to access services more than those identifying as male (41.2%). Slightly more than a third (35.31%) of young people accessed one service, and nearly half (46.1%) accessed five or more services. Additional details regarding the NYTD report are in Section 4. Update on Collection and Integration of NYTD Data on p. 165.

*Figure 59*

<b>Youth Exiting Foster Care on/after Turning 18, by Age</b>					
<b>Federal Fiscal Year</b>	<b>Age 18</b>	<b>Age 19</b>	<b>Age 20</b>	<b>Age 21</b>	<b>Total</b>
<b>FFY 2019</b>	131	45	43	75	<b>294</b>
<b>FFY 2020</b>	86	47	39	88	<b>260</b>
<b>FFY 2021</b>	101	40	58	73	<b>272</b>
<b>FFY 2022</b>	87	48	51	76	<b>262</b>
<b>Total 4 year Change</b>	<b>-44</b>	<b>3</b>	<b>8</b>	<b>1</b>	<b>-32</b>

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

The above chart represents the potential population for ILP Aftercare services and Chafee Housing supports. In 2022, eligibility for Aftercare extended to young adults age 22-23 (up to 24<sup>th</sup> birthday). This eligible age group is not currently collected in the ROM data. ILP Providers

served 361 Aftercare clients during FFY 2022. Chafee Housing was accessed by 93 young adults in FFY 2022.

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

Youth Transitions contracts with community-based non-profits, for-profits, and two community consortiums to provide independent living skills training. ILP skill-building services are available to young people ages 14-20 currently in foster care and young people who experienced the child welfare system, discharged from care at age 14 or older with at least 180 days of substitute care placement services after age 13, and who are not yet 24. The permanent living situation for young people no longer in foster care does not impact eligibility: they can be reunited with parents/family, in a finalized permanency plan such as guardianship or adoption, or living interdependently and still retain eligibility. This service expansion was initially made possible by Division X funding from the Supporting Foster Youth & Families Through the Pandemic Act. CW can continue serving this population with the investment made by the Oregon Legislature.

### *The Tier Model*

Oregon piloted a tiered model for ILP Services in July 2021. The three tiers (including traditional ILP services at Tier 2) support youth and young adult needs (ages 14 through 23). Surveys illuminated youth and young adult experiences with the tier model and the providers contracted. This information and the quantitative service utilization data identified that the pilot (tier system) did not meet youth and young adults' needs. It also burdened providers who needed more participants to sustain the service's cost.

Pages 157-158 describe the next steps for Oregon's ILP services.

### *Tier 1 ILP Services (IL Prep)*

Tier 1, also known as IL Prep, was piloted in districts throughout the state in July 2021. This tier served young people ages 14-15 who needed basic skill awareness and knowledge. Services were to be provided in a group setting twice per month, focusing on the soft skills needed to be successful at the next level of ILP services (Tier 2). The Tier 1 model encouraged caregiver and caseworker active participation and support engaging the youth in services and skill attainment.

Low referrals and limited youth engagement indicated the need to reassess the service. Despite positive reports from ILP providers and youth regarding group curriculum, providers and youth wanted more one-on-one skill building and groups. Based on lessons learned, a more flexible and individualized approach for this age group is warranted.

### *Tier 2 ILP Services (Traditional Model)*

Tier 2 (ages 16-20) provided monthly, one-on-one services focused on the more tangible skills for adulthood, including transition planning, which guided the service provision. Services were goal-oriented and individualized 60-minute sessions between the ILP provider and youth or young adults. Tier 2 also included quarterly group skill-building. The pandemic changed how

contact was provided (individually and in groups), and face-to-face contact dropped, negatively impacting engagement and service delivery. ILP providers and young people provided feedback that this tier was too rigid. Young people's circumstances warranted additional skill-building time to support those needs (housing disruptions, college preparation, substance use, mental health struggles, and more).

#### Tier 2A ILP Services (IL Plus)

Tier 2A, also known as IL Plus, has been piloted in various districts throughout the state since July 2021. This tier served young people ages 16-20 and was an additional level of Tier 2. This level provided a curriculum informed by the evidence-based "My Life" model (Portland State University). The tier focuses on building self-determination, including youth-driven goals, problem-solving, and stress management. The model was designed for multi-system involved youth and accommodated young people needing additional support for intellectual or developmental disability, mental health, or emotional or behavioral obstacles. The ILP provider was required to see the youth at least twice monthly, one-on-one and face-to-face, for 1.5 to 2 hours. Tier 2A is an intensive service designed to last about one year, ideally with the young person stabilizing and transitioning back to Tier 2 or, if age-appropriate, Tier 3. Many young people benefitted from 2A services, but the tier needed to be more utilized and consider young people's fluctuating needs and levels of engagement, including young adults through age 23 receiving ILP services.

#### Tier 3 ILP Services (Aftercare)

Tier 3, known as Aftercare, is a statewide offering for adults ages 21-23. This Tier supports those who recently exited foster care or were foster care alums transitioning to interdependent living in their community. It provided flexibility, fewer contact requirements, less formal Life Skills Assessment, and transition planning documentation. It was at a lower payment rate. The contractor was required to see the young adult one-on-one and face-to-face at least once every two months, and for the months in between, they checked in using communication preferred by the young adult. CW anticipated the young adult would self-refer to services and take the lead in determining the level of support needed. ILP providers and young adults provided feedback about the adjustment after leaving CW custody and losing or reestablishing their support network. While ILP providers can easily report on many young people's successes in education, employment, and relationships, they also consistently noted experiencing an older population without the desired natural supports to guide and assist with a successful transition to adulthood. They offered that the population's needs and circumstances, especially regarding housing, would require more skill-building support, guidance, and community resources.

#### [What's Next for ILP in Oregon](#)

##### Flexible Service Model

The new ILP service model requires consistent peer groups, including experiential learning activities and co-facilitation/leadership opportunities for the older ILP participants to coach and

mentor younger youth. Groups will not require enrollment in ILP skill-building and will be open to ILP-eligible young people ages 14-23 within the community. This will allow ILP providers to conduct regular, direct outreach through peer events without requiring a referral. ILP skill-building services will be offered statewide to 14-15-year-olds, including:

- More service flexibility for ages 16-23 and providers
- Engagement to inform services.
- Services responsive to the needs of young people.

This will be Oregon's largest investment in ILP services, including funding to support provider engagement efforts, youth leadership opportunities, and experiential learning activities.

#### Streamlining Business Process to Support Providers

Youth Transitions is working with the IT and Business Analysis Unit to develop a streamlined process to support the referral, confirmation, and documentation of ILP skill-building services to young people. The current process could be more efficient for Youth Transitions staff and contracted partners. It relies on hand-completed electronic documents, email, and excessive double data for tracking verification. It needs to track metrics around program and contract performance. The current project aims to create an external provider portal workflow that allows caseworkers to refer youth electronically, allow vendors to accept/decline referrals, document engagement work that meets the Youth Transitions' contract administration need, and gather data for federal reporting. The portal workflow will assist vendor partners in tracking their services and population to adhere to contract requirements. The project will align service delivery with the invoicing business process; however, actual invoice handling will be in the initial phase due to the complexity and short timeframe.

#### *Discretionary Funds for Concrete Supports*

Discretionary funds are flexible funds available to assist eligible young people with items, services, or extra-curricular activities to help them achieve the goals identified in their transition plan while gaining life skills for a successful transition to adulthood. Division X funds and Oregon Legislature investment allowed Youth Transitions to remove yearly financial caps for each district and Tribes in Oregon. Updated funding guidelines were able to include up to \$1,200 in auto insurance coverage if the young person completed a driver education course (or \$500 if a young person did not), up to \$400 for the cost of a cell phone, up to \$400 to assist with phone service, a housing start-up kit up to \$1,200 (with furniture included) or \$800 (without furniture), up to \$350 for laptops through junior year and up to \$500 for laptops senior year and beyond, as well as up to \$500 for camp fees.

*Independent Living Housing Subsidy*

Figure 60

<b>Subsidy Housing Service</b>	<b>FFY 2019 Count of Young Adults</b>	<b>FFY 2020 Count of Young Adults</b>	<b>FFY 2021 Count of Young Adults</b>	<b>FFY 2022 Count of Young Adults</b>	<b>4 Year % of Change</b>	<b>FFY 2022 Amounts Expended</b>	<b>Total Subsidy Expended</b>
<b>One-Time Housing Subsidy</b>	10	10	9	15	50%	\$21,488.50	
<b>Subsidy Emergency/ Start Up</b>	60	45	57	51	-15%	\$55,411.59	
<b>Monthly Housing Subsidy</b>	171	154	151	146	-15%	\$556,483.00	\$633,383.09

Youth Transitions facilitates the Independent Living Housing Subsidy program for young people in the legal care and custody of CW. This step-down model allows a maximum rate of \$795 per month based on the need for the first 12 months. The rate gradually decreases from month 13 through month 30. Young people must have court approval, 36 hours of productive time activities per week (paid employment, school, volunteer activities, or a combination of the three), high school completion (diploma or GED), or actively working towards educational goals and be enrolled in ILP skill building services (including financial literacy). Utilization has decreased, possibly due to ODHS' efforts to decrease the time a young person remains in foster care, the focus on family preservation, and the shrinking foster care population. Young people took advantage of Subsidy one-time support at a higher rate, suggesting they only needed start-up assistance to maintain their living arrangements.



## Chafee Housing Services

Figure 61

Chafee Housing Service	FFY2019 Count of Young Adults	FFY2020 Count of Young Adults	FFY2021 Count of Young Adults	FFY2022 Count of Young Adults	4 Year % of Change	FFY2022 Amounts	Total Chafee and State GF Expended *
<b>Chafee Housing - Monthly</b>	26	23	19	77	196%	\$ 268,826.00	
<b>Chafee Housing C-19 or Division X</b>	8	18	49	57	613%	\$ 86,978.00	
<b>CHAFEE Housing Emergency/Start-Up</b>	9	7	5	20	122%	\$ 23,057.28	
<b>One-time Housing - Chafee</b>	3	1	2	1	-67%	\$ 65,187.00	
<b>*Non-Chafee Housing</b>				9	300%	\$ 32,252.00	\$476,300.28

\*Total includes \$32,252 of State General Funds to support ongoing housing for non-eligible Chafee Housing youth (23-year-olds and unaccompanied minors)

Youth Transitions facilitates the Chafee Housing program for young adults that left CW care and custody at age 18 or older with at least 180 days of placement services after age 13. It allows for a maximum rate of \$1,000 per month based on need. \$12,000 is the maximum amount available before a young person's 24<sup>th</sup> birthday. Young adults must have 36 hours of productive time activities per week (paid employment, school, volunteer activities or a combination of the three which requires at least 4 hours of paid employment), high school completion (diploma or GED) or actively working towards educational goals and be enrolled in ILP skill building services (including financial literacy). Utilization has continued to increase, with the exception of one-time housing support, which remains stable at a very low rate of utilization. The overall increase in utilization could be a result of the expanded eligibility criteria (described below), increased awareness, more young people exiting care after age 18, FosterClub's outreach efforts with disconnected young people, and expanded financial support for those young people that did not meet Chafee Housing criteria but were eligible for other Youth Transitions support and ILP services.

The expanded Chafee housing eligibility in Division X expired in October 2021, however, Oregon opted to continue supporting the following young people (n=19), who no longer met the reinstated Chafee housing eligibility criteria:

- Youth who exited foster care after age 14 and prior to age 18.
  - Allowed those who had been receiving Chafee housing supports prior to 10/1/21, to make a planned transition off housing assistance.
  - Continued supporting emergency needs of non-Chafee housing eligible young people until budget needs required discontinuing support for this population.
- Unaccompanied young people who had exited foster care
- Total State General Funds expended on the above population was: \$21,435

*Transitional Living Program (TLP)*

Figure 62

Supervised Independent Living Transitional Living Program	FFY2020 Count of Young Adults	FFY2021 Count of Young Adults	FFY2022 Count of Young Adults	3 Year % of Change	FFY2022 Amounts	Total Chafee and State GF Expended *
<b>TLP - Basic (FC budget)</b>	35	39	23	-34%	\$143,841.00	
<b>TLP - GF</b>		2	5	150%	\$ 14,502.00	
<b>TLP - Chafee</b>	11	13	23	109%	\$115,821.00	
<b>Contract Capacity (FC)</b>					\$ 35,752.00	\$ 309,916.00

Youth Transitions also contracts with three Transitional Living Programs (TLP), supporting young people ages 18-23 preparing to leave foster care or those that have recently exited and need some support. They are designed to help young people gain and practice self-sufficiency skills. The funding sources support different populations:

- FC budget supports young adults who remain in CW custody
- Chafee funds support young adults who are no longer in CW custody
- General fund (GF) supports young adults who are undocumented and/or who are 23 years old

There appears to be a clear shift to more young people who have exited foster care accessing the TLPs, with a decline of young people experiencing foster care accessing.

*Consumer Credit Reports*

Youth Transitions ensures that children in foster care 14-17 receive a copy of any consumer credit report annually until discharged from foster care, assisting caseworkers in analyzing and interpreting the credit reports, discovering and researching any potential fraud, resolving any inaccuracies, and undoing the damage resulting from the theft of a child's identity. Once the young person is over age 18, their written consent is required for such checks to continue.

*Summer Events*

Youth Transitions continues to facilitate youth and young adult peer summer events.

*DREAM Conference*

The “Bridge to the Future” DREAM Conference was the first in-person event after two years of virtual events due to the pandemic. Given programs and young people were still experiencing COVID and concerns and symptoms related to exposure, there was a smaller group of participants but a much wider age range. 34 youth/young adults (ages 16-23), 17 adult supporters, 13 FosterClub Allstars and coaches, and 2 FosterClub staff were present. The event was held at the Central Oregon Community College campus in Bend, OR from June 28 - July 1, 2022. The campus was an ideal location for young people to make connections, experience dorm life, attend workshops in college classrooms, hear about higher education options, trade

training and to attend a college and career fair. Peer-led workshops on college, career and wellness activities, and skills and tips were held and many new friendships and relationships were made. Participants acquired different tools and resources to find their own bridge to the future.

#### Oregon Teen Retreat

The in-person “Be Well” Oregon Teen Retreat was held July 28—31, 2022 in Seaside, OR at the Sunset Empire Park and Recreation Center. 68 youth/young adults (ages 15-22), 21 adult supporters, 12 FosterClub Allstars and coaches, and 6 FosterClub staff were in attendance. Many of the DREAM participants chose to attend, strengthening their existing friendships. Peer-led workshops and a panel discussion focused on wellness, healthy relationships, connection, health, and mental health. Activities included a bonfire on the beach, painting, canoeing, and batting cages. Young people were also given the opportunity to provide their feedback regarding housing to the Division X TA team.

#### Other Services

See pages 168-170 for a description of Education and Training Vouchers (ETV).

See pages 174-176 for a description of the Native Teen Gathering.

Youth Transitions is developing a dashboard that reviews ILP service data trends over the past three years, including engagement, ILP service outcomes, and the financing of various services. The dashboard will be able to show eligible populations versus those being served to identify gaps or misalignment in service equity.

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

Youth Transitions was able to expend all the Division X additional funding through the following projects, services and supports:

\*Note that funding included a combination of Division X funds, State General Funds, and Chafee-ILP funds.

- Youth Transitions received technical assistance under the Paving the Way Division X Technical Assistance project. The chart below reflects the new targeted tracking for transportation services and supports young people received during FFY2022. One of the concerns raised was that data did not include the funding being provided by local branches for transportation or more specifically DMV related costs. Financial supports for transportation increased as a result of the Paving the Way project and Division X funds.
  - Young people may receive up to \$1,200 for auto insurance which is an added incentive for them to complete a driver’s education course.
  - New flyers have been created and distributed to encourage teens and young adults to complete a driver’s education course (Attachment 29).

- Young people can receive up to \$250 for yearly car repairs or maintenance.
- The Post-Secondary Analyst will be working on the remaining goals set through the Paving the Way Project as follows:
  - Create an outreach campaign to ensure all eligible young people and those in their support networks or other provider organizations know about the resources available and how to access them, including local branches and CW staff.
  - Implement a process for improved tracking of data to support program improvement and expansion.

Figure 63

Transportation Supports Offered						
Year Being Reported	# of Drivers Ed Courses	# of Permits	# of Licenses	Insurance Assist	Car Payments, Repairs, Misc. Car Support	DMV Fees (ID's/tags/title/tests)
FFY2022	72	36	34	31	80	90
	\$36,427	\$1,158	\$2,361.50	\$24,189.73	\$68,971.66	\$4,171.55

OR-Kids data pulled 4/28/23\_RI

Note: As indicated above, some local offices continue to issue transportation related payments under different coding than is used to track Youth Transitions costs listed above. Therefore, this may not be an accurate reflection for all youth and young adult costs supported by CW.

- With the support of FosterClub, Youth Transitions was able to expend funds as follows in FFY 2022:
  - \$500 high school completion educational incentives (n=136): \$68,000
  - \$1,000 Foster care stimulus project (n=1,335): \$1,335,000
  - Disconnected youth funding assistance and administration fees (n=506): \$656,014.18
    - ETV youth served (n=17): \$45,742.80
- Implemented ILP Tier pilot programming (during FFY2022):
  - \$454,000 increase to support youth engagement incentives and youth leadership stipends (peer leader, teen panel presenters, local branch policy workgroups, etc.) via the ILP services contracts (7/1/21-9/30/23)
  - Tier 1 IL Prep services (n=127): \$115,138
  - Tier 2 ILP services (n=1,069): \$1,698,951.55
  - Tier 2A IL Plus services (n=67): \$83,923
  - Tier 3 IL Support services (n=200): \$264,651.16
  - Tier 1 and Tier 2 Program Stability payments (n=14 Contractors): \$476,400

- \$75,000 increase to support the Teen Retreat, DREAM Conference, and the Native Teen Gathering (including Summer youth participation incentives and a pilot Winter Native Teen Gathering)
- \$164,696.82 in Additional ETV payments were issued to 65 students, as allowed under the FFY 2022 Division X regulations. Payments supported up to an additional \$5,000 for assistance based on need with costs of attendance (tuition & fees, room & board, books & supplies, transportation, personal incidentals).
  - As of 10/1/22, the ETV Additional funds have decreased to \$500 and are funded using State General Funds.
- \$150,000 to help cover OSAC administration fees to process/distribute ETV funding to post-secondary institutions
- \$192,881.34 for increased access to ILP Discretionary Funds for young people for items, services or extra-curricular activities (n=654): \$442,881.34 was the total amount expended during FFY2022
- \$476,300 for the Chafee Housing Program
- 11 Youth Transitions Grants were issued for various services and supports: \$1,550,677
  - \$150,000 – Employment readiness/placement (Bay Area Enterprises)
  - \$150,000 – Mentorship (Salem Angels)
  - \$150,000 – Banking, financial literacy, personal growth, social development, and housing navigation for youth impacted by sexual exploitation and trafficking (A Village for One)
  - \$149,951 – Financial literacy (Youth Villages)
  - \$145,475 – Orthodontic services (Catholic Community Services)
  - \$55,251 – No barrier mental health services (New Avenues For Youth)
  - \$150,000 – Financial literacy, networking, and employment readiness/placement (Project48)
  - \$150,000 – Career preparation and vocational training through paid work experiences (Community Services Consortium)
  - \$150,000 – Postsecondary support and resources (PDX Bridge Coach/Portland Community College)
  - \$150,000 – System navigation, resource support, and training with the process of securing housing vouchers (Northwest Family Services)
  - \$150,000 – Career preparation, mentoring, personal growth and social development (Project Lemonade)
- \$309,916 – Transitional Living Programs (administration fees)
- \$78,000 – Continued partnership with PSU Research staff (tier programming support, review and analysis, youth/adult supporter statewide survey)

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

NYTD data is an integral tool for tracking outcomes. Last year, ODHS Office of Information Services updated the user interface for education to clarify the selections for caseworkers for enrollment to improve the quality of our educational data. They also updated the NYTD report code to collect the new federally required values. OIS has also conducted data quality assessments on other areas of the system to ensure we are collecting high quality data.

NYTD surveying and reporting is conducted through a contract with FosterClub. Lived Experience (LEx) Leaders working as peer navigators facilitate the process by creating youth-friendly informational content (including an educational video) and completing peer outreach to youth and young adults for each of the NYTD cohorts, while supporting young people and providing incentives (\$25 gift card) to encourage survey completion. Outreach includes emails, text messages, phone calls, and virtual meetings. Peer Navigators also help answer questions about NYTD and guide youth and young adults through the online NYTD survey.

At the conclusion of a reporting period, data is collected, and a written report is provided along with a presentation of both the data and insights from peer navigators on things they learned and experienced when working with young people through outreach and assistance with surveys. At the conclusion of each reporting period, FosterClub opens new peer navigator opportunities for young adults to join the team while encouraging current peer navigators to take on leadership opportunities.

Youth Transitions supports FosterClub efforts via monthly emails that include FosterClub's informational flyer and video to caseworkers that are supporting NYTD identified young people having a birthday that month that are needing to be surveyed.

#### 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. Young people prefer this model and are more willing to work with the ILP Providers because they do not see their local entities as CW.

#### 6. Services to Support LGBTQIA2S+ Youth

Youth Transitions' discretionary funding supports gender affirming products for young people. Products can include chest binders, bras, bra inserts, shaving supplies, packers, stand-to-urinate devices, gaffs, wigs, makeup, menstrual supports, or clothing that help young people affirm their gender identity and support the need to feel comfortable in their bodies.

The Oregon Legislature passed Senate Bill (SB) 209 on May 16, 2023, and it was signed into law on May 30, 2023. SB 209 provides protections for data related to an individual's sexual orientation, gender identity and expression (SOGIE). CW sought these legal protections because SOGIE data was previously subject to the legal discovery process with no exceptions regarding

the individual's safety or well-being. These protections will allow CW to begin collecting this data without the unintentional consequences of outing a child or young adult or compromising their safety. (Attachment 30).

## 7. Coordinating Services with Other Programs for Youth

Refer to the Collaborations section on pages 152-155. The following represent CW's coordination with other programs for youth.

- OSAC/HECC/ASPIRE (see pages 170-171)
- SSP and their Youth Experiencing Homelessness (YEH) program (partnered to implement HB 4013 regarding youth homelessness)
- Vocational Rehabilitation
- Portland State University's Research Unit (page 153, supporting the surveys regarding the tier model)
- Oregon Health Authority (see section 8 below)
- Foster Care Ombuds Advisory (Youth Transitions attends these meetings quarterly)
- Microsoft Teams Youth Advocates site.

Some local branch offices have maintained or reestablished relationships with their local Public Housing Authority (PHA) to support the needs of families served by CW and young people preparing to exit foster care. Currently, five Oregon PHAs have effective Foster Youth Independence (FYI) awards and seven have the Family Unification Program (FUP) awards (only Portland has both FYI and FUP). The Youth Transitions Program Manager, Housing Analyst and Program Coordinator has held meetings with interested local branch representatives, the Federal Housing and Urban Development (HUD) representative, the Regional HUD representative and local PHAs to discuss FYI implementation. There are three counties working towards an FYI award. Efforts will continue to expand use of FYI Vouchers across Oregon.

Youth Transitions completed a target collaboration with Vocational Rehabilitation (VR) in Washington County. This effort focused on discussing and sharing resources, identifying and overcoming gaps, and developing interagency and community relationships to benefit young people served by ODHS.

Youth Transitions meets with SSP staff providing the My Future My Choice curriculum. My Future My Choice is a comprehensive, medically accurate, inclusive, and trauma-informed sexuality education curriculum. The staff train high school teen leaders across Oregon to deliver half the curriculum and increase the effectiveness of the classroom experience.

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

Youth Transitions has an ongoing partnership with the Oregon Health Authority (OHA) to address the broad array of health care needs for young people in transition to adulthood. Our focus in 2022 was acknowledging the impact of the pandemic and traumatic stressors.

Understanding that surrounding young people with support and providing those that care about them resources to help, we worked to offer suicide prevention training to ILP providers and to sponsor a youth wellbeing summit. Youth Suicide Assessment in Various Environments for Young Adults (Youth SAVE) is being offered to up to 70 ILP providers May 18-19, 2023, and June 29-30, 2023. Youth SAVE equips professionals with the tools to virtually assess for and intervene with young adults ages 18-26 who have thoughts of suicide. The training includes 7 hours of synchronous learning and 2 hours of asynchronous learning, all delivered virtually. Learners will apply an equity lens to young adult suicide prevention and intervention, reflecting on how a young adult's identity, setting and strengths all relate to suicide prevention. They will examine the processes and tools needed for evidence-based, adaptable, and relational interventions and will learn to conduct suicide assessments and interventions in order to co-create personalized safety plans and identify local resources. Continuing education credits will also be made available.

Refer to pages 152-155 regarding work with FosterClub, specifically the summer events, the Div X stimulus projects, and the wellbeing summit.

Refer to pages 91-94 regarding residential treatment programs.



## 9. Access to Medicaid for Former Foster Youth

Oregon Health Authority (OHA) manages the Former Foster Care Youth Medical (FFCYM) program. The following table identifies the changes needed to bring Oregon practice in line with the SUPPORT Act.

Figure 64

<b>Oregon's FFCYM rules prior to 1/1/2023</b>	<b>Changes effective 1/1/2023</b> <i>These changes apply exclusively to individuals who turn 18 on or after 1/1/2023. Individuals who turned 18 prior to 1/1/2023 continue to follow the rules in the first column except as noted</i>
Program is for individuals up to the age of 26 who were on Medicaid and in foster care when they turned age 18	No change
State can choose one of two options: <ol style="list-style-type: none"> <li>1. Cover only those individuals who age out in your state (Oregon), or</li> <li>2. Cover children who age out of foster care in any state.</li> </ol> Oregon has chosen option 1 but is in the process of obtaining a 1115 demonstration waiver to choose option 2 and cover children who aged out of foster care in any state.	State must cover children aged out of foster care in any state
Individuals must be determined eligible considering a program hierarchy, at the end of the hierarchy, FFCYM comes before the Adult Program	No program hierarchy considered, i.e., they can be enrolled into FFCYM without screening for other programs and even if they would be eligible for other programs
No income test	No change

The online application for Medicaid benefits was updated in December 2022 to remove the condition "in Oregon" from the FFCYM program eligibility requirements. OHA is working with their contractor for the online eligibility system to reduce the number of questions for young adults who experienced foster care because there is no longer a program hierarchy that must be addressed.

OHA will be working in partnership with CW to update the relevant Oregon Administrative Rules (OARs) and do public outreach.

## 10. Education and Training Vouchers (ETV) Program

### *Services Provided*

In addition to the awarding of the Chafee ETV funds, Youth Transitions also offered the following services or information to students and supportive adults:

- Oregon has continued to support teens adopted or in a guardianship at age 13 or older (finalized on or after 9/1/2015) with ETV awards using Adoption Incentive funds.
- The collaboration with Project Lemonade and Oregon Fruit Products continues to support college care packages for ETV recipients. Care packages consist of handwritten notes of encouragement, Dutch Brothers gift cards, homemade and store purchased snacks, and jams/jellies.
  - 2021 Fall Term Care Packages were delivered in October 2021, to 79 students.
  - 2022 Spring Term Care Packages were delivered in May 2022, to 113 students.
  - 2023 Spring Term Care Packages were delivered in April 2023, to 93 students.
- Youth Transitions staff share regular reminders about application deadlines and other postsecondary opportunities and resources via the Youth Advocates Teams site, which are also emailed to caseworkers and ILP Providers. The information is also posted on the Youth Transitions website and FosterClub's Oregon page.
- HB4013 was passed in 2022, adding certain youth experiencing homelessness (YEH) to the Tuition and Fee Waiver eligibility criteria. Youth Transitions is assisting Self Sufficiency's YEH program with uploading YEH eligibility to the OSAC portal, until a separate YEH portal can be created.
- InsideTrack coaching and tutoring supports are being made available by FosterClub (see pages 152-155)

According to the FFY2022 NYTD data, approximately 23% (n=505) of the ILP-eligible young people who received at least one IL-type service received post-secondary educational support. Approximately 12% (n=264) received assistance with employment programs or vocational training.

### *Division X Additional Funding*

The Division X Additional ETV Funding allowed Youth Transitions to support students with additional funds for cost of attendance, including tuition/fees, room/board, books/supplies, transportation, and personal incidentals. The most frequent requests for support were for housing and transportation costs.

- Collaboration with FosterClub, detailed on pages 152-155, provided ETV Additional funds to 17 students for a total of \$45,742.80.
- Funding for ASPIRE to support ETV via the ASPIRE mentors throughout the state for a total of \$9,522.95. The Youth Transitions Post-Secondary Analyst conducted outreach and assistance to 65 students to access ETV Additional funds for a total of \$164,696.82.

- ODHS is continuing to offer up to \$500 of Additional ETV funding to students based on need, using State General Funds for the 2022-23 academic year.

#### *Changes to Administration*

Oregon continues to partner with the Higher Education Coordination Commission (HECC), Office of Student Access and Completion (OSAC) team to implement the Chafee ETV awards. The main change to administering the program has been to cap the amount of administrative fees Youth Transitions will pay OSAC. The amount is capped at \$150,000 or 14.5% of ETV awards issued by OSAC whichever is less each academic year.

The Youth Transitions Post-Secondary Analyst used direct email outreach to students during FFY 2022 with offers to help with funding, and other needed supports. Response has been limited; however, the Post-Secondary Analyst will be increasing outreach efforts to both students and post-secondary institutions with a goal to learn more about the various supports offered on each campus.

#### *ETVs Awarded*

*Figure 65*

<b>Service Type Title</b>	<b>Total Count of Young Adults</b>	<b>TOTAL Amount Funded</b>
Chafee ED/TRAINING Grant OSAC ETV	239	\$ 769,115.00
Chafee Ed/Training Voucher	54	\$ 17,737.72
Chafee ETG OSAC admin fee ETV	4	\$ 213,400.09
Chafee Ed/Training Voucher C19	136	\$ 309,514.83
ILP Other Contract Div X ETV	138	\$ 277,745.48
<i>Note: this figure includes total payments of services that had a transaction date and service date between 10/1/2021 and 9/30/2022</i>		

*Figure 66*

<b>Adoption Incentive (AI) Service Type Title</b>	<b>Total Count of Young Adults</b>	<b>TOTAL Amount Funded</b>
Chafee ED/TRAINING Grant OSAC AI	37	\$ 109,315.00
Chafee Ed/Training Voucher - AI	4	\$ 18,395.11
Chafee ETG OSAC admin fee AI	4	\$ 28,384.92

Below, in Figure 67, is the breakdown of the number of individuals who received funding for post-secondary education or training:

Figure 67

Academic Year	New/First Time Awards	ETV Funded	Adoption Incentive Funded	Total
2021-2022	226	379	28	407
2022-2023	128	254	26	280

Youth Transitions continues to access Adoption Incentive funding to provide as many post-secondary awards to young people as possible, serving students who experienced an adoption or guardianship prior to their 16<sup>th</sup> birthday. This funding source will be important should Oregon's ETV allocation continue to shrink due to the success in decreasing the number of children entering foster care.

The most recent completion rate report (Attachment 31) compiled by OSAC, is a summary of the graduation rates of ETV recipients over the past 15 years. The data reflects the number of first-time recipients who have obtained a degree or completed a course of study within 3 years at a community college or a proprietary institution, and within 6 years at a 4-year institution. The completion rates are not consistent from year to year. However, those attending a 4-year institution graduate at higher rates. Those attending a 4-year public institution show a graduation rate of 32.26 for the most recent year (2016-2017) and an average graduation rate of 36 percent over the past 12 reportable academic years. Those attending a community college show a graduation rate of 5.35 percent for the most recent year (2019-2020) and an average graduation rate of 8 percent over the past 15 reportable academic years. Students attending a proprietary institution have the lowest completion rates. For the past 5 years, there have not been any graduations from a proprietary institution. The proprietary institutions have an average graduation rate of 0.4 percent over the past 15 reportable academic years.

## 11. Chafee Training

Youth Transitions continues to facilitate monthly virtual meetings with ILP Providers and Managers. There are many training and educational opportunities, and it is a space to provide updates, resources, and data sharing to inform program improvement.

Youth Transitions staff continue to provide program trainings as requested by branches, CASA, CRB and other community partners.

## V. Consultation and Coordination with the Nine Federally Recognized Tribes of Oregon

### A. Engagement with the Tribes

In collaboration with the Office of Tribal Affairs, CW works to honor and uphold its government-to-government relationship with the Nine Tribes of Oregon. Tribal Affairs and CW engage with Oregon Tribal representatives from each of the nine Tribes at the Indian Child Welfare Act

Advisory Council Meeting. This quarterly meeting is an opportunity to relationship build, exchange updates/changes, and address service delivery issues. When a specific need arises, ICWA Advisory work sessions are scheduled in between the quarterly sessions. For example, a work session was held to make contingency plans for the various potential Supreme Court rulings on the case challenging the validity of ICWA.

Other engagement includes Tribal Affairs and CW hosting ICWA Bi-Annual meetings held across different regions of Oregon. The Bi-Annual meetings bring together the Tribe in the host region, CW staff, and Tribal Affairs to discuss best practices, relationship build and learn more about the regional tribes. Every fall Tribal Affairs partners with CW and Oregon Tribes to host the Tribal/State ICWA Conference. This three-day conference covers ICWA best practices, Tribal based programming and highlights Tribal culture/values/knowledge/history. In 2023 the host conference Tribe is the Confederated Tribes of Grand Ronde, and the conference will be in-person for the first time since the pandemic.

In partnership with the Nine Tribes of Oregon and all five ODHS programs, the Office of Tribal Affairs is finalizing a Tribal Consultation Policy for agency-wide use. This policy will offer a mechanism to formally consult with Tribes over programmatic changes, policies, procedures, and/or anything impacting Tribal children/adults/elders/families. This level of engagement will help ODHS better coordinate and collaborate with Tribes to serve Tribes and Tribal communities better. The agency anticipates implementing the Tribal Consultation Policy in 2023.

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## B. Plan for Ongoing Coordination and Collaboration

Tribal Affairs created an ICWA Advisory Council Work Session between quarterly ICWA Advisory Meetings to strengthen the partnership and increase communication and planning. Tribal

Affairs partnered with the Tribes in Oregon 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 Tribes in Oregon, 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 Tribes in Oregon continue to be involved, updated, and consulted on CW policies, practices, and procedures specific to ICWA case management and partnership.

The Tribal Affairs Unit helps ensure CW upholds the government-to-government relationship with each Tribe in Oregon. Tribal Affairs has an established ICWA team with which CW closely collaborates. 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 to implement the tenets and spirit of ORICWA and the Federal ICWA.

### D. Complying with ICWA

Below are specific measures the Oregon Legislature identified in the law 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.

See Attachment 32, the most recent annual report to the legislature.

The CFSR team (see pages 114-115) applies an ICWA addendum to five ICWA cases in each district throughout the year. The addendum was formulated collaboratively between the Tribes and the CFSR team. The addendum provides additional information about how ICWA requirements are being met in these cases. The CFSR provides ongoing data to ICWA Advisory Council regarding overall ICWA compliance (data primarily drawn from the ICWA Addendum), and how ICWA cases compare to non-ICWA cases in performance on the CFSR items.

The Oregon Child Abuse Hotline (ORCAH) program quality assurance reviews include a determination of whether sufficient information is gathered from reporters regarding Native heritage. The QA review also evaluates whether Tribes were notified when one was named by the reporter, in alignment with ORICWA. This information is provided to the nine Tribes in Oregon on a quarterly basis at ICWA Advisory Council. (Attachment 20).

## E. Chafee & ETV Benefits for Tribal Youth

One of the main activities provided to Tribal eligible young people is the Native Teen Gathering (NTG). The NTG helps young Native people with foster care experience 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 their Tribe and community.

Hosted by the Confederated Tribes of Grand Ronde, facilitated and coordinated by the Native Wellness Institute (NWI) and sponsored by Youth Transitions, the Summer NTG was held August 8-11, 2022. Thirty young people (ages 14-23), 13 adult supporters, and 12 staff/facilitators were present. The event allowed young people to be immersed in Native culture while gaining information and being provided skill-building and connection opportunities. Young people learned how to put up a tipi and assisted in setting up tents, getting their temporary homes ready for camping. A Medicine Tie ceremony kicked off the formal programming that set the tone and introduced the Tribal values that would help to guide behavior of the young people. Participants played traditional games like archery tag, made necklaces with beads and bones, and were exposed to horse therapy (always a highlight of the event). They also shared a movie night, star gazing, and many stories by the campfire. The Confederated Tribes of Grand Ronde hosted a cultural sharing night where their canoe family shared songs and dances. Several participants joined in. Young people were also given the opportunity to provide their feedback regarding housing to the Division X Technical



Assistance team. The closing circle included testimony from young people sharing how they were positively impacted by the gathering and teachings received. Young people also received a \$200 attendance incentive.

Hosted and facilitated by the NWI and sponsored by Youth Transitions, the pilot Winter NTG was held December 17-20, 2022, at the Diamond Lake Resort in Diamond Lake, OR. Seventeen young people (ages 14-23), 12 adult supporters, and six staff/facilitators were present. The event was in response to participants from the Summer NTG sharing they wished they could gather more often throughout the year. After traveling through beautiful snowy country, a Medicine Tie ceremony welcomed everyone to the space. Participants went sledding, cross country skiing, and snow shoeing. With a focus on self-care and healing, participants made their own loose-leaf tea bags, elder berry syrup, smudge spray, essential oil bath salts, necklaces, medicine ties and baked goods. Relaxing in the cabin was also enjoyed by all and gave the event a retreat vibe. NWI wanted to expose the young people to healthy and new food options, including a holiday meal that included prime rib, mashed potatoes, stuffing, vegetables, and salad. Young people received a gift bag to take home their hand-made gifts and a Diamond Lake t-shirt.

CW has ongoing communication with the Tribes in Oregon and the Office of Tribal Affairs regarding flexible discretionary funding options for Native young people, including for outings and/or activities. Tribal contacts and the Office of Tribal Affairs are also notified regularly about upcoming Youth Transitions opportunities and events for young people. Youth Transitions also consults with various Tribal members throughout Oregon to coordinate services for identified Native youth and young adults.

Native youth who have experienced or are in the Tribes' child welfare systems are eligible for Chafee services. The below list summarizes Youth Transitions' services available for young people who are in Tribal foster care or exited 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
- ILP Discretionary Funds
- Chafee Housing
- Transitional Living Programs
- Chafee ETV
- Teen Events (DREAM Conference, Teen Retreat, Native Teen Gathering, and the Wellbeing Summit)
- \$500 High School Completion Educational Incentives
- Youth/Young Adult Stimulus payments
- Sponsorship of two FosterClub All-Stars from Oregon

The following services require that the state's Child Welfare agency has custody of the young person. Young people who are in the custody of CW and connected to Tribes in Oregon (or another federally-recognized Tribe) qualify for these services:

- IL Housing Subsidy Program
- Credit Reports for young people in foster care ages 14-21

The Youth Transitions Post-Secondary Policy Analyst and Program Coordinator met with the Confederated Tribes of Warm Springs ILP Coordinator in late April 2023. Assistance was provided regarding the federal regulations surrounding the Chafee financial support States and Tribes can offer a young person (ILP and ETV). It was a good opportunity to affirm the agreement Youth Transitions has with the Warm Spring Tribe for serving Tribal youth:

- Warm Springs will serve any young person in their care/custody, no matter where in the state they reside, and
- Youth Transitions will serve Warm Springs youth once they exit foster care and leave the Warm Springs reservation for other areas of the state.
  - Advised of the ability of eligible young adults ages 18–23 to self-refer for ILP Aftercare services without the need of having an open child welfare case (state or Tribal).

Youth Transitions staff have shared numerous flyers regarding the State’s Chafee services, samples of the housing forms, the wardship verification form, the referral form and the link to the ODHS Child Welfare Procedure Manual, Chapter 5, Sections 15, 29 and 33. As always, we reminded Warm Springs these were the State’s versions and the Tribe may create their own eligibility criteria and services, if they fall within the federal requirements.

The Tribes in Oregon are a key partner to help improve Chafee services and to understand how to meet the needs of Native young people.

## F. Exchange of State and Tribal APSRs

CW and Tribal Affairs provide draft copies of the APSR report to each Tribe for feedback and comment.

Oregon Tribes 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

There have been no significant changes to proposed use of CAPTA funds.

## B. Use of Funds Since June 30, 2022

CAPTA funds the three positions listed below, and described further on Attachment 33.

- Child Fatality Prevention & Review Program Implementation and Policy Lead Position
- Comprehensive Addiction and Recovery Act (CARA) Coordinator #1 Limited Duration Position
- Comprehensive Addiction and Recovery Act (CARA) Coordinator #2 Limited Duration Position

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 CAPTA 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.
  - Infant safe sleep surfaces were purchased and shipped to local CW and Self Sufficiency offices.
  - Local offices and community-based service providers requested, and data supported, the request to provide safe sleep surfaces.
- To support infant safe sleep education and awareness within the Nurture Oregon expansion project.
  - 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.
- To meet concrete needs identified by a family when Plans of Care are developed.
  - Local CW staff received specific guidance and training to use CAPTA funds.
- To advance statewide implementation of the Comprehensive Addiction and Recovery Act.
  - 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. The planning occurred in the prior reporting year and the funding dispersed this reporting year.
- To improve family engagement and prevention efforts during the CPS assessment in partnership with Resource Nurses.
  - The Health and Wellness Services Resource Nurses received training in an evidenced based home visiting model for caregivers of children ages 0-5 years

old called SafeCare<sup>20</sup>. In addition to working with parents through the SafeCare model, the Resource Nurses have been trained to assist with developing Plans of Care when prenatal substance use is identified on cases with infants.

- To prevent child fatalities and serious injuries by improving household safety the plan, as documented in the 2023 APSR, was to use funds to purchase prevention kits. American Rescue Plan Act (ARPA) funds were used instead, therefore, how funds were used for this effort is documented in the ARPA funding section.

### 1. 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.I. 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

See the attached Citizen Review Panel Report. (Attachment 34). The following is CW's response to the two primary recommendations.

1. ODHS continue efforts to improve timely access to mental health services for children in foster care.

See pages 69-70 and 91-94, detailing the work on mental health services.

2. ODHS continue efforts to increase placement options for children and youth with complex mental and behavioral health needs.

See pages 91-94, detailing the work on placement capacity.

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<sup>20</sup> <https://safecare.publichealth.gsu.edu/about-safecare/>

## 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) advance Child Welfare efforts to develop, implement and monitor plans of care, and advance efforts to support Safe Sleep in Child Welfare 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 disorders, infants with prenatal substance exposure and their families. The planning occurred in the prior reporting year and the funding dispersed this reporting year.
- Local CW offices were allotted funding to support the concrete needs of child welfare involved families with a Plan of Care in place. As of May 24th, CAPTA funding has been used to support over 100 families.
- In 2022 CAPTA funding was used to provide over 400 safe sleep surface bundles to local ODHS offices and Nurture Oregon demonstration sites and in 2023, nearly 300 safe sleep surface bundles have been provided as of May 24, 2023.
- CAPTA funding was used to purchase a SafeCare in-home parent support intervention module to be delivered directly to CPS involved families by contracted resource nurses in the ODHS Health and Wellness Services Program.

### 2. Changes to Policy or Practice, and Lessons Learned

- Since substance use disorder is not the only complicating factor associated with infant fatalities CW is updating procedure and staffing guidelines for cases involving infants and substance use that emphasizes developing Plans of Care and referrals to community-based services and recovery supports. The staffing guidelines will highlight other factors including safe sleep and responsive relationships.
- Work is also underway to enhance CW procedure and practice when a report is closed at screening on an open CPS assessment to ensure timely communication occurs between ORCAH and CPS caseworkers and supervisors. Additional procedure is being developed for CPS assessments where multiple reports are received in a short period of time involving infants aged 0-12 months, whether they are assigned or closed at screening. The procedure will require direct contact between an ORCAH supervisor and

a CPS supervisor to communicate information contained in the report(s) and ensure appropriate screening and CPS assessment decisions are made.

- In consultation with the Child Safety Program and the Child Fatality Review and Prevention Program, the Oregon Child Abuse Hotline (ORCAH) is taking steps to support early identification of assigned reports with infants in the home. Beginning 3/7/2023, ORCAH flags reports by adding “INFANT” to the subject line for local office notification. CW has implemented several strategies to account for the increased vulnerability of infants on CPS assessments and open permanency cases, including assessing the safe sleep environment, ensuring the development of Plans of Care for infants with prenatal substance exposure, and encouraging the utilization of infant safety staffings. These strategies are intended to support engagement with families around topics specifically related to infant safety and wellbeing. Adding the infant flag to the assignment email will help alert workers and supervisors to consider these strategies when engaging with a family who has an infant.
- 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.
- CARA Coordinators developed and delivered trainings to CW staff across the state to reinforce responsibilities with the development of Plans of Care. In addition, local CW offices were allotted funding to support the concrete needs of families with a Plan of Care in place. The process to utilize the funding was also shared during these trainings.
- To offer ongoing support a CARA-specific Microsoft Teams channel was created for CW professionals statewide to give real time access to CARA specific information and ask questions as they arise.
- In Oregon, several family-serving systems conduct strengths and needs assessments and develop plans that incorporate Plan of Care content. CARA coordinators help CW staff collaborate with family-serving professionals (e.g., family coaches and nurse home visitors) to identify family strengths, challenges, and experiences. CFPRP and Child Safety Program have partnered with the Health and Wellness Services Program to bring Resource Nurses into the CPS assessment phase when certain criteria apply, one of the criteria being an infant identified as a participant on the CPS assessment. The Resource Nurses are prepared to help caseworkers develop Plans of Care on cases where the infant was exposed to substances during the prenatal period. In addition to support with the development of Plans of Care, the Resource Nurses will assist with a variety of tasks including but not limited to safe sleep and tummy time education, developmental assessments, and identifying potential referrals for infants and caregivers.

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

CFPRP continues collaboration with individuals, professionals, and organizations impacted by or essential to implementing the Comprehensive Addiction and Recovery Act 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. CFPRP continues to engage the following groups throughout the statewide implementation process:

- Oregon Health Authority (OHA)
  - Public Health Division
    - Maternal and Child Health
    - Health Promotion and Chronic Disease Prevention
    - Injury and Violence Prevention
  - OHA Health Systems Division
    - Addiction Services
    - Behavioral Health Policy and Planning
  - OHA Health Policy and Analytics Division
    - Transformation Center
    - Patient-Centered Primary Care Home Program
    - Quality and Health Outcomes Committee (QHOC)
- Coordinated Care Organizations
- Every Step Clinics
- Project Nurture
- Nurture Oregon
- Substance Use Disorder Treatment providers and programs
- Health Care Professionals (doctors, nurses, midwives)
- Community Health Workers (traditional health workers, peer support specialists, doulas)
- Oregon MothersCare Program
- Family Connects Oregon
- Babies First!
- Healthy Families Oregon
- Nurse Family Partnership
- Healthy Birth Initiative
- Help Me Grow
- Oregon Association of Relief Nurseries
- Northwest Portland Area Indian Health Board
- Office of Tribal Affairs
- Raise Up Oregon – Early Learning Council
- Connect Oregon (Unite Us)
- Prevent Child Abuse Oregon
- Oregon Sexual Assault Taskforce
- Morrison Child and Family Services
- Families Actively Improving Relationships (FAIR) Program
- Comagine Health
- WA State Department of Children Youth and Families

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. 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 to move statewide Plan of Care implementation forward. CARA coordinators provided outreach, education, training, and guidance to Child Safety and Permanency consultants, Addiction and Recovery Team leads, Coaching and Training Specialists, 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.
- Nurture Oregon staff receive ongoing learning through Learning Collaborative sessions organized in response to team experiences or requests for training, featuring subject matter expert speakers. The Nurture Oregon leadership team organized 10 Learning Collaborative sessions in calendar year 2022. CW presented content at two sessions focused on Mandatory Reporting and Privacy and Prenatal Plans of Care.

CW collaborated with the Early Learning Council (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. CW and ELC have identified opportunities to enhance communication and engagement with families navigating the Early Intervention referral and evaluation process, especially when there is an infant with prenatal substance exposure. CW is eager to partner with the ELC to support Raise Up Oregon: A Statewide Early Learning System Plan strategies that aligns with the Comprehensive Addiction and Recovery Act (Attachment 35).



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.

#### 4. Current Monitoring Process of Plans in Care

Screeners at the Oregon Child Abuse Hotline (ORCAH) received training to gather information from reporters and 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. 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 OKIDS 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.

To help better understand and improve access to the CARA related data captured in ORKIDS a data report was created in partnership with ORRAI. This report is accessible by all CW staff and includes the information screeners gather for CARA among other data points to help identify trends and training opportunities related to CARA implementation and other initiatives specific to the infant population.

Data from critical incident reviews highlight the need to remove system barriers that prevent families from accessing primary prevention supports in their community. In 2021 and 2022, 56 Critical Incident Reviews Teams (CIRTs) were assigned by the ODHS Director. All 56 CIRTs involved the review of a critical incident that resulted in a child fatality, 25 of which involved an infant fatality. At the time of the critical incident, all 25 infant fatalities reviewed by the CIRT were residing in households with an open CPS assessment, a prior CPS assessment and/or a prior report that was closed at screening. Of those 25 infant fatalities reviewed by the CIRT, 24 had familial substance use concerns identified in the family's child welfare case record, and 14 were identified as infants with prenatal substance exposure.

## 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. 148 Nurture Oregon participants gave birth by the end of the reporting period (November 2022) and had data on child welfare involvement. One lost their child prior to birth. Of those who gave birth, 60% of participants went home from the hospital with their Nurture Oregon child. Nearly a quarter (22%) of participants experienced court intervention to remove the Nurture Oregon child from the participant during the first year after birth. In Years 1 and 2, 22% of participants had a Nurture child removed from care, compared to 34% of participants having a Nurture child removed from care in Year 1. Altogether, over the past year, sites have collaborated with pregnant people across the state to create over 90 Plans of Care. Comagine conducted listening sessions with 7 Nurture Oregon providers, representing different roles and sites, to learn more about the Plan of Care process that is currently being implemented and to gather feedback.

- Nurture Oregon providers shared how they typically explain the purpose of the plan of care to Nurture Oregon participants. Most providers indicated that they assist pregnant people in identifying the beneficial qualities of the plan of care. Some providers reported that they discuss how the plan of care can be used as a tool for pregnant people to prepare for a conversation regarding substance use during pregnancy with medical providers at the hospital or CW if there is contact.
- Providers also shared how the plan of care can highlight all the past and present work that the pregnant person has done to increase support in their life and “achieve stability”. The plan of care can be used to help guide provider’s conversations with a pregnant person to assist in connecting pregnant people to the services and supports that need to be put into place after birth, including medical care for the newborn and parent, support to meet basic needs, childcare, transportation, and any additional parenting support as needed.
- When asked about how the plan of care process is implemented, providers discuss the process they typically follow when collaborating on a plan of care with a pregnant person enrolled in Nurture Oregon services. While the plan of care process itself differs depending on the provider’s role and site, all providers agreed that relationship-building and trust are essential to the creation and implementation of an effective plan of care.

- Most providers stated that the plan of care is an *ongoing process*. The document is one that will and oftentimes must be updated during the pre and postnatal period to adapt to the family's changing needs and goals. Some sites have integrated the plan of care document into action planning and goal setting that they were already doing with participants. Some providers even noted that the requirements on the plan of care have led them to have focused conversations with pregnant participants about their postnatal needs that would have otherwise been difficult for providers to bring up.
- Nurture Oregon providers were asked about how the plan of care gets shared once it is completed. Most shared that they primarily rely on the pregnant person to carry a copy of the plan of care with them to their delivery, but that they have procedures in place to ensure that it is available to providers when requested. Since there is currently no centralized notification system where the plan of care can be stored, providers have strategized ways to make it more easily accessible to pregnant people and providers in the hospital, including giving participants brightly covered folders to store them in or ensuring that the doula and/or peer have a copy with them when they are attending a birth.

Nurture Oregon sites described the following challenges and barriers in 2022

- Challenges with hospital relationships, including the need to strengthen collaboration with labor and delivery staff and reduce stigma toward pregnant people with drug use
- Lack of electronic health record (EHR) systems across physical and behavioral health providers
- Limited housing options in rural and frontier counties, and limited access due to restrictive eligibility criteria
- Lack of childcare

The 2022 Nurture Oregon Progress Report is still being drafted and will be attached to the 2025 APSR. (Attachment 36)

## 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 nonidentifying 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

### 1. Grant funding at the community level based on gaps identified by the community

- Most Substance Use Disorder (SUD) treatment in Oregon is outpatient and is not specific to pregnant and parenting people. Although they are a priority population (i.e., must be served within a specified time frame), only half of treatment facilities have specific programming for women, and one-quarter have programs for pregnant and postpartum people. Currently, there are 10 residential treatment facilities in Oregon that accept pregnant individuals and parents with young children, 6 of which are in the metro area. As a result, pregnant and parenting people who reside in rural and frontier communities are often forced to relocate to another county to access residential SUD treatment. These barriers are further compounded by the lack of childcare resources across the state and behavioral health workforce shortages which have decreased the number of available residential beds and increased waiting lists. Ensuring access to services and supports and keeping pregnant and parenting people with young children engaged in treatment is challenging due to the various ways in which they can be covered by public and private insurance, the stigma associated with SUD, and social and logistical barriers to treatment (e.g., availability of childcare, lack of transportation, access to mental health services outside their CCO catchment area, etc.) (Attachment 37). CW is awarding grant funds to each of the residential treatment facilities in Oregon that serve pregnant and parenting people with children to help mitigate social and logistical barriers to SUD treatment and recovery services.
- Healthy Birth Initiatives hopes to engage families in ongoing conversations about firearm safety, the use of safe storage options, and how to access other resources within the program and the community. In working in the community, HBI has identified a need for videos to provide demonstration and education on firearm storage that are culturally appropriate, and responsive to the Black community. CW is awarding grant funding to HBI to support the development of a culturally responsive resource for firearm safety demonstration and education. The funds will also be used by HBI to provide education to 4 community members to become peer educators, and receive

training on firearm safety, the use of the various locking devices, how to educate others about firearm storage & safety, and conflict resolution.

- The ODHS Building Well-being Together Initiative is a concentrated effort to bridge the gap between the human services of today and the vision for the future. In 2022 ODHS communicated with hundreds of staff, partners, Tribal members and leaders, and community members to create a shared future vision, strengthen relationships and learn about barriers, gaps, and innovative solutions. Themes from the community engagement feedback include: basic needs, housing supports, childcare, workforce engagement, increase behavioral health capacity, system integration and alignment, increased customer engagement, and system efficiencies.

CW is also hoping to use ARPA funds to support the following programs and initiatives:

- Rivercrest Academy, a new Recovery Highschool that will be open and enrolling students in the fall of 2023.
- Barbie's Village, a tiny home village built for the Native Community. Children and family programs are located on site in the former church building. All services are aimed at housing and resources for Indigenous parents and children. The effort is a collaboration between Future Generations Collaborative, The Presbyterian Church, Great Spirit Church and others.
- Chaku Manaqi Lush (Help Me Grow) Native American parenting group and home visiting program.
- Regional Demonstration Projects are a way to apply the Building Well-Being goals at a community level, putting districts and the people they serve in the driver's seat on the road to providing flexible, coordinated and culturally responsive resources. These projects are the foundation for what we envision service delivery across the state to look like in the years ahead.

#### Injury Prevention Kits

- CW purchased injury prevention kits from Oregon Health Sciences University, Tom Sargent Safety Center to prevent child fatalities and serious injuries by improving home environment safety. These kits are shipped to local CW and Self Sufficiency offices where they are accessible for staff working directly with children and families. Examples of items include, window locks, firearm locks, and medication storage items. The observation of the home environment is an essential part of the work to ensure children are safe and families have what they need to keep their children safe. These resources improve household safety by reducing risk and can be utilized when a family does not have financial resources, is unable to quickly access the needed resource, or there is an emergent, immediate need to ensure child safety.

Opportunity to reframe the role of mandatory reporters in Oregon to mandatory supporters

- This effort has been placed on hold due to work underway and led by the Oregon Child Abuse Hotline (ORCAH). CFPRP continues to partner with ORCAH and the planned use of ARPA funding to support this important body of work.

## 2. Engagement with community for the use of funds and how issues of equity are informing the planned use of the funds

CFPRP continues 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 has 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 regarding 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, plans 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 from CW.

More broadly, through the Building Well-being Together Initiative, ODHS communicated with hundreds of staff, partners, Tribal members and leaders, and community members to create a shared future vision, strengthen relationships and learn about barriers, gaps, and innovative solutions.

## 3. Barriers or Challenges to Use the Funds

There has been reluctance to fund new programs or staff capacity without a sustainable future revenue source.

## F. CAPTA State Liaison Officer

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## VII. Targeted Plans

### A. Resource and Adoptive Parent Diligent Recruitment Plan

See Attachments 38-40.

### B. Health Care Oversight and Coordination Plan

Over the course of the COVID-19 pandemic Health and Wellness Services has continued to respond and address the related ongoing needs of delivery staff, resource families, and children in foster care. This included daily case consultations, directing isolations for COVID-19 positive children and families, and providing family time guidance.

In addition to the pandemic response, the Health and Wellness continued to conduct their day-to-day duties, which resulted in 2714 Intake Nursing assessments, 409 Personal Care Assessments, 1052 trial reunification nurse visits, and the coordination of in-home services for 16 medically fragile children in 12 homes with 46 in-home care attendants in CY 2022.

The Child and Adolescent Needs and Strengths (CANS) program processed 2040 CANS assessments and level of care payments and held 208 informal hearings to resolve contested CANS results in CY 2022. The year-long CANS workgroup concluded and resulted in a revision of the Supervision Plan and Hearing Request form to intentionally focus on the items that produce the level of care score and supervision needs of the child. All training materials were revamped to include the purpose of the CANS, the separation of the level of care (LOC) score from the CANS, expectations of a CANS screener and the new supervision plan. These trainings are being offered to all branches across the state and are expected to conclude by the end of 2023.

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 CY 2022, the oversight team processed 836 authorizations for new psychotropics (200 less than the previous year), 88 were referred to OPAL-K for consultation and of those 46 were not approved and clinician to clinician consultation was recommended. The oversight team also conducted 1183 annual psychotropic medication reviews for children in foster care, 282 of those required an additional records review and 32 were sent to OPAL-K for further review, resulting in 24 clinician-to-clinician consultations.

The psychotropic oversight team continues to see the impacts that the COVID-19 pandemic on children in foster care. Currently 12.9% of children in foster care are on a psychotropic medication. Pre-pandemic there were consistently approximately 10 percent of children in foster care on psychotropics year to year.

Due to changes in OHA's leadership and priorities, the collaboration to better align the CCO Incentive Measures with the timelines required of CW for initial health screening for children entering foster care has been delayed. The largest obstacle to the CCO and CW alignment work is the extended enrollment process. OHA recently notified the workgroup that it will rejoin the work in August 2023, and that it intends to shift to next day Medicaid enrollment in January 2024, which will have a significant impact on aligning timelines and serving children in foster care more timely.

The current OHA incentive measure is tied to seeing children for physical, dental, and mental health within 60 days of the CCO being notified of the child's enrollment in the CCO. Performance continues to show improvement, as the statewide average resumed its upward trend after 2020, with the average meeting or exceeding pre-pandemic performance.

*Figure 68*

<b>Year</b>	<b>Children Eligible</b>	<b>Children Seen</b>	<b>% Met Measure</b>
<b>2018</b>	1892	1641	86.7%
<b>2019</b>	1368	1201	87.8%
<b>2020</b>	997	797	79.9%
<b>2021</b>	1260	1075	85.3%
<b>2022</b>	1130	986	87.3%

In an effort to increase oversight of health care for children in foster care, and further align with the Vision for Transformation, Health and Wellness Services doubled the nursing team capacity and expanded nursing services in CY 2022, with the goal of serving families holistically rather than just the child in foster care.

Expanded Services include:

1. Providing 24/7 on-call nursing consultation for QRTP programs.
2. Responding to homes with an open CPS investigations where there is an infant in the home and providing SafeCare® curriculum over 6-8 visits. Also included in the in-home visiting is the Family Advocacy and Support (FAST) assessment, completion of a Plan of Care, and an ACEs and Resiliency Building teaching module. This service launched in April 2023.
3. Supporting Family Preservation cases with in-home visiting, including the FAST assessment, ACEs and Resiliency Building teaching module, and SafeCare® and Plan of



Care completion in homes with children under the age of five years old. This service is expected launched in May 2023.

4. Beginning in June 2023, Health and Wellness Services will provide a dedicated nurse to support children in Temporary Lodging and the workers who supervise them. This nurse will provide an intake assessment for children entering temporary lodging, monitor medication management, and provide child specific teaching and training to staff supporting the child.
5. In November of 2022 a team of Licensed Practical Nurses (LPN's) were added to nursing services who serve as health care coordinators for children in foster care and as a resource to the child's family and resource parents. Some of their duties include, collecting and reviewing medication logs, obtaining parental consent for immunizations, and ensuring timely initial assessments and ongoing well child checks.

The Health and Wellness team has plans in 2024 to built structure and supports around resource homes who care for medically fragile children through a certification designation, on-going training, coordination and collaboration for in-home supports, care coordination and respite services.

## C. Disaster Plan

### 1. Oregon Natural Disasters in 2022 – 2023

Oregon experienced three wildfires in September 2022. The Office of Resilience and Emergency Management (OREM) and the Office of Reporting, Research, Analytics and Implementation (ORRAI) have enhanced the computer-based interactive map that tracks the location of emergency events and provides a detailed list of all youth located in the affected area. The Emergency Management team at Central Office used that computer system to support the areas experiencing the wildfires. The Central Office team worked alongside the staff in the affected areas to track conditions, provided detailed contact lists for all youth impacted by the natural disaster, and offered supports to ensure all needs were promptly met. The current plan was effective during the recent natural disasters.

### 2. Lessons Learned from the Pandemic

The agency learned many lessons from the COVID-19 pandemic and from that developed and implemented guidance related to public health emergencies. 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 2020-2022. As the public health emergency has ended, CW has returned to standard guidance and practice.

### 3. Changes

The agency has not made any changes at this time. In May, 2023, CW began work with each district to create a Continuity of Operation Plan (COOP) specific to the local office and its needs. See Attachments 41 and 42.

### 4. How the plan addresses disparities for marginalized groups

The current Disaster Plan does address some of the disparities for marginalized groups. During COVID-19 pandemic and recent wildfires, the agency supported Tribes in Oregon by providing Personal Protective Equipment (PPE), fresh water and supplies. The agency also provided Tribes with frequent updates and maintained communication to determine how ODHS could provide support.

### D. Training Plan

See the attached Training & Workforce Plan (Attachment 43) and training matrix (Attachment 44).

## 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 and either:
  - 1) One year of direct, full-time experience that prepares the incumbent for services to children and families, such as performing work in a social work, child welfare services, or family services setting, or a related field; **OR**
  - 2) Completion of coursework equivalent to a current certification in social work/human services or related field; **OR**
- An Associate degree in any field and either:
  - 1) Two years of direct, full-time experience that prepares the incumbent for providing protective services to children, such as work in a social work, child welfare services, or family services setting, or in a related field; **OR**

- 2) One year of social work-related experience and a current certification in a social work/ human service-related field, such as children’s services, social services, child development, early childhood education, counseling, or juvenile corrections.

See the training requirements for SSS1s attached. (Attachment 45)

#### 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

See the training requirements for supervisors attached. (Attachment 46)

#### Data on Education, Qualifications, and Training of CPS Personnel

*\*The data reflected in Figures 69-73 is a point in time snapshot of all SSS1s and supervisors employed on June 4, 2023, and is self-reported by employees.*

Figure 69

<b>Child Welfare Supervisors and SSS1s by Race/Ethnicity</b>	
<b>Child Welfare Supervisor 2 - SR29 - Exempt</b>	<b>256</b>
American Indian or Alaska Native	4
Asian	6
Black or African American	9
Hispanic or Latino	15
Native Hawaiian or Other Pacific Islander	1
Two or More Races	12
White	206
I do not wish to answer.	3

<b>Social Service Specialist 1 - SR25 - Non Exempt</b>	<b>1560</b>
American Indian or Alaska Native	38
Asian	32
Black or African American	66
Hispanic or Latino	204
Native Hawaiian or Other Pacific Islander	10
Two or More Races	66
White	1088
I do not wish to answer.	56
<b>Grand Total</b>	<b>1816</b>

Figure 70

<b>Child Welfare Supervisors and SSS1s by Highest Degree</b>	
<b>Child Welfare Supervisor 2 - SR29 - Exempt</b>	<b>256</b>
Bachelor's Degree	184
Doctoral Degree	3
Master's Degree	65
Unreported	4
<b>Social Service Specialist 1 - SR25 - Non Exempt</b>	<b>1499</b>
Associate's Degree	102
Bachelor's Degree	1097
Certificate Program	3
Doctoral Degree	20
Education Specialist (EDS)	1
High School Diploma or Equivalent	1
Master's Degree	266
Post-Graduate (aka Postgraduate) Diploma	1
Unreported	69
<b>Grand Total</b>	<b>1816</b>

Figure 71

<b>Child Welfare Supervisors and SSS1s by Disability</b>	
<b>Child Welfare Supervisor 2 - SR29 - Exempt</b>	<b>256</b>
Disabled	4
No Reported Disability	252
<b>Social Service Specialist 1 - SR25 - Non Exempt</b>	<b>1560</b>
Disabled	19
No Reported Disability	1541
<b>Grand Total</b>	<b>1816</b>

Figure 72

<b>Child Welfare Supervisors and SSS1s by Gender</b>	
<b>Child Welfare Supervisor 2 - SR29 - Exempt</b>	<b>256</b>
Female	203
Male	53
<b>Social Service Specialist 1 - SR25 - Non Exempt</b>	<b>1560</b>
Female	1233
Male	327
<b>Grand Total</b>	<b>1816</b>

Figure 73

<b>Child Welfare Supervisors and SSS1s by Age Range</b>	
<b>Child Welfare Supervisor 2 - SR29 - Exempt</b>	<b>256</b>
20 - 30	5
30 - 40	53
40 - 50	112
50 - 60	78
60+	8
<b>Social Service Specialist 1 - SR25 - Non Exempt</b>	<b>1560</b>
20 - 30	290
30 - 40	559
40 - 50	428
50 - 60	213
60+	70
<b>Grand Total</b>	<b>1816</b>

### *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 2022, CW transferred 13 children to the custody of the Oregon Youth Authority (OYA).

## B. Education and Training Vouchers

Refer to Federal Attachment C.

## C. Inter-Country Adoptions

CW reviewed the cases of children who entered care during FFY 2022 to determine if any previously experienced an international adoption. No children met these criteria.

## IX. Financial Information

### A. Payment Limitations

#### 1. Title IV-B, Subpart 1

##### 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 2021 state and local share expenditure amounts for the purposes of Title IV-B, Subpart 2 for comparison with the state's 1992 base year amount, as required to meet non-supplantation requirements in section 432(a)(7)(A) of the Act.

**Response:** The FY 1992 Child Welfare state and local base year amount was \$59,196,600. FY 2021 Child Welfare state and local expenditures were \$359,906,030.