Oregon
Child and Family Services Review - Round 4
Statewide Assessment

August 30, 2024








Submitted To:
U.S. Department of Health and Human Services
Administration for Children and Families
Children's Bureau

Minor formatting adjustments may have been made to this document for 508 compliance. Content is unaffected.

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Section I - General Information

Name of State Child Welfare Agency

Oregon Department of Human Services (ODHS)

State Child Welfare Contact Person(s) for the Statewide Assessment

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List of Statewide Assessment Participants

Individuals with lived experience are indicated by an asterisk (*) after their name.

Name	Affiliation	Role in Statewide Assessment Process
Aprille Flint-Gerner	Child Welfare, Director	Contributor/Reviewer
Lacey Andresen	Child Welfare, Deputy Director	Contributor/Reviewer
Molly Miller	Child Welfare, Deputy Director	Contributor/Reviewer
Lisa Bender	Child Welfare, Assistant Deputy Director	Contributor/Reviewer
Alysia Cox	Child Welfare, Assistant Deputy Director	CFSR Strategy Team Lead
Sherril Kuhns	Federal Policy and Resources, Program Manager/Interim ODHS Tribal Affairs Director	CFSR Strategy Team Member
Megan Brazo-Erickson	Federal Policy and Resources, Assistant Manager	CFSR Strategy Team Member
Deena Loughary	Safety, Program Manager	Contributor/Reviewer
Jennifer Holman	Family Preservation, Program Manager	Contributor/Reviewer
Alex Trotter	Reunification, Program Manager	Contributor/Reviewer
Kim Keller	Permanency, Program Manager	Contributor/Reviewer
Gail Schelle	Permanency, Program Assistant Manager	Contributor/Reviewer

Name	Affiliation	Role in Statewide Assessment Process
Stacey Loboy	Foster Care, Program Manager	Contributor/Reviewer
Donna Haney	Foster Care, Assistant Program Manager	Contributor/Reviewer
Vera James	ICPC, Program Manager	Contributor/Reviewer
Kim Lorz	Senior Workforce Manager	Contributor/Reviewer
Rose Cokeley	Training and Development Manager	Contributor/Reviewer
Jennifer Ricks	CQI, Program Manager	Contributor/Reviewer/CFSR Strategy Team Member
Lee Brown	Child Welfare Program Systems Support, Manager	CFSR Strategy Team Member
Annabelle Hussaini	CFSR, Program Analyst	Contributor/Reviewer/CFSR Strategy Team Member
Kathy Steiner	Sr. Reporting and Outcomes Analyst	Contributor/Reviewer/CFSR Strategy Team Member
Anni Macdonald	CW CQI Analyst	Contributor/Reviewer/CFSR Strategy Team Member
Kelly Scales	CW CQI Analyst	Contributor/Reviewer/CFSR Strategy Team Member
Katrina Husbands	CW CQI Analyst	Contributor/Reviewer/CFSR Strategy Team Member
Beth Duke	Quality Assurance Analyst	Contributor/Reviewer/CFSR Strategy Team Member
Joshua Benjamin	Quality Assurance Analyst	Contributor/Reviewer/CFSR Strategy Team Member
Julie Rahsaan	Quality Assurance Analyst	Contributor/Reviewer/CFSR Strategy Team Member
Peter Sprengelmeyer	Office of Reporting, Research, Analytics, and Implementation, Director	Contributor/Reviewer/CFSR Strategy Team Member
Tiffany Lane	ODHS Business Operations Manager	CFSR Strategy Team Member
Jayne Cooper	Oregon Judicial Department, CIP Director	CFSR Strategy Team Member
Maria Gandarilla Ocampo	Chapin Hall	Technical Assistance
Leanne Heaton	Chapin Hall	Technical Assistance
Bill Stanton	Casey Family Programs	Technical Assistance
Kristine Monroe	The Capacity Building Center for States	Technical Assistance
Tabitha Pomeroy	The Capacity Building Center for States	Technical Assistance
Judy Rutan	The Capacity Building Center for States	Technical Assistance
Shainek Edmundson*	The Capacity Building Center for States	Technical Assistance

Name	Affiliation	Role in Statewide Assessment Process
Parent Advisory Council of Oregon		
Membership includes representatives from: - Morrison Child & Family Services – facilitator* - Marion and Polk Counties* - Washington County* - Columbia County* - Lincoln County* - Multnomah County* - Douglas County* - Clackamas County* - Klamath County* - Jackson County*		Consultation/guidance
ODHS ICWA Advisory Council		
Membership includes representatives from: - Burns Paiute Tribe - Conf. Tribes of Coos, Lower Umpqua and Siuslaw Indians - Confederated Tribes of Grand Ronde - Confederated Tribes of Siletz Indians - Confederated Tribes of the Umatilla Indian Reservation - Confederated Tribes of Warm Springs - Coquille Indian Tribe - Cow Creek Band of Umpqua Tribe of Indians - Klamath Tribes		Consultation/guidance
Child Welfare Advisory Committee		
Membership includes representatives from: - ODHS CW Leadership - ODHS Office of Developmental Disabilities - Oregon Health Authority - Our Children Oregon - Morrison Child & Family Services* - Oregon Alliance - Greater Albany Public Schools - Confederated Tribes of Grand Ronde - Salem Police - Coalition of Advocates for Equal Access for Girls* - Multnomah County - Court Appointed Special Advocate (CASA) - Oregon Child Abuse Solutions - Oregon Foster Youth Connection*		Consultation/guidance

Description of Partner Involvement in Statewide Assessment Process

Child and Family Services Review (CFSR) Strategy Team

Child Welfare (CW) implemented a CFSR Strategy Team in approximately August 2023. This team is comprised of internal and external partners from the Continuous Quality Improvement (CQI) team, Office of Program Integrity CFSR team, Federal Policy and Resources, ODHS Office of Tribal Affairs (OTA), Office of Reporting, Research and Analytics (ORRAI), the Oregon Department of Justice (DOJ), Juvenile Court Improvement Project (JCIP), The Capacity Building Center for States, Casey Family Programs, and Chapin Hall. The team meets twice monthly to review statewide assessment items, develop communication and partner engagement strategies and support CFSR review processes. This team will continue to meet through the CFSR reviews in fall 2024, and transition into Program Improvement Plan (PIP) development.

Established Partner Groups

Several members of the Strategy Team are also members of one or more key partner group with whom CW regularly collaborates. The team leveraged those relationships to coordinate opportunities to share Round 4 updates and solicit input for the Statewide Assessment. The partner group participants are listed in the table above.

During February and March 2024, Strategy Team members utilized CFSR Round 4 informational resources to support consistency in the information being shared with each partner group. A PowerPoint presentation provided a summary overview of CFSR, including the statewide assessment, case reviews, and partner interviews. Partners were introduced to the three CFSR outcomes and seven systemic factors. Each group was provided links to tools and resources developed by the Children's Bureau (CB) and The Capacity Building Center for States.

Focus Groups

Based on qualitative and quantitative analysis of state data gathered as part of the Statewide Assessment, Oregon determined a need for more data regarding several systemic factors. During June and July 2024, CW offered a total of 19 focus groups and one individual interview to solicit feedback from community partners and staff regarding several CFSR Round 4 items.

The table below shares the configuration of each group, the number or groups scheduled and the number of participants. Some focus groups included multiple participant groups and were divided into separate breakout sessions for discussion, which accounts for a total of 24 focus groups indicated in the table below.

CW made concerted efforts to recruit a deep pool of participants, however response was minimal across the board resulting in 5 of the focus groups being cancelled due to lack of registration. Recruitment strategies included attending community partner meetings/committees, developing a QR code to facilitate easy access to information, email blasts to several large CW and Oregon Judicial Department (OJD) listservs, recruitment through phone calls to Tribes and community partners, and leveraging local office relationships to engage community partners.

Email messaging was specific to each partner group and included the applicable CFSR Fact Sheet developed by the CB. Messages included summary information about upcoming focus groups and the various ways to participate. In addition to focus groups, people were offered the options of a one-on-one conversation in person or by phone.

A QR code was developed in an effort to build a database of community partners interested in participating in all three phases of CFSR Round 4: the Statewide Assessment, Children's Bureau (CB) interviews, and PIP development. This was an effective strategy, as that list has grown to approximately 200 people across all partner groups.

Child Welfare Office Manager Focus Group

The statewide team of CW Office managers meet monthly to discuss various topics related to the administration of CW in county offices. On May 23, 2024, the group dedicated a meeting to reviewing the CFSR Round 4 process and discussion regarding experiences and business processes related to placement data entry and notice of court hearings to resource parents and grandparents.

Focus Group Series

Between June 3 - 11, 2024, ODHS hosted a series of 16 focus groups:

- June 3rd, Service providers & family serving agencies
- June 3rd, Service providers & family serving agencies
- June 4th, Parents and young adults
- June 5th, Resource and adoptive parents
- June 5th, Judges
- June 5th, Resource and adoptive parents
- June 6th Tribes and Tribal Families
- June 6th, Legal partners
- June 7th, Tribes and Tribal families
- June 7th, Judges
- June 7th, Parents and young adults

- June 8th, Resource and adoptive parents
- June 8th, Tribal CW staff/administration
- June 8th, Parents and young adults
- June 11th, CW workforce
- June 11th, CW workforce

Additional Sessions

Due to lack of attendance from Tribal representatives during the first round of focus groups, an additional focus group was scheduled for June 12, 2024. The CFSR Strategy Team collaborated with OTA to develop a communication plan that included social media messaging, emails, and each of the statewide OTA analysts reaching out to Tribal contacts within their districts. Unfortunately, these efforts did not succeed in recruiting participants. Feedback from OTA suggests that Tribal representatives are fatigued by the number of requests for information and participation they receive from ODHS and other partners and feedback given in-person, not virtual, is preferred. Additionally, Tribal families involved with the CW system may not trust the system to be fair and equitable when discussing issues related to their CW involvement.

An additional focus group was scheduled for July 9, 2024, in hopes of connecting with more parents and young adults with lived experience, legal partners, and resource parents.

Attendance was low for this group as well. This additional group included two legal partners, one parent, and two young adults.

The CFSR Strategy Team is considering other options for soliciting feedback and participation for the next phases of Round 4.

Focus Group Participants

Role	Lived Experience	Number of Focus Groups[1]	Total Participants
Parents	X	4	1
Young adults	X	4	2
Tribal workforce and families	X	3	0
Resource and adoptive parents		4	3

[1] This column includes breakout sessions facilitated during the July 9, 2024, focus group and one individual interview.

Role	Lived Experience	Number of Focus Groups[1]	Total Participants
Legal partners		2	11 (internal), 7 (external)
Judges		2	3
Service providers		2	11
CW caseworkers		2	21
CW Office Managers		1	40

A total of 76 individuals participated in at least one of the focus groups or interviews. Once data was collected, thematic analysis was conducted to identify themes.

Theme highlights include:

- Family decision meetings should be after legal disposition of a case to ensure consensus on planning.
- Legal counsel should more consistently meet with parents prior to hearings.
- Families need individualized services and supports when children are served in home.
- Waitlists for services are too long (exacerbated by impacts of the pandemic).
- Resource parents struggle to find Medicaid medical providers (dentists).
- Rural areas do not have enough services.
- Families need help with transportation.
- Families need more culturally specific services, including language access.

Section II – State Context Affecting Overall Performance

Part 1: Vision and Tenets

ODHS Vision: Safety, health, and independence for all Oregonians.

ODHS Mission: To help Oregonians in their own communities achieve well-being and independence through opportunities that protect, empower, respect choice, and preserve dignity

In November 2020, Child Welfare leadership introduced the Child Welfare Vision for Transformation. The Vision for Transformation is the roadmap and compass to improve the Child Welfare Division and the greater Oregon child welfare system.

The Vision for Transformation is based on a set of beliefs and core values:

- We believe children and young adults do best when they grow up in their family.
- We value fairness, equity, inclusion, accessibility, diversity, and transparency in our work.
- We value the voices, experiences, cultures, intellect and uniqueness of the children and families we serve.
- We believe that communities often already have the wisdom and assets to provide safe, stable, and healthy lives for their children.
- We believe that Child Welfare needs to partner, listen to, and lift up community voices and their decision-making powers.
- We value building authentic relationships and being accountable to communities of color and other marginalized communities by elevating their voices and proactively engaging with individuals, families, and communities.
- We believe providing earlier, less-intrusive support for parents and families means more children can remain safe and healthy at home and in school.
- We believe families and communities working together in a more proactive, holistic way will allow ODHS and its partners to allocate resources where they have the greatest impact for children, young adults, parents, and families.
- We believe when families and communities are strong, fewer children experience abuse and neglect.

These beliefs and core values inform the Vision for Transformation's three guiding principles:

1. Supporting families and promoting prevention.
2. Enhancing our staff and infrastructure.
3. Enhancing the structure of our system by using data with continuous quality improvement.

More detailed information is provided in Part 3, Current Initiatives.

Part 2: Cross-System Challenges

Covid 19

The global pandemic had significant impacts on the workforce within Oregon's child welfare system, much like other child welfare systems nationwide. Many child welfare services transitioned to virtual spaces, leaving caseworkers to quickly adapt to virtual home visits, interviews, and court hearings. In Oregon, and across the nation, families faced difficulties accessing support services, such as mental health care, substance abuse treatment, and social services.

The pandemic exacerbated existing staffing issues related to high levels of on-the-job stress and burnout leading to staff turnover. The CW workforce faced a new remote work landscape, while managing health and safety protocols, a lack of childcare, and at-home instruction as schools were closed. Service providers experienced similar staffing challenges, particularly in mental health services and residential care, which limited services available and timely access to services for families and children in care.

Additionally, children and young adults served in residential treatment were not able to participate in transitional visits leading up to successful completion of a treatment stay. Consequently, children and young adults stayed longer in programs. For other children, reduced referrals and subsequent program closures led to a decrease in bed capacity for child caring facilities across the state. Additionally, workforce shortages delayed access to critical care.

Some of the emergency response activities implemented to address impacts to the child caring programs included, but are not limited to[2]:

- Funding for increased rates to staff at Psychiatric Residential Treatment Facilities (PRTFs); funds for childcare for residential care workers; facility enhancements; clinical supervision, and funds to address the workforce shortages.
- ODHS CW, Oregon Youth Authority (OYA) and Oregon Health Authority (OHA) Medicaid (supporting Behavior Rehabilitation Service) programs were provided COVID supplemental funding from April 2020 through June 30,2021. This COVID supplemental funding was resumed in October 2021 and was supported through the end of the June 2023.

[2] COVID-19 Pandemic Effects on Services for Children and Young Adults

- Behavioral Rehabilitation Services (BRS) providers also received a 10 percent rate increase for the calendar year 2021. This was followed by an additional 5 percent increase from January 2022-June 30, 2023.
- ODHS CW released more than 16 million dollars in relief funds to support hardships caused by the pandemic, including program staffing shortages (money spent to improve staff recruitment and retention).
- Oregon Health Authority implemented a 10 percent rate increase that applied to Psychiatric Residential Treatment Facility (PRTF) providers from July 2020 through June 2021, with an extension approved through December 2021.

CW's workforce adjusted schedules and work locations to best meet the needs of children and families during and post-pandemic transition. Staff have varying telecommuting/remote work agreements based on their specific role within the agency. Family meetings and other business can be conducted virtually, allowing parents, workers, attorneys, and providers increased accessibility to attend and simultaneously address transportation barriers for parents. Some counties continue to offer virtual review and permanency hearings while others conduct all court hearings in person.

While virtual spaces offer many benefits and inspired providers to be creative in their service provision, the result of the pandemic created some ongoing challenges in the transition to pre-pandemic norms. Services that were stalled or delayed due to the pandemic continue to experience waitlists as providers work to catch up. Many community partners and organizations are rebuilding resources to support a return to in-person events and gatherings, such as powwows in Tribal communities. Part of the rebuilding process involves addressing the community's readiness to participate in large gatherings or in person gatherings in general. The community's concern of exposure to COVID-19 continues to limit some individuals from engaging with services in the community.

Part 3: Current Initiatives

Vision for Transformation

Child Welfare (CW) has made significant progress in improving and prioritizing agency culture led by the CW Vision for Transformation. CW continues making significant progress toward the actualization of each of the Vision for Transformation guiding principles.

Guiding Principle 1: Supporting families and promoting prevention

- In March 2022, CW launched family preservation demonstration sites in three geographically diverse districts: Multnomah (Alberta branch office), Douglas, and Klamath

counties. In March 2023, demonstration sites were expanded to include Multnomah (Gresham branch office), Washington, Polk, Coos, Curry, Jackson, and Josephine Counties. These sites serve as models for family preservation, keeping children safely at home by connecting families to services, resources, and supports to prevent additional maltreatment. The number of children and young adults in foster care continued to decrease in 2022 — from 7,000 children in early 2020 to less than 5,000 by late 2022.

- Funding was secured to support culturally specific services and fill gaps for families, such as home visiting services and substance use disorder and mental health treatment.
- The Youth Transitions Program was enhanced to better serve young adults transitioning from foster care into adulthood. The Program redesigned their contract structure, and are meeting with providers quarterly to receive feedback, incorporate changes, and utilize the information to continue to inform the program structure.
- ODHS Self-Sufficiency Programs and Child Welfare co-managed more cases. This collaboration helped keep children and young adults safely in their homes and decreased the length of Child Welfare involvement with families.

Guiding Principle 2: Enhancing our staff and infrastructure

- In 2017, ODHS initiated an organizational culture initiative entitled Resilience in Support of Equity (RiSE) that focuses on 6 core elements including 1) safety, well-being and belonging, 2) honor and value each other, 3) equitable treatment and racial justice, 4) collective responsibility and growth, 5) meaningful participation and shared power, and 6) interconnected communities.
- The youth, staff and community partner Racial Equity and Social Justice Review (RESJ) Committee finalized the CW Racial Equity and Social Justice Tool. The tool is used as an equity impact analysis tool for new policies and initiatives.
- Resource family mentoring and support groups launched to help parents support children and young adults who identify as LGBTQIA2S+ through the KEEP Program expansion.
- Resource Family Champions are dedicated to recruiting and retaining resource families and developing recruitment action plans that build targeted campaigns in local communities. Recruitment activities throughout the state also focused on attracting LGBTQIA2S+ affirming families as well as diverse families representing the unique needs of children and young adults in each district.
- A Caseload Dashboard was introduced to help program leaders determine more standardized caseloads based on metrics for assignments and work.
- The new Resource and Adoptive Family Training (RAFT) launched statewide. RAFT is designed to meet the needs of prospective resource parents, relative resource parents and pre-adoptive parents.

- CW launched critical incident stress management (CISM) support sessions and worked closely with the ODHS Trauma Aware team to support CW staff experiencing stress or trauma in 2022.

Guiding Principle 3: Enhancing the structure of our system by using data with continuous quality improvement

- The Continuous Quality Improvement (CQI) program was launched across the state with community involvement and equity principles as its cornerstone. It was designed to integrate data informed CQI processes into the delivery system to improve child and family outcomes. CQI also integrates federal measurements into its data framework for consistency with CFSR reviews.
- CQI committee members review the CQI action plans and provide recommendations for the plans, specifically reviewing each step to ensure equity has been considered. Many of its members have lived experience with the CW system.
- The Permanency, Certification and Child Protective Services Programs used data to continuously strengthen services to children and families by conducting quality assurance (QA) reviews every six months in every district across the state. Local office staff are directly involved in these reviews, which increases their interest and understanding of quality assurance tools. It also promotes transparency and action planning for areas needing improvements.
- Data collection practices were initiated in 2021 to identify problems causing children to be at risk of disrupted placements and it supported efforts to prevent temporary lodging in 2022.
- Throughout 2022, CW focused on improving engagement with parents to better understand and meet their needs. Many local offices chose quantity and quality of face- to-face contact with parents as their lead measure for their CQI cycle.
- The Oregon Child Abuse Hotline used strategies that improved customer service, using CQI measurements and techniques. This resulted in shorter wait times for people calling and fewer people hanging up while waiting for the hotline to answer.

Equity and Anti-Racism

In 2021 CW began collaborating with system partners to design the Racial Equity and Social Justice (RESJ) tool. The RESJ tool was designed to ensure that community voice, equitable language, and accessibility are prioritized in the development of rules, policies/procedures, and forms. The RESJ tool was implemented in October 2022 and incorporated into the Policy Unit's processes for reviewing new rules and procedure.

In 2023, the Equity, Training, and Workforce Development Program partnered with the Policy Unit to run a continuous quality improvement cycle on the Racial Equity and Social Justice (RESJ) tool. The tool was introduced in 2021 and used in various formats to review rule, policy, procedure, and form changes for equity considerations during the internal Policy Unit process at CW.

In summer 2023, the team received feedback from the different groups surrounding that process: staff and subject matter experts at CW often drafted the proposed changes and gathered information to answer the questions the RESJ tool raised; the individuals who sat on the RESJ committee who reviewed the tool; the individuals with lived experience who contributed to the creation of the tool or reviews of various proposed policy changes; the Policy Unit staff who provided consultation and assistance to the individuals on all sides of the process, and others.

With that feedback and the ongoing participation of RESJ committee members representing local office staff and those with lived experience, the RESJ tool was revised and is now a more flexible tool that can be adapted to help staff consider equity in a variety of situations. There is now more clarity about when staff should expect completion and formal committee review to be required as a part of a rule, policy, or procedure change, and how to prepare for that process.

The Equity Team is collaborating with the CW Policy Unit to contract for a full equity-focused review of all current CW's administrative rule, policy, and procedure. In fall 2023 CW posted a Request for Information and received responses that provided enough information for us to develop a Request for Proposal in 2024. The goal is that such a review, completed by an external entity, will help CW identify what parts of the system contribute to disparate outcomes for children and families based on race, ethnicity, SOGIE (Sexual Orientation and Gender Identity/Expression), or other factors, and make recommendations for change.

Family Preservation

Oregon was one of the first states to have an approved five-year Title IV-E Prevention Services plan, with federal partner approval on April 1, 2021. CW immediately began developing a preservation model that equitably serves children and families in their homes and communities, to create the infrastructure for Family First Prevention Services Act (FFPSA)-funded services to be administered while children and young adults are safely being served in their homes.

Through collaboration with community partners, individuals with lived experience, Tribes, and Self Sufficiency Programs, Family Preservation supports families by meeting needs to increase family stability and well-being.

CW is amending its Title IV-E Family First Prevention Services Plan, a process that will allow expansion of how federal funds can be used in Oregon to support prevention and preservation efforts. CW has established a Family First Design Team, comprised of a combination of

professionals with expertise in CW and equally represented members of communities disproportionately impacted and people with lived experience. The workgroup plans to meet over the course of the next year to help define Oregon's amendment to the Family First Prevention Services Plan. This includes a review of potential target populations, candidacy requirements, evidence-based models, and pathways to services. CW values the participation of community partners in the development of these amendments and will continue reaching out to community partners, the Nine Federally Recognized Tribes of Oregon, and individuals with lived experience.

Family Preservation is a co-created approach to shifting agency practice and actualizing CW's Vision for Transformation and Self Sufficiency Program's (SSP) Vision in Action. In early 2021, members of the Nine Federally Recognized Tribes of Oregon, parents who have had their children removed by CW, young adults who have experienced foster care, CW and SSP leadership, and staff came together to develop the initial design and theory for implementing Family Preservation. More information regarding the theory of change and long-term planning for Family Preservation can be found in Appendix 02.

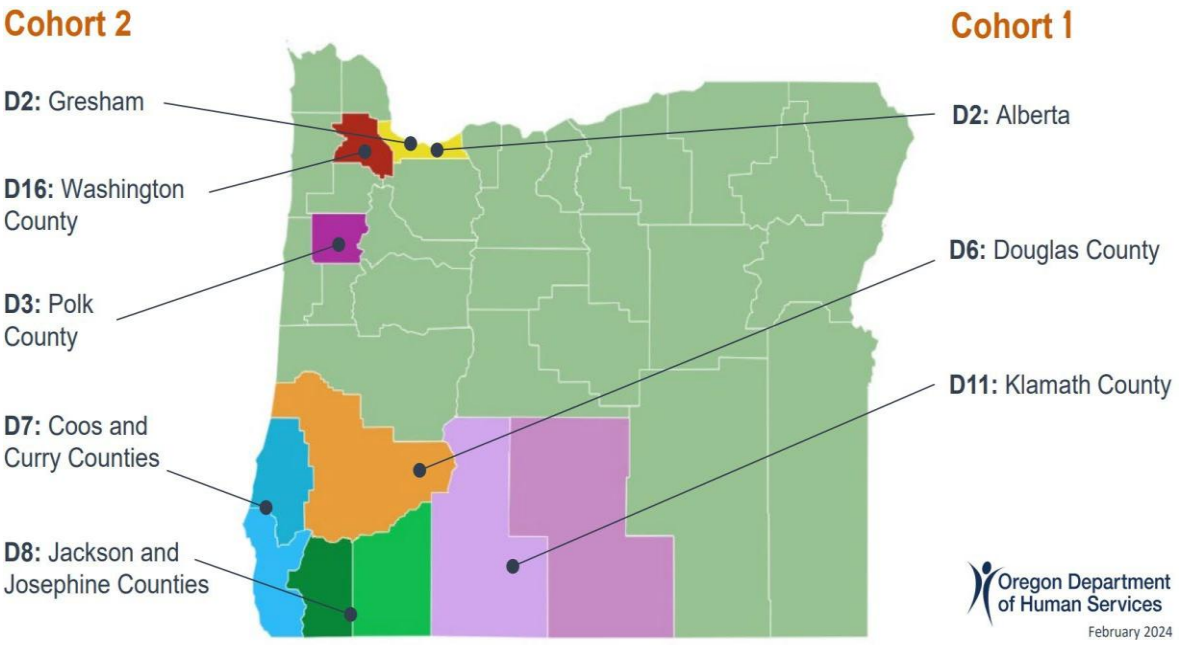
CW introduced Family Preservation demonstration sites to innovate and learn how to better serve families in their communities.

Cohort 1 (March 2022):

- Alberta Branch in Multnomah County
- Douglas County
- Klamath County

Cohort 2 (March 2023):

- Gresham Branch in Multnomah County
- Washington County
- Polk County
- Coos & Curry Counties
- Jackson & Josephine Counties



Oregon Indian Child Welfare Act (ORICWA)

ORICWA was passed in July 2020, demonstrating Oregon's commitment to honor Tribal sovereignty. The law builds upon the ICWA of 1978 by incorporating and expanding its provisions to ensure stronger protections for Indian children and families in Oregon. The federal law was challenged in Haaland vs. Brackeen and upheld by the Supreme Court of the United States in June 2023. Some of the key Oregon-specific enhancements include: a clearer definition of "active efforts", safeguards to ensure that placement preferences are consistently applied, clearer guidance on the transfer of cases to Tribal courts, a mandate that Tribes be included at the earliest stages of a CW case, and cultural considerations to be incorporated into the decision-making process, ensuring that the cultural, social, and spiritual needs of Indian children are prioritized.

CW leadership is invested in having difficult conversations regarding the systemic issues impacting the full and integrated implementation of ORICWA. In collaboration with OTA, CW identified a national CW expert to assist Oregon with an assessment of current program strengths and challenges impacting the implementation of ORICWA. The assessment found that although program staff and leadership are in support of ORICWA, there is a lack of clarity regarding roles and responsibilities between CW and OTA. An ORICWA Exec Sponsor Team was formed to promote collaboration and oversee the planning and implementation of recommendations made by the ORICWA Assessment. Several workgroups started in April 2024 to integrate ORICWA into all CW training components and develop measurable goals and objectives.

Data Sources – Qualitative and Quantitative

Administrative Data Reports

System-generated data were used to determine some key performance metrics specific to the systemic factors. Report parameters vary by the type of report used and may provide aggregate data, monthly snapshot data, or live data.

Oregon Circuit Courts-Juvenile Dependency Statistics

The court performance measures found on the Juvenile Dependency Statistics[3] dashboard were selected based on guidance from the Federal Court Improvement Program and developed by the Oregon Judicial Department, Juvenile Court Improvement Project. These measures support the assessment of the effectiveness of Oregon's CW system.

Statewide Quality Assurance Data

Quality assurance reviews are facilitated on a periodic basis and are referenced throughout this report. More detail regarding the parameters of each of the following reviews can be referenced in Section IV/Quality Assurance Systems:

- Onsite Review Instrument (OSRI)
- Safety Program Reviews
- Foster Care/Structured Analysis Family Evaluation (SAFE) Home Study Reviews
- Child Fatality Prevention and Review
- Permanency Reviews/Family Meetings
- Safety Program Review/Safety Model
- Treatment Services Reviews
- ORCAH QA Reviews
- Critical Incident Review Team and safe system mapping

Oregon Administrative Rule

https://secure.sos.state.or.us/oard/ruleSearch

[3] Juvenile Dependency Statistics

Child Welfare Procedure Manual

https://www.oregon.gov/odhs/rules-policy/Documents/cw-procedure-manual.pdf

Child Welfare ROM Reports (public)

https://www.oregon.gov/odhs/data/Pages/cw-data.aspx

- (Federal CFSR Round 4) Re-Entry to Foster Care
- SA.01 (Fed) Maltreatment in Foster Care
- SA.02 (Fed) Recurrence of Maltreatment
- PA.01 (Fed) Permanency in 12 Months
- PA.02 (Fed) Permanency in 12 Months for Children in Foster Care 12 to 23 Mo
- PA.03 (Fed) Permanency in 12 Months for Children in Foster Care 24 Mo or More
- PA.05 (Fed) Placement Stability

Oregon Federal Reports

- 2025 APSR
- 2025-2029 CFSP
- Annual Advance Planning Document (APD) Project 1 & Project 2 (Funding Cycle October 2024-September 2025)

Oregon Child Welfare Review Assessment Findings Report (Public Knowledge, Dec. 2023)

https://www.oregon.gov/odhs/data/cwdata/cw-assessment-findings-report-2023.pdf

Meeting minutes, Workgroup Reports and Plans

- Action Plans from CQI Sites
- ICWA Advisory Council
- CFSR Strategy Team

Section III – Assessment of Child and Family Outcomes

Safety

Safety Outcomes 1 and 2:

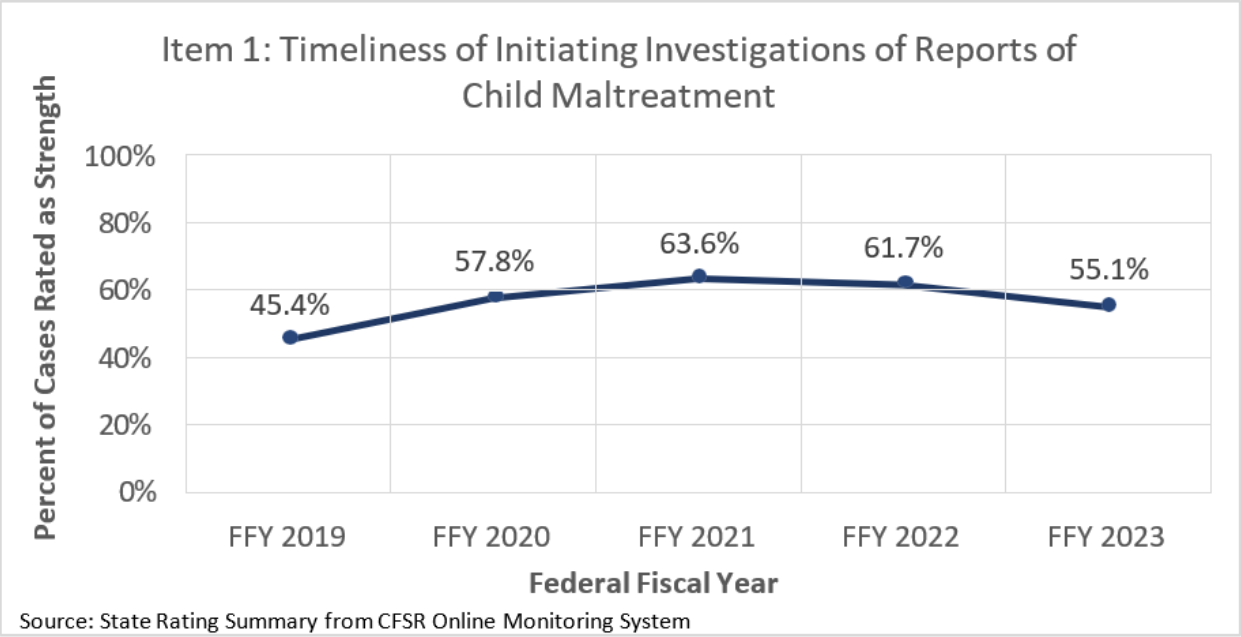
- Children are, first and foremost, protected from abuse and neglect.
- Children are safely maintained in their homes whenever possible and appropriate.

Safety Outcome 1: Children are, First and Foremost, Protected from Abuse and Neglect

Timeliness of initial contact

Oregon has struggled to increase timeliness of initial contact within timelines required by agency policy. In Oregon, the Oregon Child Abuse Hotline (ORCAH) implemented the Structured Decision Making (SDM) Screening and Response Time Assessment tool to determine the screening decision and response time. Screening decision options are to assign, close at screening, or create documentation on an open case and notify assigned worker(s). Child protective services (CPS) workers respond to assigned reports of child abuse within one of three possible timelines based on the application of the criteria from the SDM tool to the information provided by the reporter: 24-hours, 72-hours, or 10-business days.





Oregon Child Abuse Hotline (ORCAH)

The Oregon Child Abuse Hotline (ORCAH) is a 24/7 centralized operation that handles all reports of suspected child abuse for the state. It has been over five years since ORCAH centralized all the various reporting systems in the state. It is currently in the maintenance stage, with internal training and continuous quality improvement structures to ensure it maintains a high level of service. Please see ORCAH Annual Report 2023 (Appendix 03) for a full description of its operation, initiatives, and performance measures.

ORCAH affects performance on Item 1 directly through one of its Key Performance Indicators, timely referral to CPS. When a report meets the criteria for assignment to a CPS worker for assessment, screeners are required to assign the report within ten hours. If the report required a 24-hour response time, they are required to assign the report "immediately." Though "immediately" is not defined, ORCAH's goal remains aligned with the pre-centralization goal of assigning it within three hours of receiving the report.

As shown on page 18 of the Oregon Child Abuse Hotline Annual Report for 2023, ORCAH met the overall ten-hour requirement 88% of the time in calendar year 2023. The ORCAH Quarterly Report for Q4 2023 breaks down the timeliness of assignment by month and includes three- hour and ten-hour detail. Overall, timeliness of assignment has been holding steady over the past year at just under 90%.

Child Safety Program

CW Safety Program Consultants work closely with local office staff and managers to develop strategies and action plans to increase the timeliness of initial contacts and quality of ongoing contacts to improve child safety outcomes.

CW Safety Program Consultants review data related to timeliness of assessments monthly.

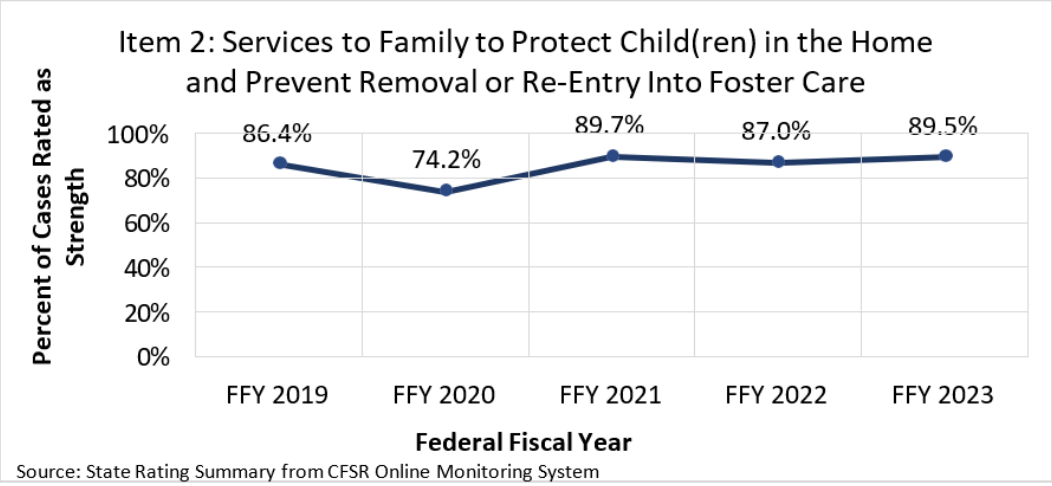
Consultants are using the closely related Results Oriented Management (ROM) data measure of timeliness to initial contact to track progress at the local office level in real time.

Consultants observed that entering case notes regarding initial attempts or actual contact with a family on the same day the contact occurred is critical to ensuring they are documented timely and accurately, and with enough information for the qualitative review that the CFSR requires. Workload demands often require CPS workers to prioritize other work over entering complex narratives into the electronic case record day-to-day. Consultants have worked with local offices to provide support with workload prioritization, narrative reviews, and one-to-one narrative writing support to staff. Timeliness to initial contact and timely completion of assessments are tightly linked, for this reason Safety Consultants develop strategies that overlap between these two goals.

CW leadership and Safety Program partnered with the Office of Reporting, Research Analytics, and Implementation (ORRAI) to develop the CW Executive Leadership Dashboard. This dashboard provides statewide data that managers can use to filter CPS reports received and open assessments by date, county of origin, branch, supervisor and worker. This information offers managers the opportunity to track trends and develop more focused strategies.

Safety Outcome 2: Children are Safely Maintained in Their Homes Whenever Possible and Appropriate

Children Served in Home



Source: State Rating Summary from CFSR Online Monitoring System

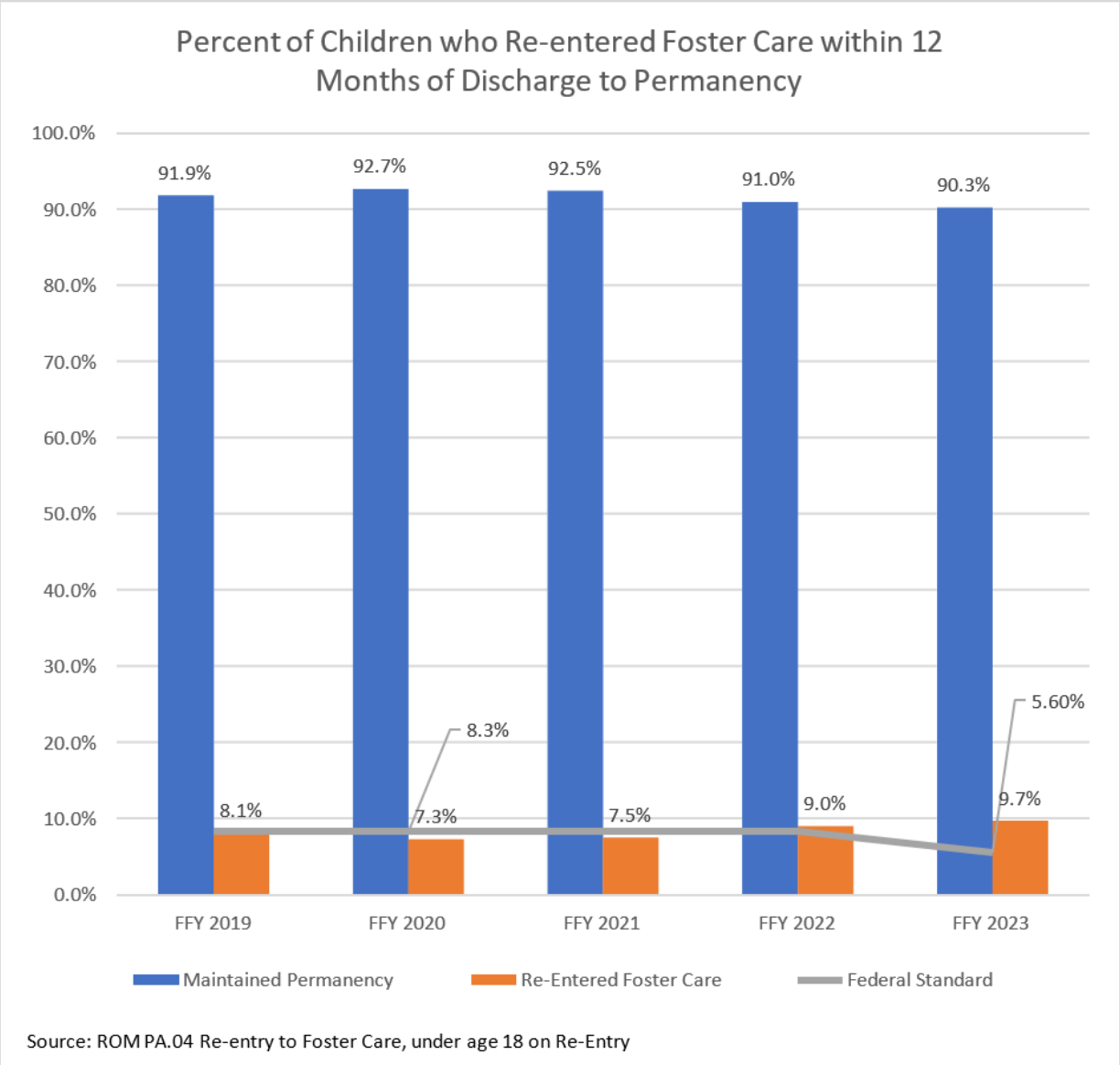
Item 2 measures how well caseworkers are working to keep children safely at home with supports whenever possible, including after they return home and then may face re-entry. Caseworkers are expected to focus on family engagement, strengthening and building the family's team and natural supports, and getting parents or children into services designed to support the family as quickly as possible.

ROM IC.01-Count of Children Served In Home, provides the count of all children on an in-home caseload (bars on graph) and those children exiting or entering (lines on graph) over time. The numbers on the right side of graph are the counts of entries and exits. All In-Home data shown is under the definition of Children Served in Home that was implemented in December 2016. Children Served In Home accounts for children with an open case plan or active protective action or active safety plan. Children served in home must not have a placement service open and their safety can be managed while in their parent(s) care.

The shift in data for February/March 2023 can be attributed to changes in data entry processes during the launch of Family Preservation cohort 2 sites in two large counties.

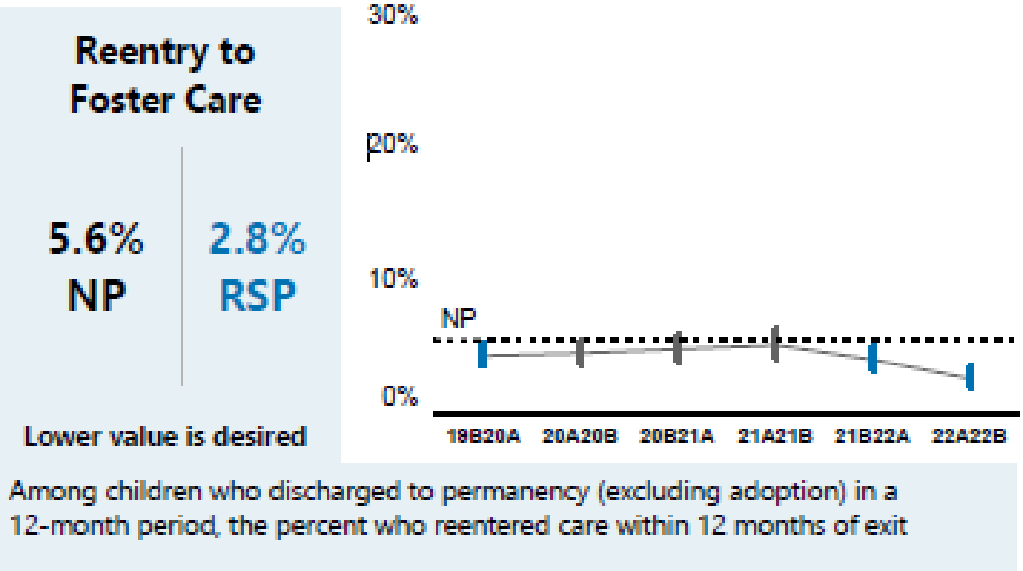
The following bodies of work are anticipated to positively impact this measure:

- Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities (Pages 10-15 of Appendix 04).
- Developing Oregon's Family Preservation Approach (Appendix 02).
- Local office efforts to improve the quality of safety plans (see Quality Assurance System section below).



ROM PA.04 shows the percent of children who re-entered foster care within 12 months of exiting to permanency. The federal standard through FFY 2022 was 8.3%; it dropped to 5.6% in FFY 2023.

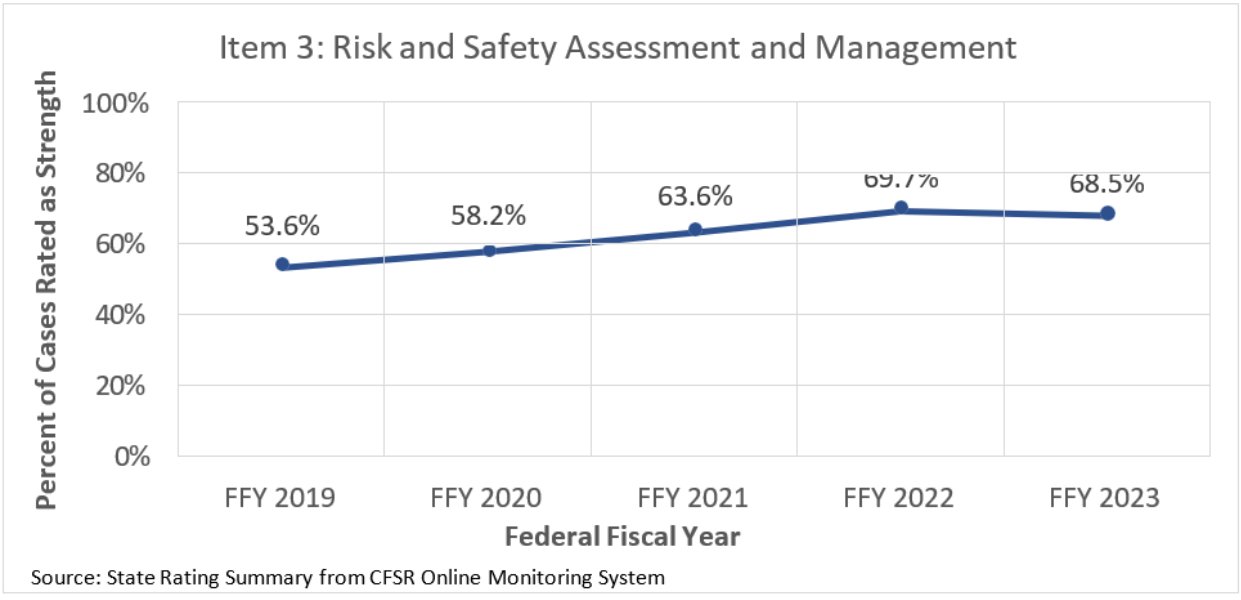
Oregon's context data indicates that children under the age of one are re-entering at a higher rate than in the past. We anticipate that the work described below on accuracy and sufficiency of ongoing safety plans and face to face contact with parents will have positive effects on this lag measure.



OMS data for Item 2 (above) indicates a continued strength in providing services to prevent removal or reentry of a child into foster care. In FFY 2023, CW saw an increased strength to 89.5% for cases reviewed. The national standard through FFY 2022 was 8.3%, which dropped to 5.6% in FFY 2023.

Oregon's supplemental context data indicates that children under the age of one are re-entering care at a higher rate than in the prior year (2021). However, re-entry for this age group remains notably lower than in 2020. Re-entry rates for all other age groups either remained stable or were reduced during 2022.

CW believes the work described in section *Local Office CQI Initiatives* under systemic factor Quality Assurance System will support progress on this measure.

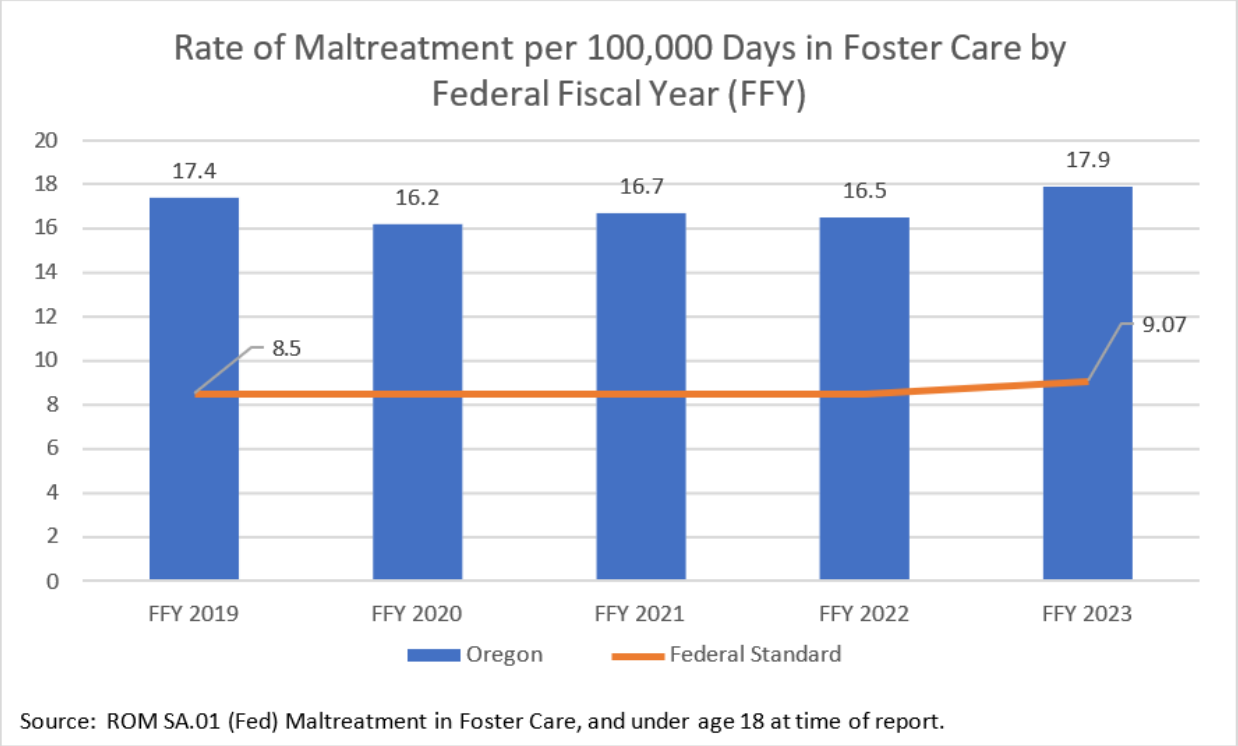


Information regarding local office CQI efforts to improve the timeliness and quality of initial and ongoing safety plans can be found under Quality Assurance System, Item 25 of this report.

Across the state, the Child Fatality Prevention and Review Program (CFPRP) leads work on several initiatives to improve child safety, as described in the Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities (Appendix 04):

- YouthSAVE Training
- Question, Persuade, Refer (QPR) Training
- Garrett Lee Smith grant (provides handgun and medication lockboxes for families
- Assessing Patterns of Neglect Training

The Child Safety Program has partnered with the Morrison Child and Family Services, a Parent Mentor Program to enhance the quality of safety plans through review and feedback by individuals with lived experience. Parents with lived experience offer a unique and empathetic perspective to safety planning. Their insights can help bridge the gap between workers and families, making the process more collaborative.



Source: ROM SA.01 (Fed) Maltreatment in Foster Care, and under age 18 at time of report.

ROM SA.01 measures the rate of maltreatment per 100,000 days in foster care by Federal fiscal year. This measure is designed to identify how often children experience maltreatment from their caregiver (parent or resource family) or another third party while they are in the care and custody of the CW agency. Oregon's maltreatment data is unique in several ways that complicate

interpretation of the data. It also contributes to the high numbers seen here compared to the national standard.

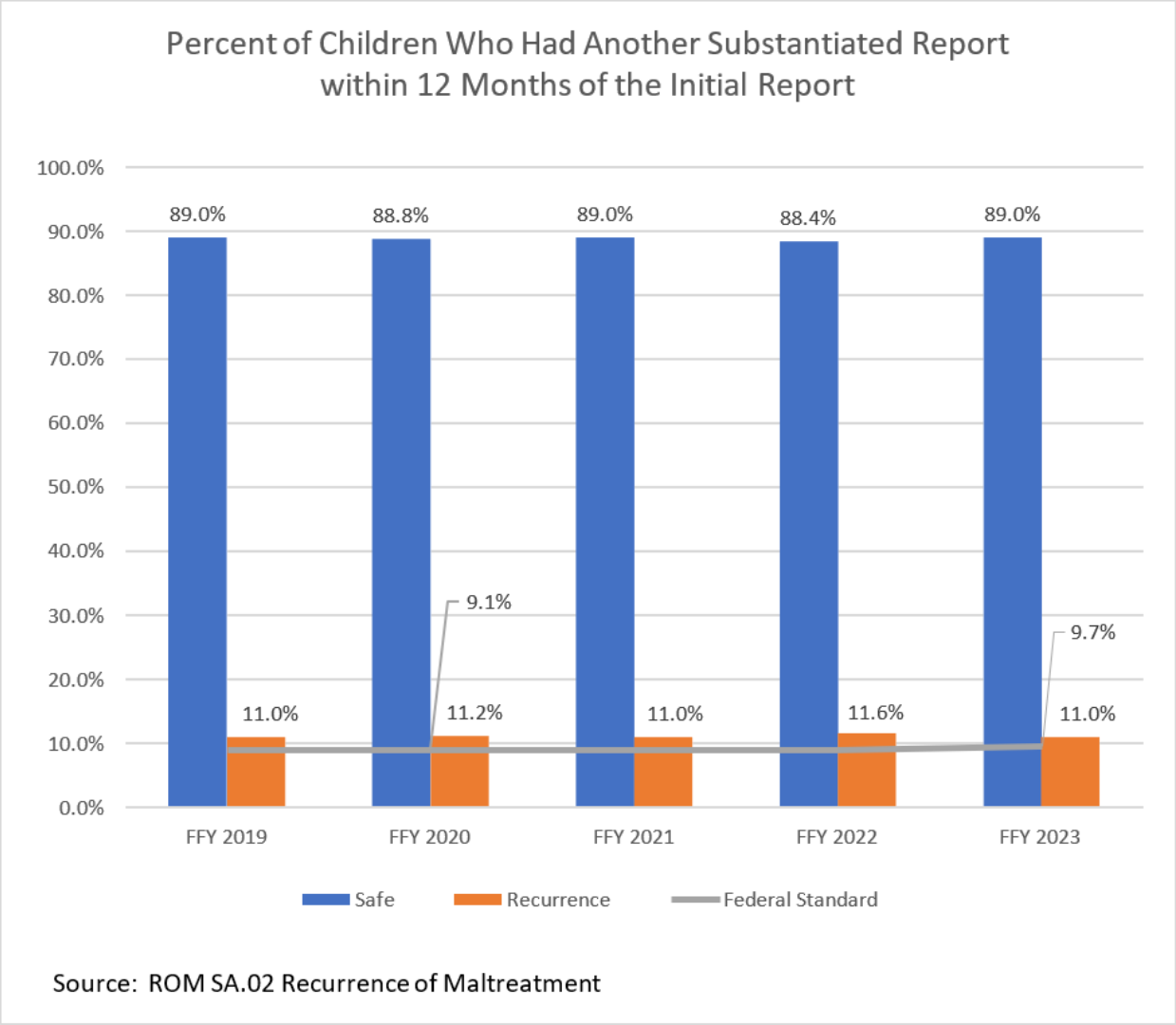
First, Oregon is the only jurisdiction in the country that does not limit child abuse and neglect investigations to parents and caregivers. The data shown in SA.01 includes maltreatment of children by individuals who are "third parties", a person who is not the alleged victim's parent, caregiver, guardian, or other member of the alleged victim's household, and who is not responsible for the alleged victim's care, custody, and control.

Second, Oregon tracks maltreatment data by the date it occurred (the "incident date"). When the incident date is unknown the incident is tracked by the date it was reported. This can result in duplicate reports regarding the same incident as children share information about historical maltreatment while in foster care or inflate the number due to historical maltreatment while they were not in foster care.

Third, Oregon is one of the only states in the country that uses six months of trial reunification for most children or young adults who return to their parent(s)[4]. This impacts maltreatment in care rates because those trial home visits are extensions of the foster care episode. When a trial reunification disrupts and a child or young adult returns to an out of home placement, this is included in the maltreatment in care data.

CW is working internally and in collaboration with the Capacity Building Center for States and the Children's Bureau to break down the data and better understand what portion represents the intended scope: children who experience maltreatment by a parent or primary caregiver while in CW's custody. We also expect the work described above on the quality and frequency of safety plans to impact these rates positively. There is also a legislatively mandated workgroup that is examining definitions of allegations of abuse, as well as who should be the subject of abuse investigations. That group will make recommendations for statutory changes. This is also expected to impact these rates positively.

[4] Oregon does not have a mandatory period of six months for trial home visits, but the usual business process is to enter a trial reunification service type and leave it open for six months unless the court terminates wardship earlier. As a result, Oregon's trial home visit numbers are high compared to other states.



ROM SA.02 (above) measures the rate at which children experience another substantiated report within 12 months of the initial report. This data is an indicator of how safe children are within the first year after the initial report of maltreatment. The national standard (gray line) applies to the recurrence percentage, seen in the orange bars. Oregon has held steady performance on this measure, even during the pandemic. As previously noted, the majority of local offices are working on the quality of ongoing safety plans to improve child safety and performance on this lag measure.

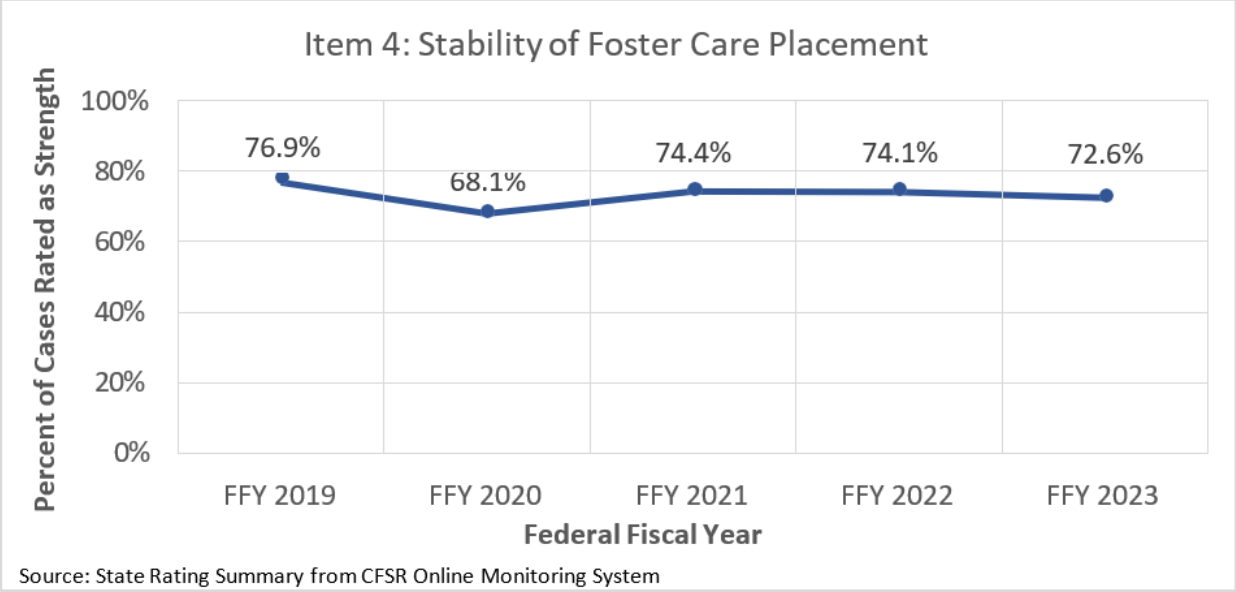
Permanency

Permanency Outcomes 1 and 2:

- Children have permanency and stability in their living situations.
- The continuity of family relationships and connections is preserved for children.

Permanency Outcome 1: Children Have Permanency and Stability in their Living Situations

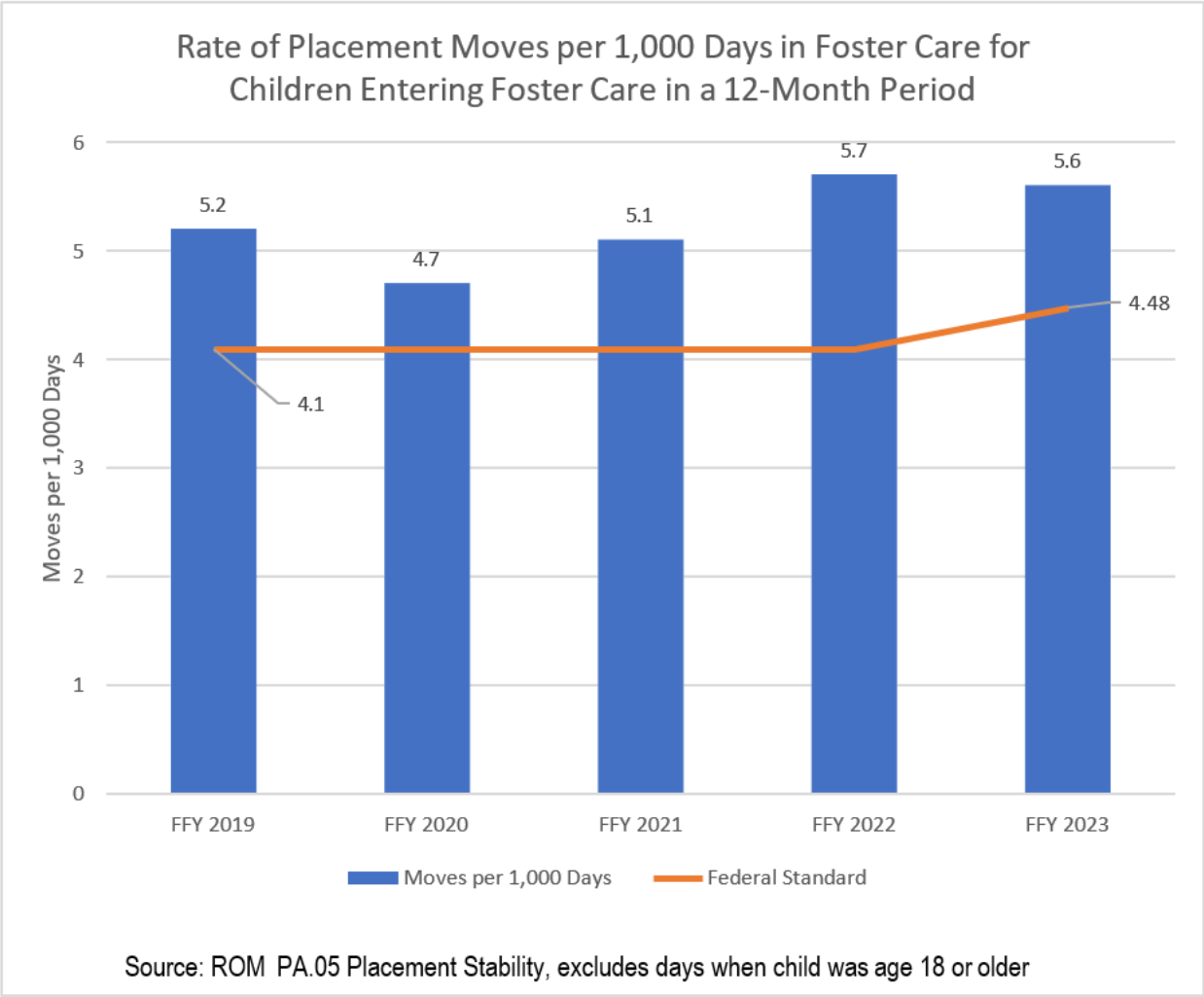
Placement Stability



Marion County, one of three counties in District 3, is focusing on the lead measure of placement stability. Caseworkers work to ensure that a child's placement is stable and is consistent with achieving the child's permanency goal(s). Ideally, a child would only experience one placement setting. If a child requires a placement change, that change should be based on the needs of the child and/or to promote permanency achievement. The current focus of Marion County's action plan is to improve the use of Supervision Plans. When children come into foster care, they are given a Child and Adolescent Needs and Strengths assessment. The tool identifies, among other things, whether a child needs a higher level of supervision to meet their unique needs. If that higher level of supervision is necessary, the caseworker is required to write a Supervision Plan that is provided to the resource family.

Marion County's Action Plan is focused on ensuring that Supervision Plans are created when they are needed (not when they are unnecessary), and that they are written in clear language that is useful to the resource family. The hypothesis is that a clear Supervision Plan written to support the resource family and the child can be a useful tool in maintaining placement stability.

Oregon was selected for a national pilot project to make it easier for relatives to care for children when they cannot remain with their parents.



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

ROM PA.05 shows the rate of placement moves per 1,000 days in foster care for children entering foster care in a 12-month period. The federal standard was 4.1 moves per 1,000 days through FFY 2022 and raised slightly to 4.48 moves in FFY 2023, as child welfare agencies across the United States face placement stability issues.

In Oregon, supplemental context data shows that older children (ages 11-16, and to a lesser extent, 17-18) are experiencing a higher rate of placement instability, particularly children who have complex mental and behavioral health needs.

CW is concerned and focused on identifying the issues leading to placement instability for children in foster care. There are concerted and ongoing efforts to recruit a deep pool of resource parents so that when children do come into care, they are well-matched with a family that meets their cultural, emotional, and behavioral needs. As described in Item 35 of this report, Resource Family

Retention Recruitment Champions work with local CW offices and their communities to develop recruitment plans using data and customer service focused strategies for a community-wide, family-centered approach to caring for children and young people in their communities. CW provides a variety of training and information resources about the process of becoming/being a resource parent, the expectations the agency holds about the role of a resource parent, and topic specific trainings related to caring for specific needs of children experiencing foster care. Specific efforts include education and training for prospective resource parents, current resource parents, and CW workforce to instill understanding and support for children in the process of exploring their identity. Legislative efforts, such as Senate Bill 209, which passed and was signed into law, effective January 1, 2024, prohibits the disclosure of a child or young adults records pertaining to sexual orientation, gender identity or gender expression (SOGIE), without their consent.

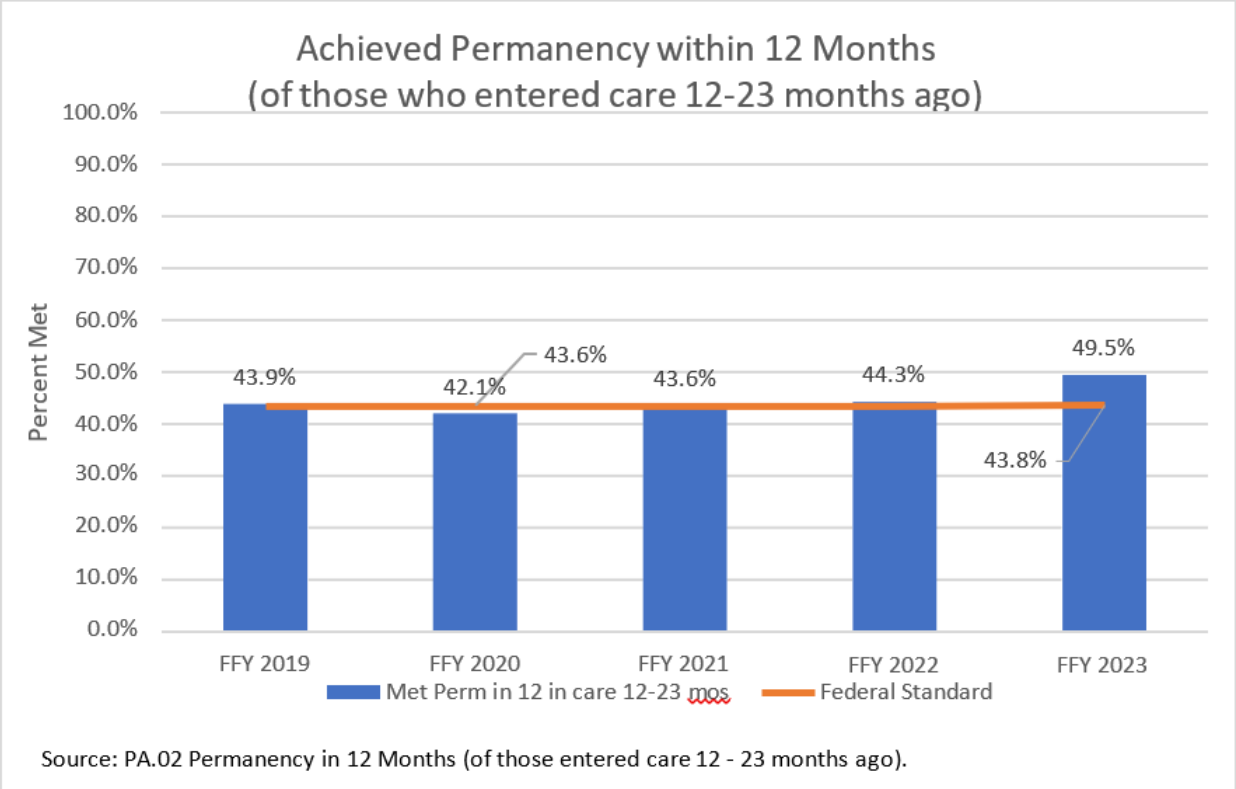
However, CW understands that the quantity of placement resources is not the only factor in addressing placement stability. When resource parents are well-supported, they are more likely to continue fostering. Likewise, when a child feels supported in the resource home, the child is more likely to stabilize within their placement. Retaining experienced resource families ensures a stable pool of knowledgeable caregivers. CW has implemented a number of programs focused on supporting resource families. These include:

- A Certified Respite Care program provides much needed respite for resource parents.
- Foster Parent Night Out (FPNO) is sponsored by Every Child and offers once monthly events and activities for foster children to provide respite for resource parents.
- Response & Support Network (RSN) is a support service that provides crisis support in the resource family home.
- KEEP is an evidence-based support and skill enhancement program available to resource families.

CW also understands that a significant factor in supporting resource families is the relationship with CW staff. Exit interviews and national data demonstrate that interactions with child welfare were the most commonly cited factors affecting resource family retention. With this in mind, CW is developing customer services focused training, Using Customer Service Concepts to Enhance Resource Family Retention and Recruitment. The training is anticipated to launch in fall 2024 and includes five, 30–40-minute modules for all CW staff and managers. ODHS continues to struggle to find stable placements for a small population of children who have complex behavioral and emotional needs. As is the case for a number of states, ODHS continues to utilize Temporary Lodging in hotels for children without available placements in approved resource homes or therapeutic residential settings. This practice led to a court monitored settlement agreement in 2018. Despite best efforts and ongoing investment in services and supports, Oregon was deemed

to be not in compliance with the terms of the settlement agreement. The court acknowledged that ODHS has faced challenges, the national pandemic being a significant factor. The court ordered an outside expert to serve as a special master to make specific recommendations to the court. ODHS entered into a one-year contract with Dr. Marty Beyer. Dr. Beyer's report makes 15 recommendations for system change across several child caring agencies and systems.[5] CW is working on actionable strategies to address the recommendation that there be a "3rd placement alarm" anytime a child enters a 3rd placement. The "alarm" would engage a branch level interagency committee to review the child's circumstances and develop plans for placement stability.

CW is committed to collaborating with partners across many child and family serving systems to expand services, both for therapeutic placements and to meet children's needs in family foster homes. The CW Treatment Services Program has created a number of successful pilots and unique contracts similar to some of the recommendations made in Dr. Beyer's report.

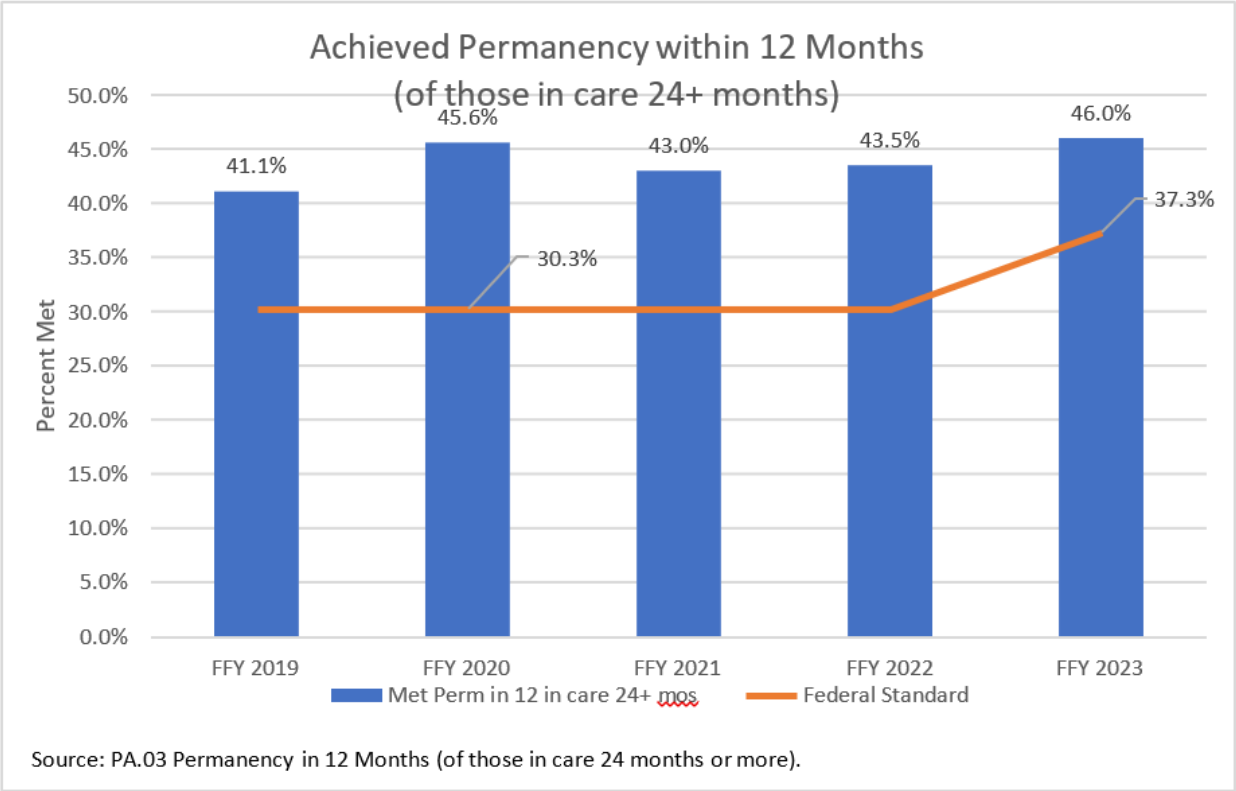


PA.02 answers the question: for children who have been in care for 12-23 months, what percent will have permanency by the end of the year? This cohort of children achieved permanency

[5] Report of the Special Master CASA for Children, et al. v. State of Oregon et al. United States District Court for the District of Oregon Case No. 3:16-cv-018195-YY

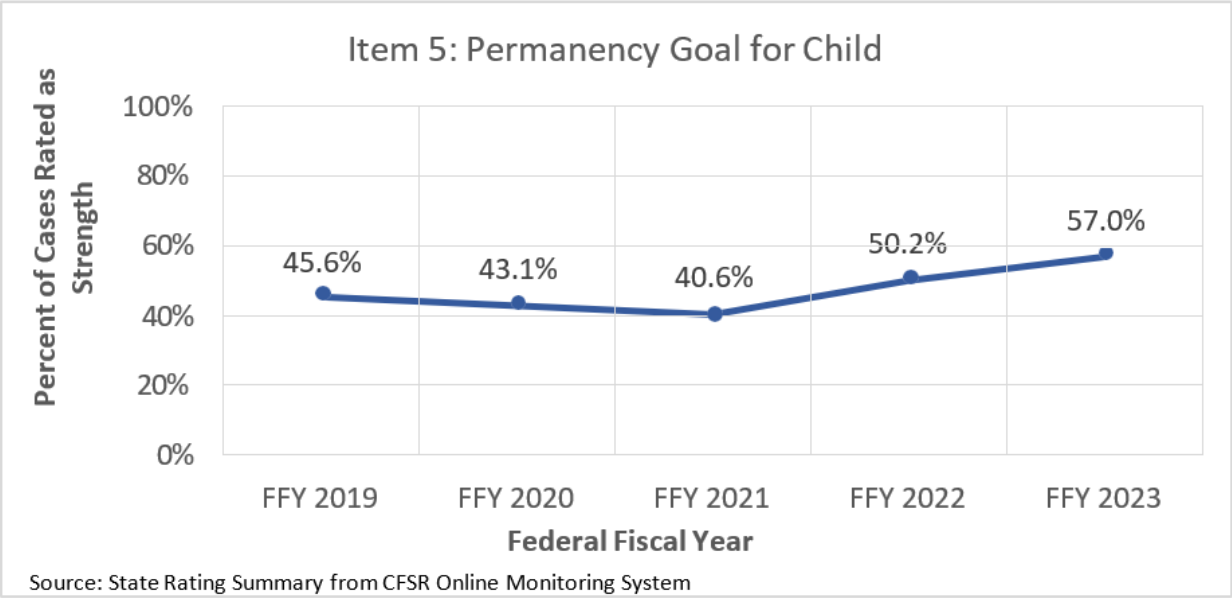
between their second and third year in care. National performance remained steady: the federal standard shifted only slightly for CFSR Round 4.

CW's performance on this measure was consistent with the national standard during the first four years of this reporting cycle. Over the last fiscal year, CW saw a five percent increase in achieving permanency for children in this cohort. Statewide context data indicates that Oregon saw a ten percent increase in children aged one to five in this cohort (age is determined based on when the child entered foster care), while all age groups saw a slight increase in children exiting foster care.



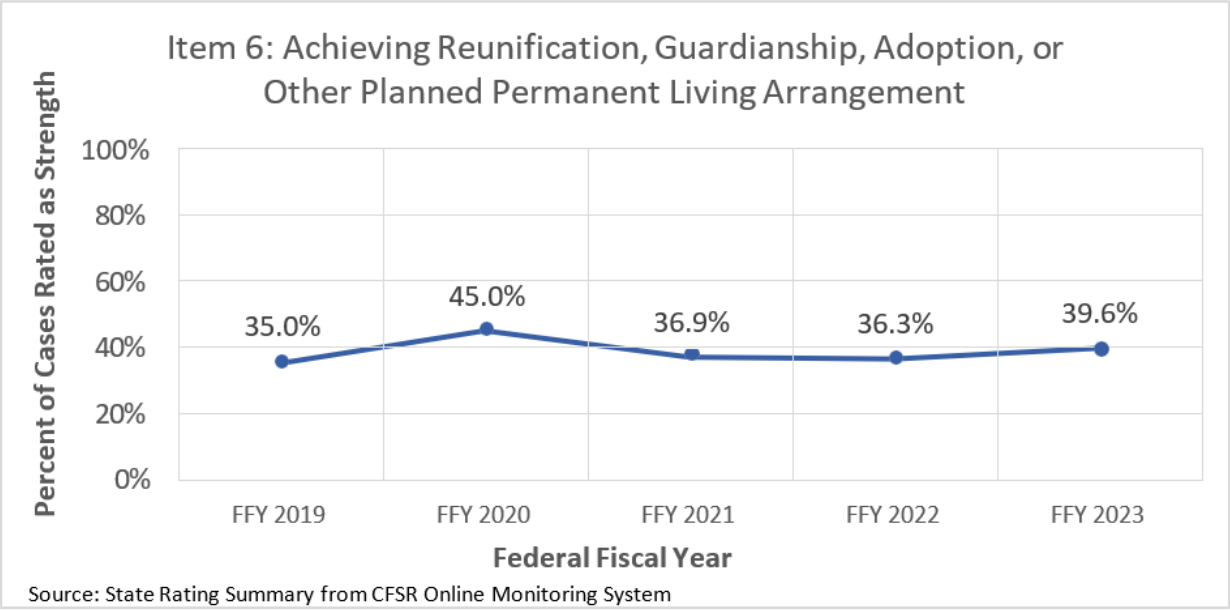
Source: PA.03 Permanency in 12 Months (of those in care 24 months or more).

PA.03 answers this question: for children who have been in care for 24 months or more, what percent will have permanency by the end of the year? Oregon performs above the federal standard, even as the standard rose by 7.3% for CFSR Round 4. CW's past efforts to increase the urgency and efficiency of the administrative processes for finalizing adoptions after parental rights are terminated led to sustainable improvements.



CW's improvement on this measure over time is due in large part to the consolidation of several "case plan" reports into one "Family Report." Within the Family Report template, caseworkers are asked to select whether they are creating a case plan as a standalone document or whether it is a case plan and court report to be submitted for an upcoming hearing. The improvement on this measure is also due to a change in business process that moves the external court deadline for completion up to jurisdictional hearing, which often occurs within the first 60 days of placement. The CPS and permanency caseworkers are encouraged to work jointly to coordinate completion of the case plan, which also allows for continuity with case planning efforts. Before this change, the first full judicial review was a main driver of document completion and usually occurred six months into the case.

To maintain and continue this improvement, Family Report completion (using data pulled from OR-Kids) is a measure on the Permanency Report that caseworkers, supervisors, Coaching and Training Specialists (CTS), consultants, and program managers can generate to pull up case level data by caseworkers. This helps to ensure documentation is completed timely. Executive Leadership also tracks Family Report completion and regularly shares local office performance with program managers statewide. In October 2023, Executive Leadership's goal of 70% of case plans completed timely was met. When the data from the first quarter of 2024 revealed CW had met it again, the goal was raised to 80 percent.

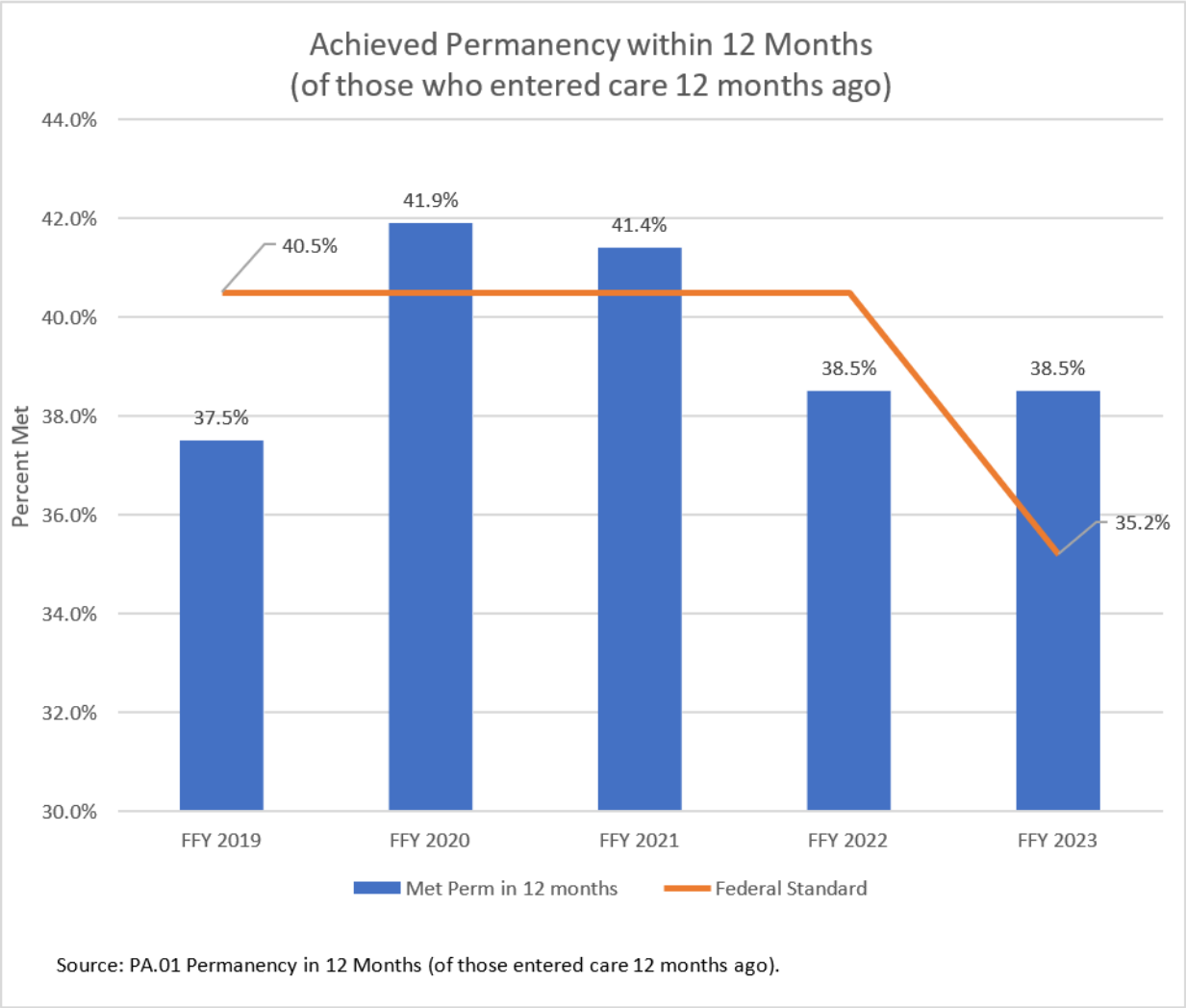


Item 6 is focused on whether CW made concerted efforts to achieve a permanent plan for the child, whether that is reunification with their family, guardianship, adoption, or another planned permanent living arrangement. Federal law, particularly the Adoption and Safe Families Act (ASFA) dictate timeframes in which different permanency types should be achieved. ASFA timelines are a critical component of this CFSR measure. For that reason, this CFSR measure is tightly connected to the three statewide data indicators,

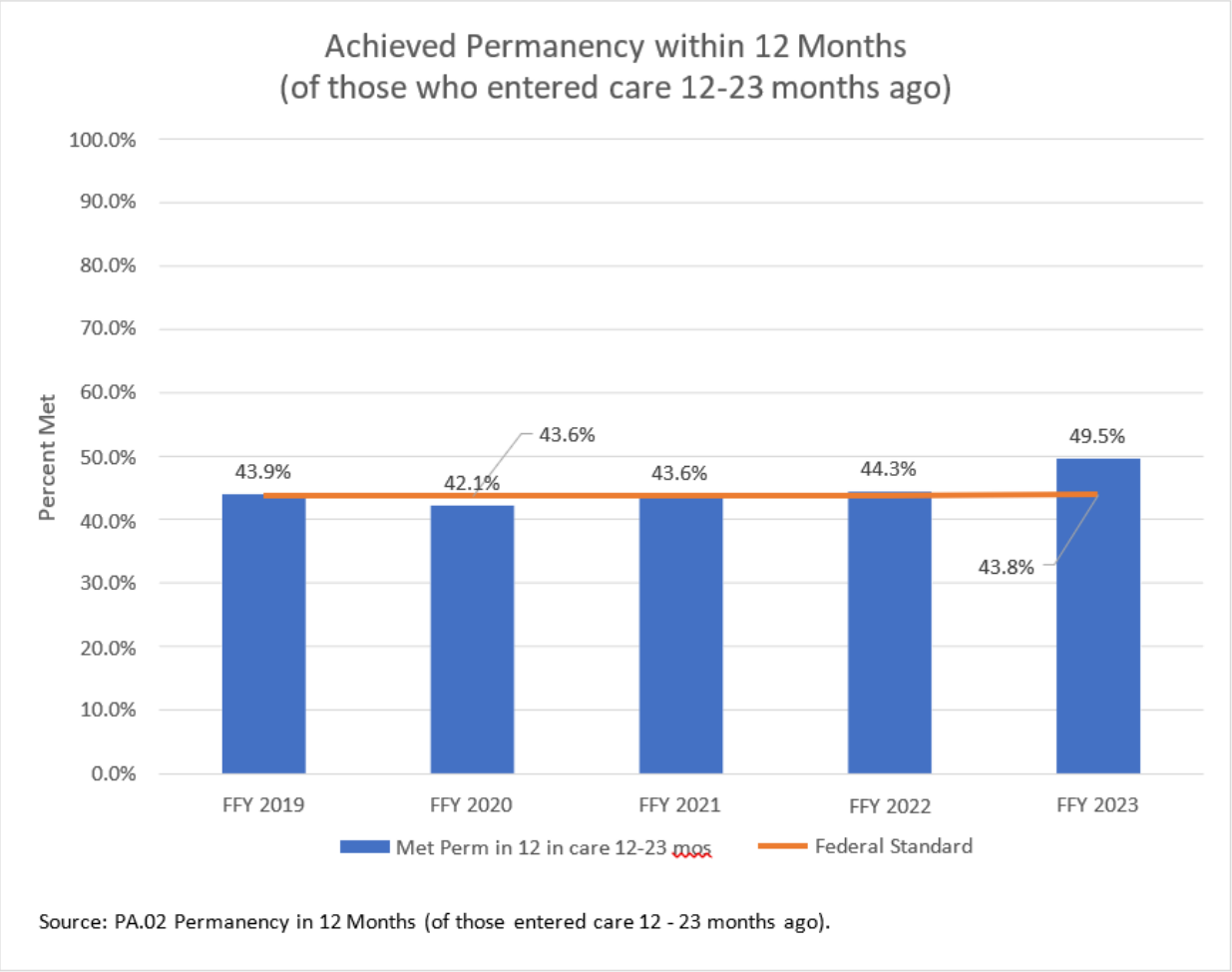
- Achieved Permanency within 12 months (of those who entered care 12 months ago) (see PA.01 below).
- Achieved Permanency within 12 Months (of those who entered care 12 - 23 months ago) (see PA.02 below).
- Achieved Permanency within 12 Months (of those in care 24 months or more) (see PA.03 below).

ASFA dictates that reunification should be achieved within 12 months of the child entering foster care, guardianship within 18 months, and adoption within 24 months.

In 2023, CW created a workgroup to investigate best practices for the guardianship process, both nationally and within Oregon's local offices. The workgroup completed a full analysis, including what exemplary practices in Oregon local offices could be shared to improve statewide practice. The workgroup recommendations included changes to Oregon Administrative Rule (OAR), procedure, forms, and informal tools. Those changes were approved and are in process.



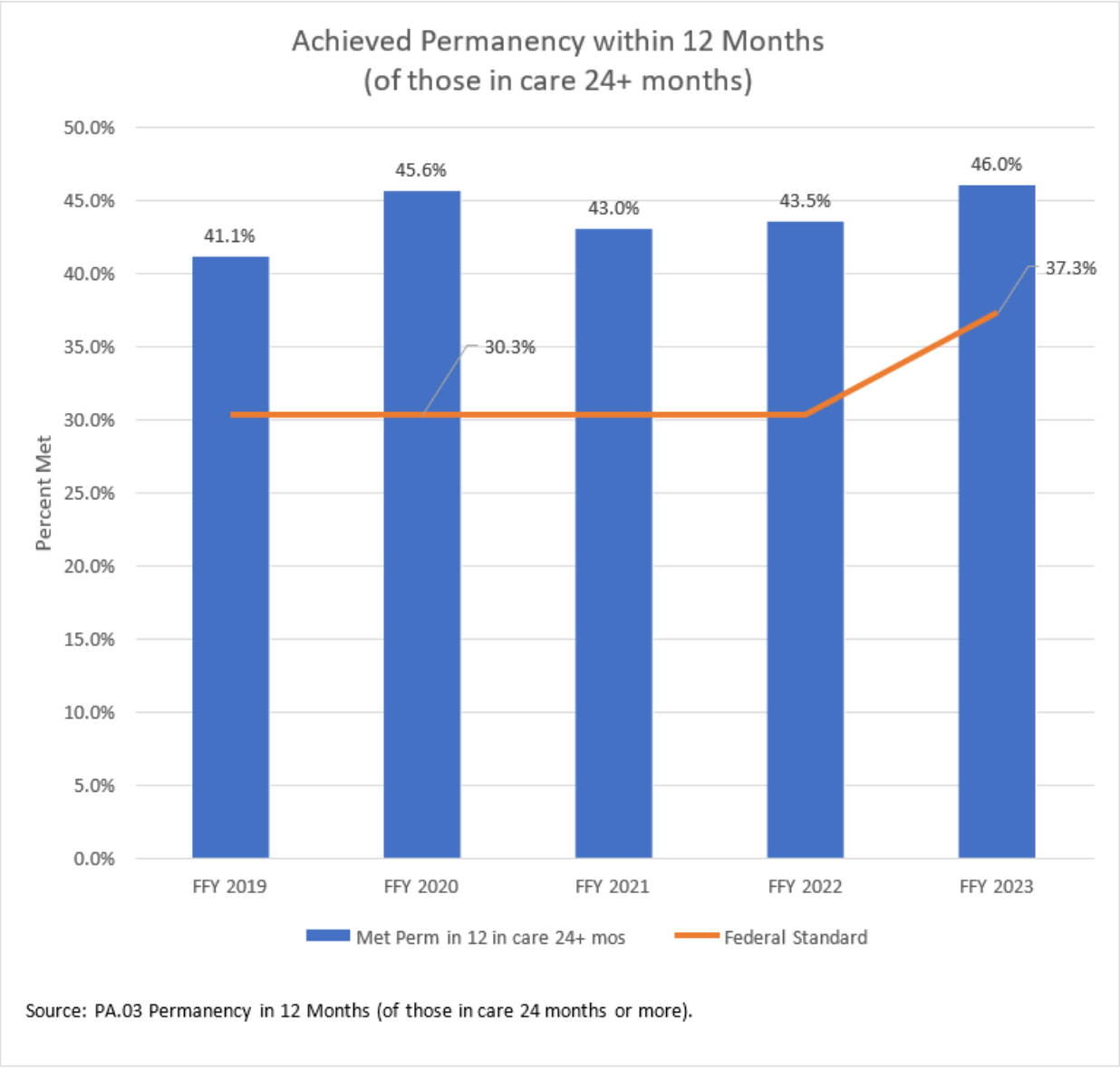
PA.01 shows the percent of children who achieved permanency within 12 months of entering foster care. This cohort mostly reunified with a parent. Federal targets for the statewide data indicators were updated for FFY 2023 based on the overall national performance. This measure saw a more noticeable decrease in performance nationally. Oregon's performance from FFY 2022 to 2023 remained the same, and in FFY 2023 Oregon performed better than the national standard.



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

PA.02 answers the question: for children who have been in care 12-23 months, what percent will have achieved permanency within 12 months? This cohort of children achieved permanency between their second and third year in care. National performance remained steady; the national standard shifted only slightly for CFSR Round 4.

CW's performance on this measure was consistent with the national standard during the first four years of this reporting cycle. Over the last fiscal year, CW saw a five percent increase in achieving permanency for children in this cohort. Statewide context data indicates that Oregon saw a ten percent increase in children aged one to five in this cohort (age is determined based on when the child entered foster care), while all age groups saw a slight increase in children exiting foster care.

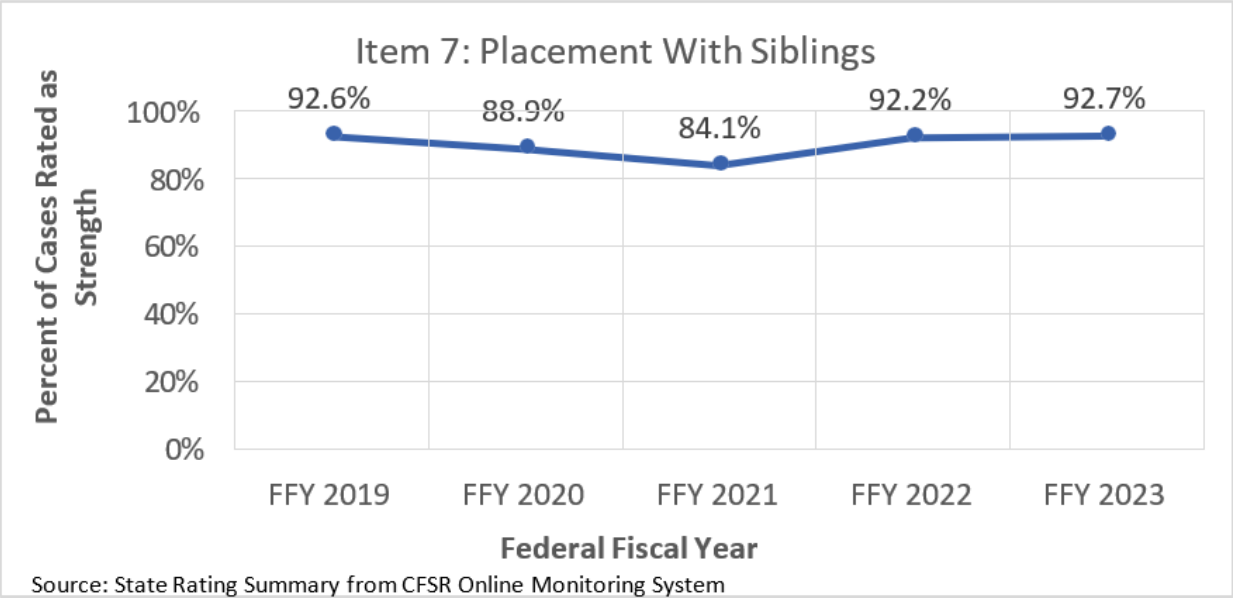


Source: PA.03 Permanency in 12 Months (of those in care 24 months or more).

PA.03 answers this question: for children who have been in care for 24 months or more, what percent will have achieved permanency within 12 months? Oregon performs above the national standard, even after the standard rose by 7.3% for CFSR Round 4. Past efforts to increase the urgency and efficiency of the administrative processes for finalizing adoptions after parental rights are terminated led to sustainable improvements.

Permanency Outcome 2: The Continuity of Family Relationships is Preserved for Children

Sibling Relationships

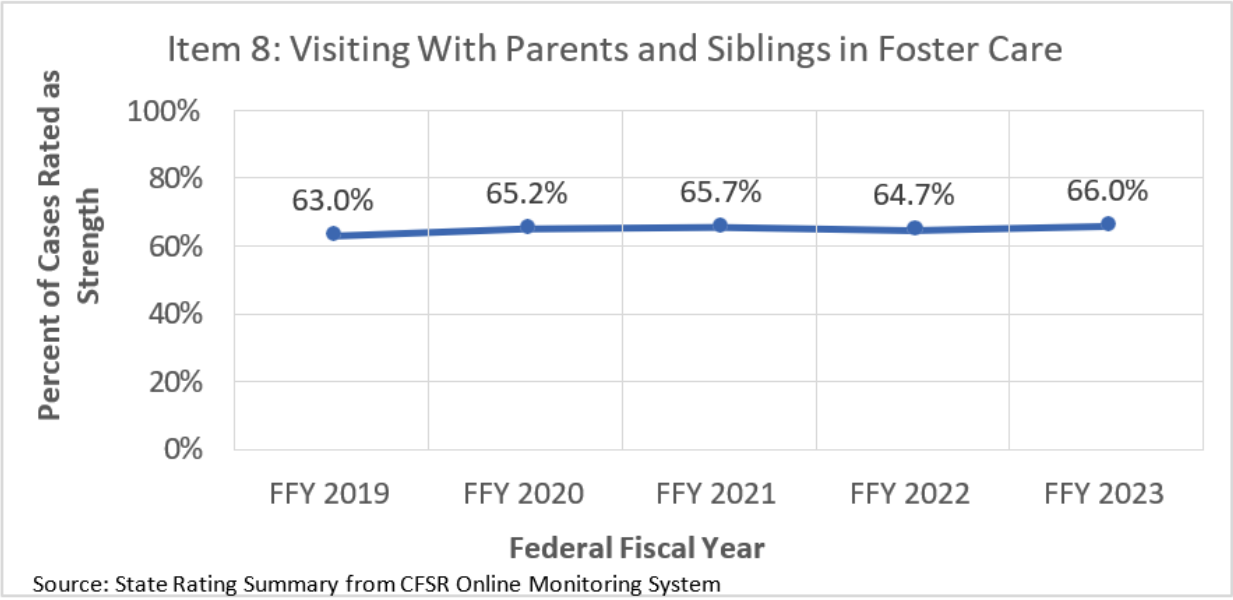


In Oregon, placement with siblings is a right enshrined in the Sibling Bill of Rights and a practice value. CW prioritizes placing siblings together as a key part of minimizing trauma to children and maintaining their connections to their families and culture. The high prioritization placed on this is shown by CW's high performance on this item over the years.

A key strategy includes improving early identification and placement with relatives willing and able to accept sibling group placement. In cases where it is not in the best interest of one or more of the siblings to be placed together, CW encourages and facilitates sibling visitation and relationship-building when appropriate.

CW certification rules include an approval process to exceed the standard capacity to allow sibling placement together. For example, certification may typically approve capacity for a relative caregiver or resource home to care for 2 children but can have an exception approved for 3 children, particularly if the exception allows for the siblings to stay together. Additionally, there is flexible funding to support sibling placements. For example, funds could purchase another bed or similar accommodations in the home of the resource parents or relative resource home as well as provide in-home support to manage sibling relationships.

The required Resource and Adoptive Family Training (RAFT) includes a section on maintaining children's connections with biological parents, siblings, extended family members, their Tribe, and community. This highlights the importance of sibling and familial relations and identifies tangible ways those relationships can be developed and continued.

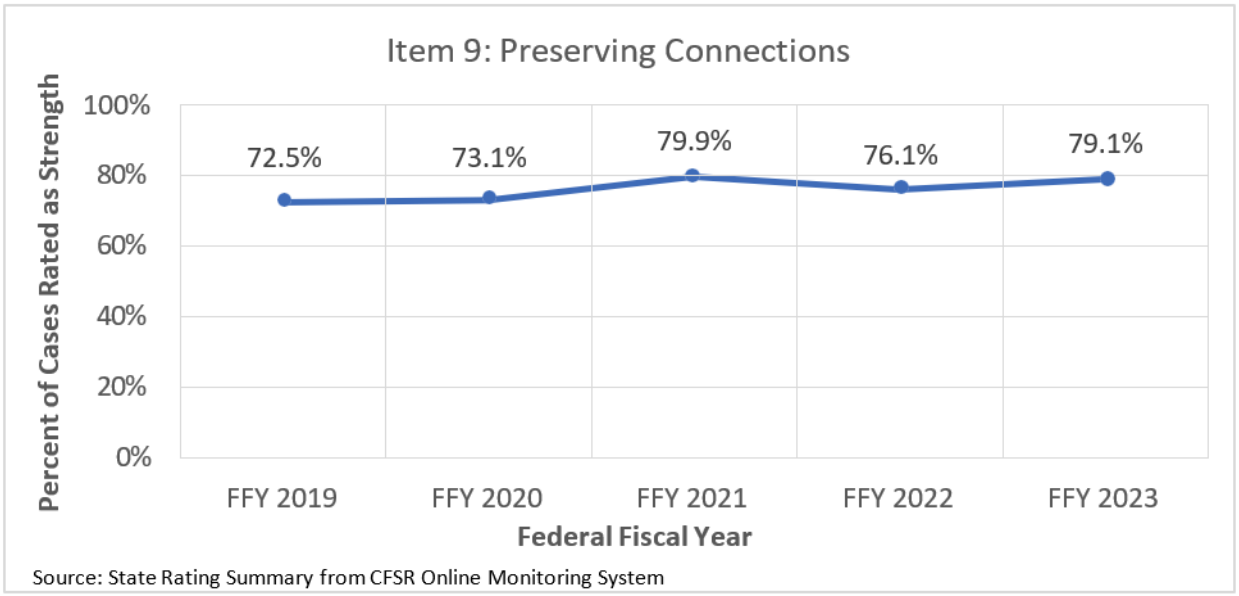


While children an in substitute care, families can still spend time together and connect in meaningful ways. Scheduled visitation with family members, otherwise known as "family time" is established based on the case planning process, and/or court order requirements. To help ensure the least restrictive family time, caseworkers are expected to use the Family Time Supervision Levels Tool to identify the appropriate supervision level (unsupervised, semi- supervised, supervised, intensive supervision, and therapeutic family time) to ensure child safety and maximize the frequency and duration of family time. The therapeutic family time requires a clinical professional who is able to intervene whereas the other supervision levels are provided by ODHS staff or an approved safety service provider.

This tool is intended to assist workers in determining the type of locations that support the supervision need. Family time can occur in an ODHS office, family homes, resource parent homes and community locations. Family time is about connection and promoting typical family functioning, including time for meals, homework, and problem-solving. Caseworkers provide supports to increase the quality of the time parents spend with their children and for siblings to spend time with one another. In many cases, ODHS workers and/or resource parents provide transportation for the children to/from family time with their parents and/or siblings.

In 2024, the Family Preservation and Reunification Program developed the Family Time Guidelines pamphlet for caseworkers to provide to parents and other family members. The guidelines address the schedule for family time, guests, safety management, how to end family time, and tips for success. Caseworkers also complete a visitation plan and expectations form to share and discuss with parents in advance of the first scheduled family time. CW tracks the type of supervision level

and frequency of family time through case notes. The total number of family time/visits a child has with their parent and/or sibling(s) are automatically generated in the Family Report.

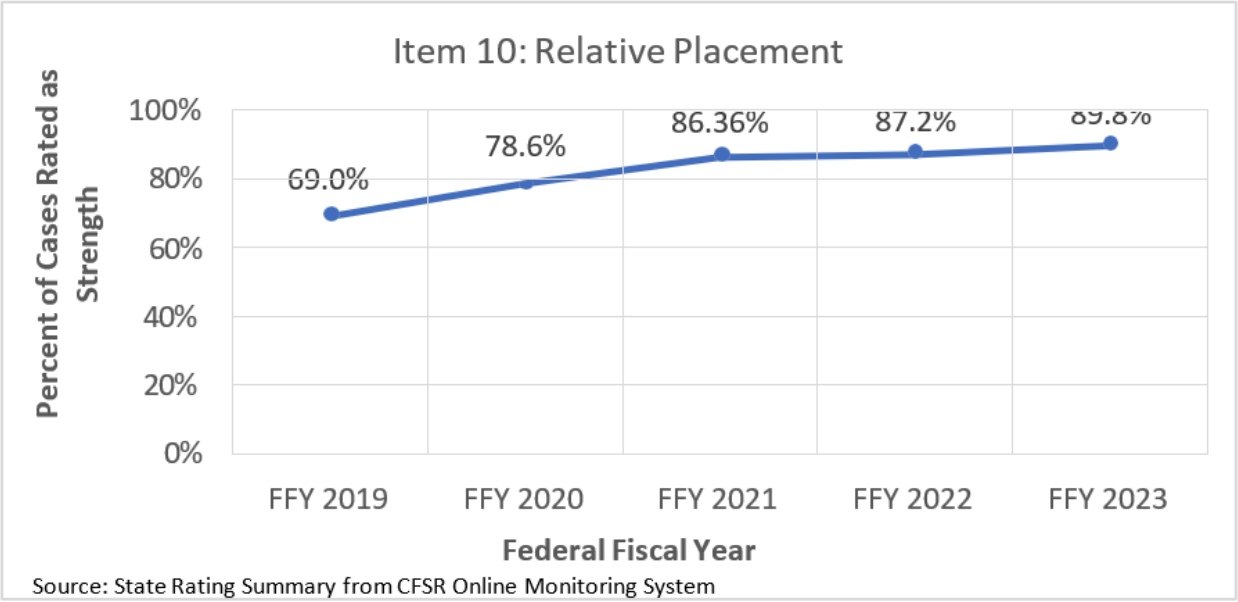


Preserving a child's connections to their community, culture, extended family, and Tribe preserves their sense of self and belonging and lends resilience during a traumatic time. Performance on Item 9 continues to hold fairly stable. The Family Report requires caseworkers to identify community and cultural connections as well as explain how they are being maintained.

The All About Me Books contain pictures and information about a child, similar to a scrapbook. These continue to be a useful tool to explore children's connections, interest, and culture. They are also used to introduce resource parents to the children and for parents to communicate with their children.

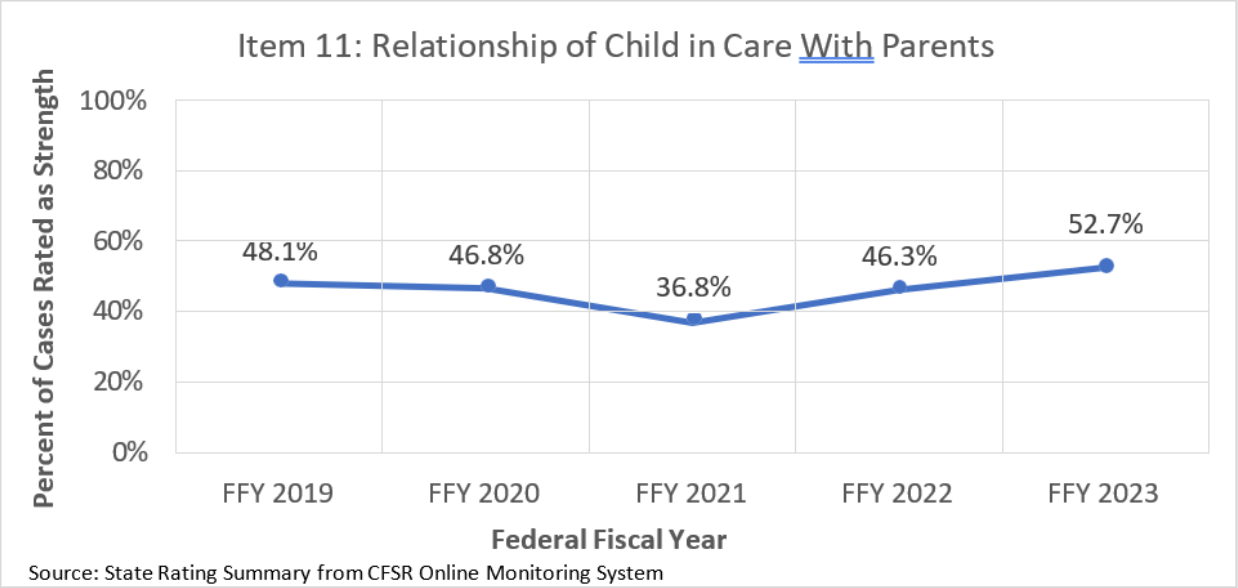
The Native Teen Gathering was hosted and facilitated by the Native Wellness Institute (NWI) at Rockaway Beach on August 21-23, 2023. In attendance were 22 young adults with 14 adult chaperones, one nurse, one state representative, and a team of seven from NWI. The teens participated in many traditional activities including archery, making necklaces with beads and bones, canoeing, and kayaking on the lake, and playing traditional games. NWI built more free time into the agenda in response to feedback from past gatherings.

For nearly ten years, CW has contracted with NWI to coordinate and facilitate the Native Teen Gathering in the summer for Native youth in foster care, aged 14 to 21. The goal is to provide an experience for teens that immerses them in Native culture, provides information and skill- building opportunities, and allows participants to connect. NWI has also offered one session of Native Teen Gathering during the winter season.



CW highly values placing children and young adults with their relatives. Oregon's Administrative Rule defines relative broadly, to include fictive kin. When children and young adults cannot safely remain at home, placing them with people who know and love them, maintains the children's connection to their family and culture and promotes a sense of belonging. Overall, this item is a strength for Oregon and performance continues to improve. The work of building safety for a child or young adults in their familial home will likely continue to improve performance on this measure as well, as relatives are engaged early and frequently in case planning and safety planning.

Item 11 displays percentages that need improvement in how CW facilitates the relationship between a child and their parent(s). In addition to family time, parents should continue to be involved in their children's education, activities, and in understanding their needs and how they are being met (whether medical, mental health, or behavioral). For example, child vaccinations, particularly for COVID vaccines, required parents to sign the consent forms prior to their child receiving any vaccine.



Caseworkers have opportunities to keep parents informed of their child's needs by connecting them directly with providers, teachers, and if appropriate, resource parents. If appropriate, caseworkers can include and encourage parents to participate in the child's medical appointment, parent/teacher conference, IEP meetings, or sporting event for example. It is critical for parent(s) working towards a reunification plan to be informed and given an opportunity to provide their input in decisions involving their child. Parent involvement and engagement can impact the relationship with their child as well as any transitions in the case, such as moving towards unsupervised family visits or return to home/reunification.

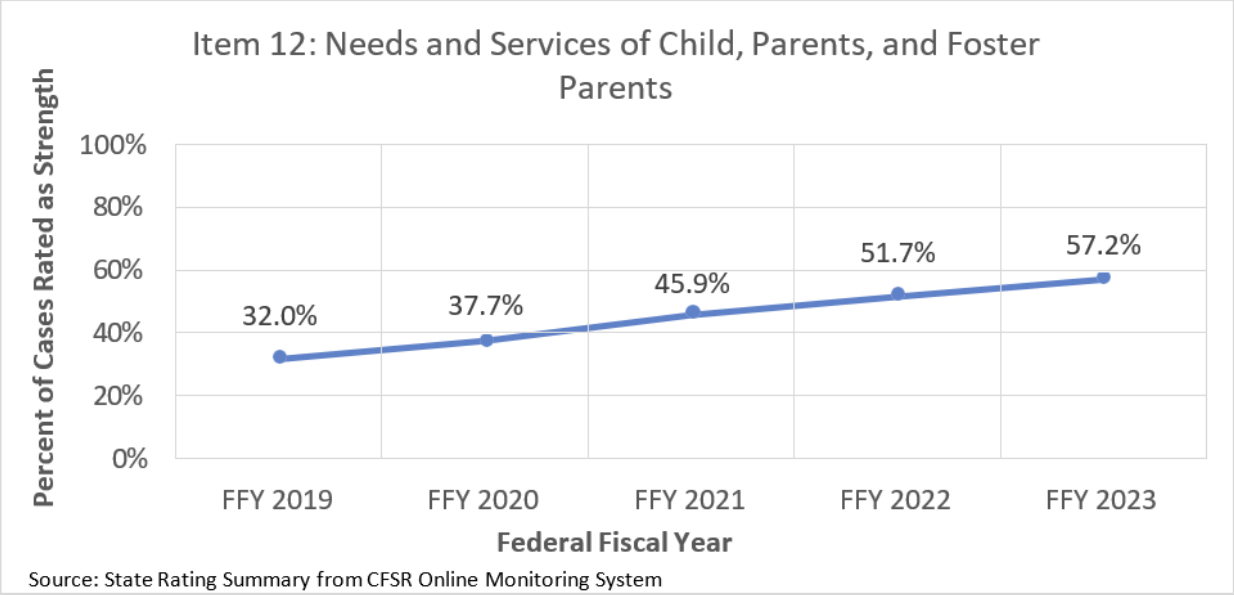
Well-being

Well-being Outcomes 1, 2 and 3:

- Families have enhanced capacity to provide for their children's needs.
- Children receive appropriate services to meet their educational needs.
- Children receive adequate services to meet their physical and mental health needs.

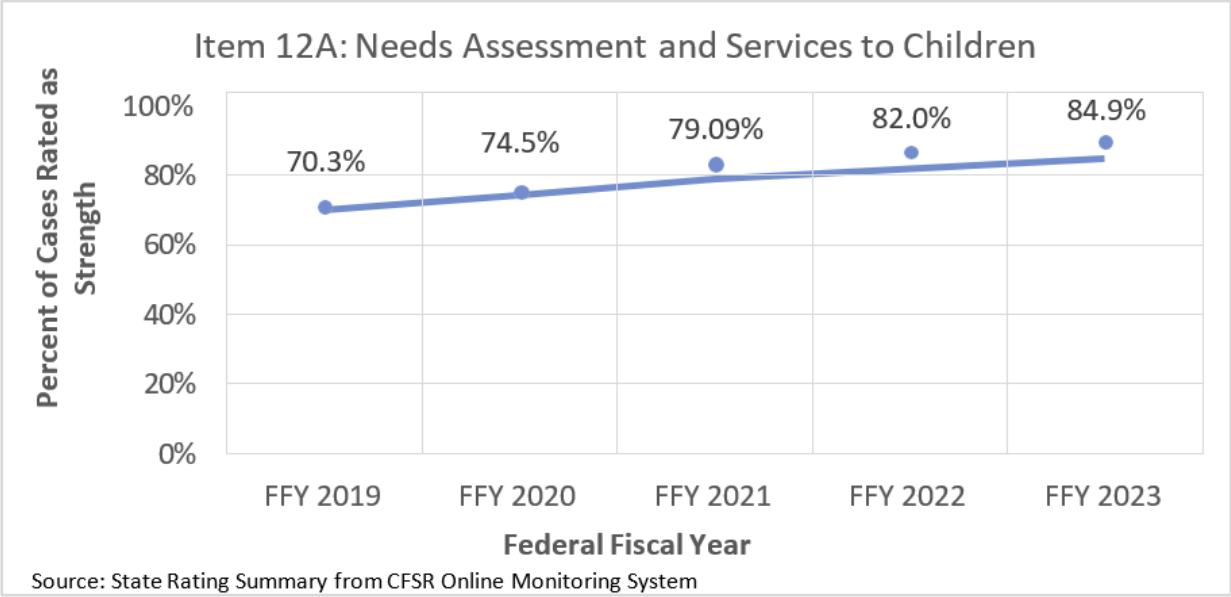
Well-being Outcome 1: Families have Enhanced Capacity to Provide for their Children's Needs

Individualized Services

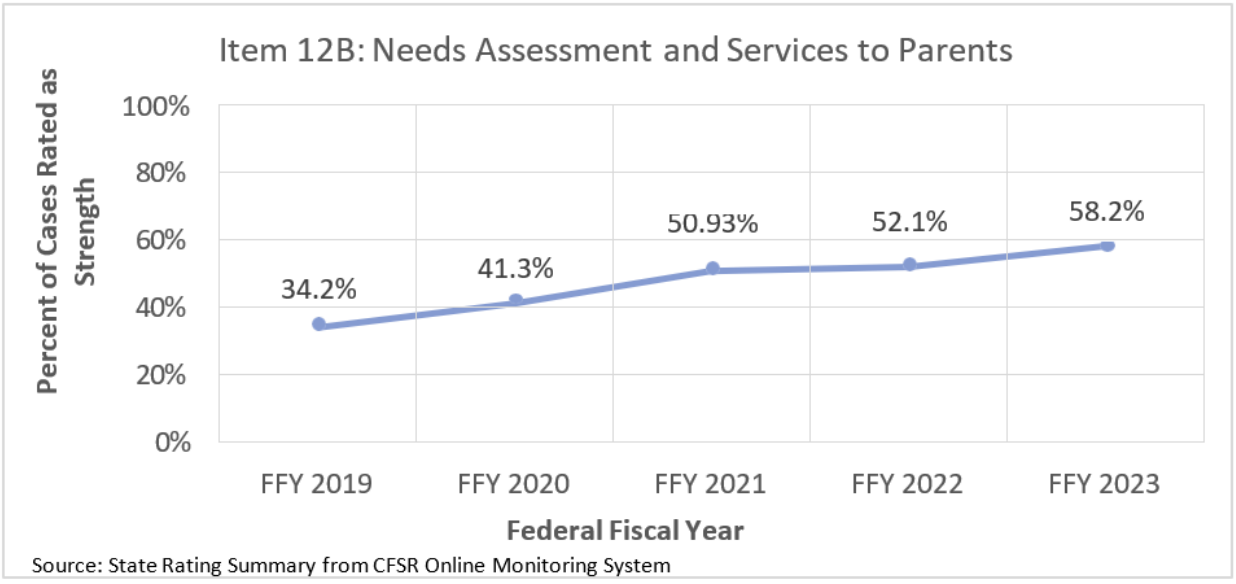


Item 12 is an overall measure of CW's performance for the three distinct groups: children, parents, and resource parents. It is not an average; for Item 12 to be rated a strength overall on an individual case review, all three sub-items must be rated a strength.

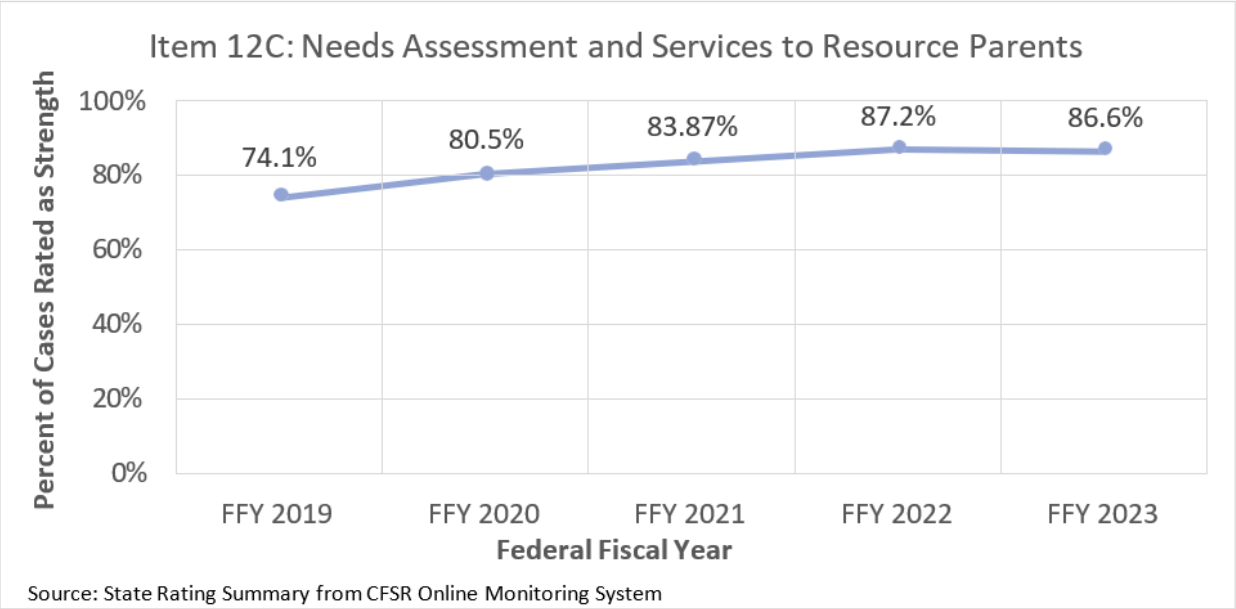
The three groups have differing needs and CW's efforts are tailored to each group individually, discussed in detail below.



Item 12A above demonstrates the high value CW places on identifying children's individual needs and meeting them. Children in Oregon who must come into contact with CW are receiving a high level of service, and it continues to improve.

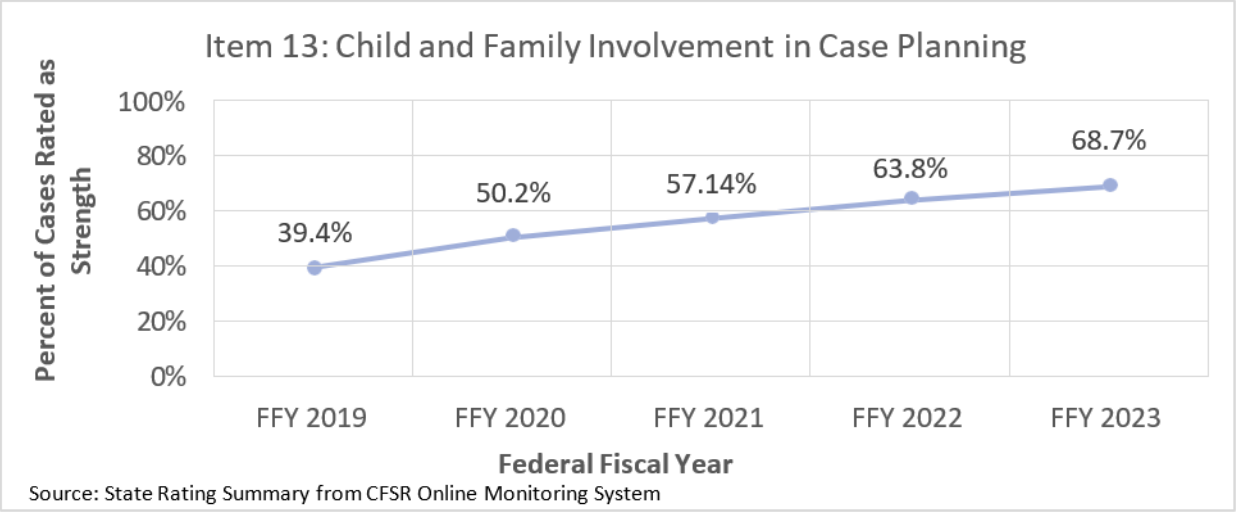


Item 12B above shows steady improvement in assessing parents' needs and providing appropriate services in the last fiscal year.



CW has an evidence-based support and skill enhancement program, KEEP, available to resource families in all counties in the state. In January 2023, CW launched a certified respite program to relieve resource families of the burden of identifying their own respite providers, resulting in the utilization of respite care services more than doubling from 2022-2023.

Engaging Parents and Children in Case Planning



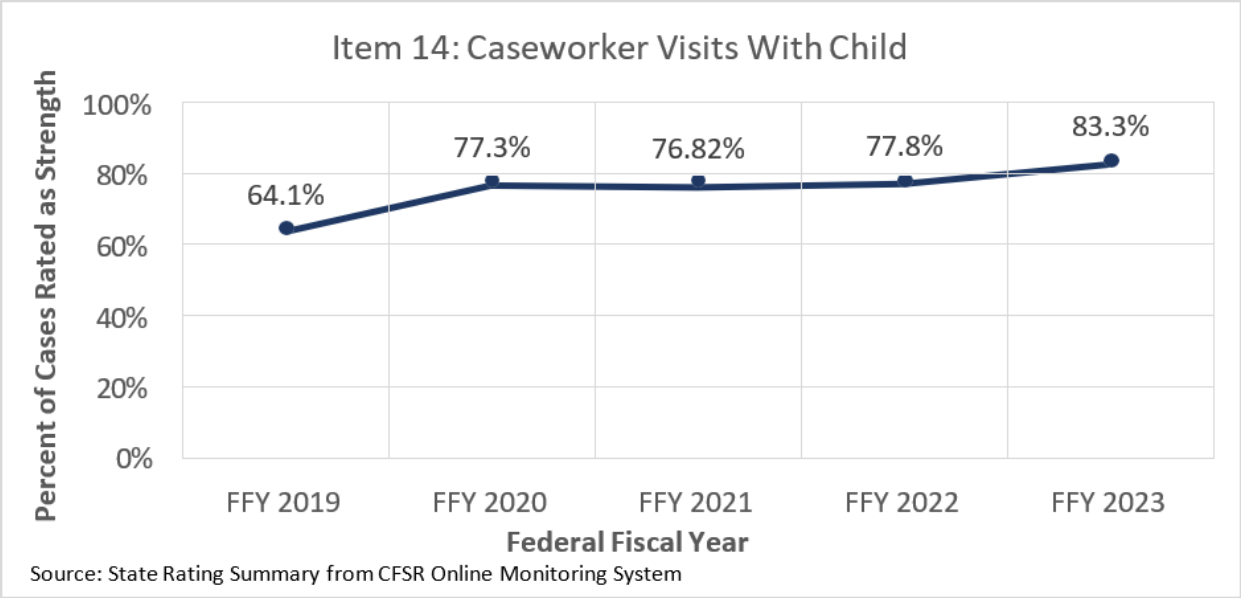
Item 13 data shows continued improvement in involving parents and children (when developmentally appropriate) in case planning. CW's Family Report requires caseworkers to ask parents and children for their perspective on the case plan and progress, document input in the Family Report, and provide a copy of the Family Report to review with the family.

Specifically, caseworkers are asked to describe what the parents want the team to know about their family and their family's culture and include that information in the Family Report.

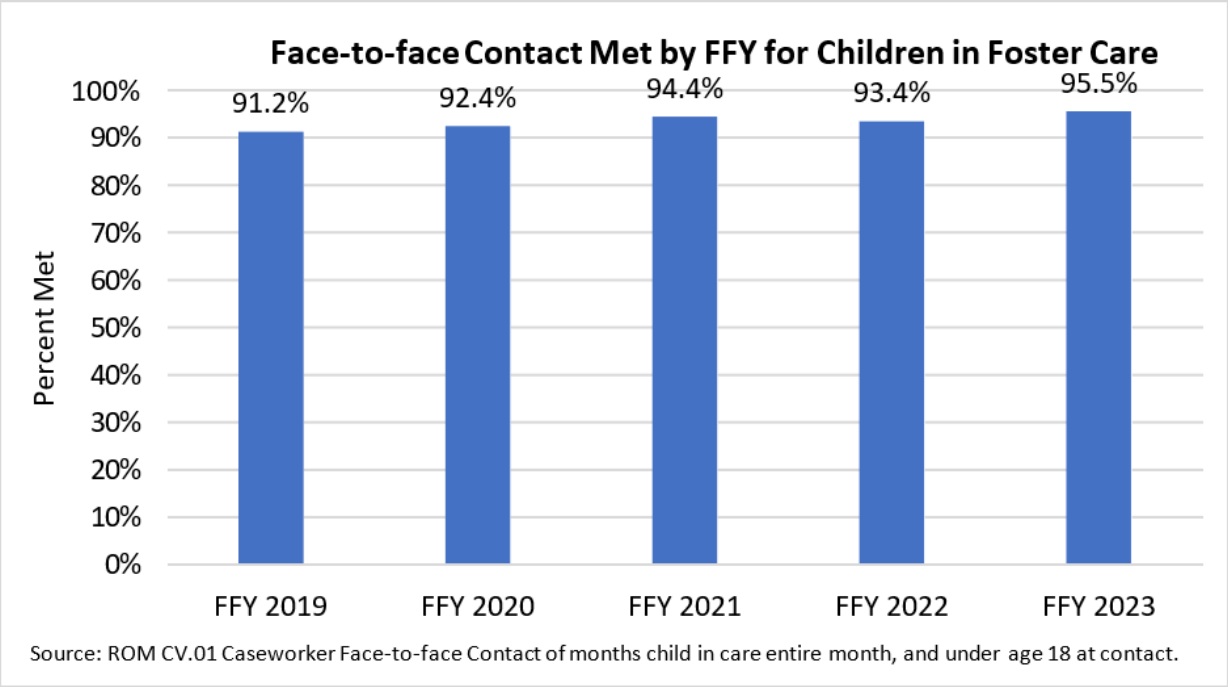
During the workforce focus group, caseworkers described their efforts to develop the case plan with families. For example, caseworkers ask each parent separately about what supports the family and/or parent needs, gather information about the parent's natural supports and community connections, and offer family engagement meetings to discuss the case plan during the case transfer process from the CPS to permanency worker. Caseworkers also offer recurring family decision meetings to discuss the case plan with the parent, relatives, resource parents, legal parties, and service providers. Caseworkers can offer separate meetings for each parent, and if appropriate, a family meeting including both parents.

Local CW offices participating in CQI work to improve parent face-to-face contact (quantitative and/or qualitative) had a positive effect on this measure.

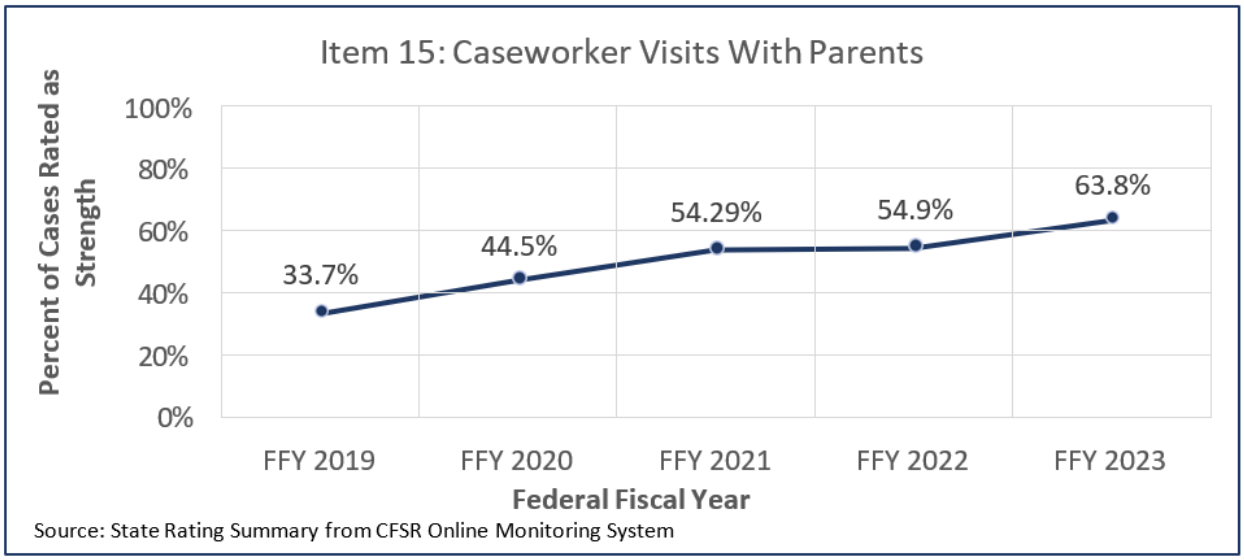
Face-to-face Contact – Parents and Children



Item 14 data shows the percent of cases rated a strength on the qualitative CFSR measure for monthly face-to-face contact with a child in care. CW continues to improve on this measure. Examples of past improvement efforts include All About Me books to encourage meaningful conversations with children during face-to-face visits and the development of case note templates to ensure that when quality visits occur, they are documented in sufficient detail.



CW also measures and reports on monthly face-to-face contact with purely quantitative data, seen above in ROM CV.01. CW met the national standard of 95% for FFY 2023 for visitation with children placed in substitute care. Caseworkers are encouraged to engage with children and young adults in face-to-face contact outside of the ODHS office location, and every other month in their placement setting. Item 15 data below shows the improvement in performance CW has achieved in face-to-face contact with parents. Four local CW offices, participating as CQI sites, identified parent face-to-face contact as the focus measure during their first CQI cycle. Parent face-to-face contact was also the subject of the first CQI Learning Collaborative, which occurred in February 2024. During the CQI Learning Collaborative, participants from the CQI sites shared their experience, successes, and lessons learned. Caseworkers are encouraged to schedule time with parents outside of ODHS CW offices and their scheduled family time, whenever reasonable and possible.



Local Office CQI Efforts

Columbia County provided one-time new staff training, including extra OR-Kids support to ensure that parents were included on caseworkers' tracking lists, appropriate contacts were counted, and that exceptions were properly described and noted. They also worked on modifying existing processes, like Family Engagement Meetings and providing a visit summary to parents at the end of a contact at their home or in the community. Both actions required revision throughout the year to continuously improve.

Benton County and the CQI team analyzed data to determine case themes or trends to understand why parents might not be seen monthly. They instituted a weekly writing lab for all caseworkers to meet and document their face-to-face contacts (unless they had a court hearing) and used this space once a month for training/capacity building around quality face-to- face contact with parents.

In their first CQI cycle (10/2022 – 9/2023), District 6 identified this problem statement: "Some children in Douglas County are experiencing multiple instances of founded abuse within a 12-month timeframe." To change this, District 6 focused on improving quality and quantity of parent face-to-face contact to better understand the family situation and provide appropriate services and supports to reduce recurrence of maltreatment.

District 6 tied conversations about face-to-face contact with several established processes. They added it as an agenda item to all group supervision and clinical supervision meetings and increased the frequency of reminder reports to caseworkers.

District 6 also added parent engagement as an agenda item to their Teams for Families meetings. Teams for Families is a program unique to District 6 that provides families with a strengths-based approach to getting what they need. The team is comprised of CW, Self Sufficiency, the local

Coordinated Care Organizations (CCO), and many service providers in District 6. They meet twice a month to discuss the needs of families who are involved with CW or at risk of involvement with CW. Together they determine how best to meet each family's needs.

District 12 focused on parent face-to-face contact during their first CQI cycle (9/2022 – 8/2023). One of the major factors in the success of District 12's action plan was the initiative and drive of a member of the administrative staff who proved to be a critical support. They started sending out an email with face-to-face contact status to each caseworker on the first and third Friday of each month, which caseworkers continually reported was helpful and reminded them to contact parents they had not seen, to enter notes on contacts already made, and to clear up assignment errors in OR-Kids.

District 12's community recommended offering paid cell phones to parents who expressed a need for them, and administrative staff set up each phone for the parents ahead of time. They set up the voicemail function so caseworkers and others could leave messages as soon as the parent received the phone, and they loaded helpful contacts like the caseworker and Family Time coordinator into the phone as well. When early analysis revealed that only a few caseworkers in one of the local offices were using this service, District 12 decided to adjust and expand. Rather than waiting for parents to express interest or caseworkers in the know to offer, District 12 funded phones and minutes/data for all parents working with CW and added the phone as an item to cover in their prep and agreement meetings between CPS and permanency workers.

Grant and Harney Counties took similar action steps as other CQI sites to improve parent face- to-face contact. Their leadership reviewed the contact exception process, and their CQI analyst monitored exceptions for any trends or issues. The local offices developed processes for reminding caseworkers about contacts that still need to be made throughout the month. A small team developed a template to ensure that when quality contacts were made, they were documented sufficiently to ensure they would count as quality contacts if reviewed for the CFSR.

District 16 is focused on improving the needs assessment and services to parents by improving the frequency and quality of face-to-face contact with parents. District 16 is taking three differing approaches to improving their parent engagement:

1. Improving caseworker knowledge of local resources and services so they can be more helpful to parents.
2. Tracking monthly parent contact and providing reminders to caseworkers.
3. Training on the practice expectations around assessing and meeting parents' needs. which often happens informally in parent face-to-face contacts.

CQI Learning Collaborative Highlights

The first CQI Learning Collaborative was held in Salem on February 21, 2024. Learning Collaboratives created a platform to share the sites' CQI experiences, lessons learned, and helpful strategies for the lead measure, parent face-to-face contact. Five out of ten sites in the first cycle chose this as their lead measure.

District representatives and one of the CQI analysts presented the cycle and experiences of District 6 and District 12, including their data and improvement for the cycle. These presentations highlighted the districts' most exciting action items: Teams for Families in District 6 and purchasing phones for parents in District 12.

As mentioned previously, District 12's phone purchases initially started small to test out this direct support strategy, and then expanded. Consortium attorneys were active in developing the action plan and focused on the action step to support engagement with the consortium as a bridge to parent engagement with the caseworker.

District 12 held an All-Permanency staff meeting to think of ideas on how to improve their engagement with parents. Much of the meeting was spent in structured small group discussions and reported ideas, things that worked well, barriers people were experiencing, and what was helping to mitigate those barriers.

The second CQI Learning Collaborative was held mid-July in Pendleton and focused on quality ongoing safety plans, which about half the CQI sites are currently working on as a lead measure. The CQI site from District 2, Midtown Branch engaged Parent Mentors (parents with lived experience in the CW system, now serving as mentors for parents with open cases) and welcomed the Parent Mentor manager to present as part of the second CQI Learning Collaborative.

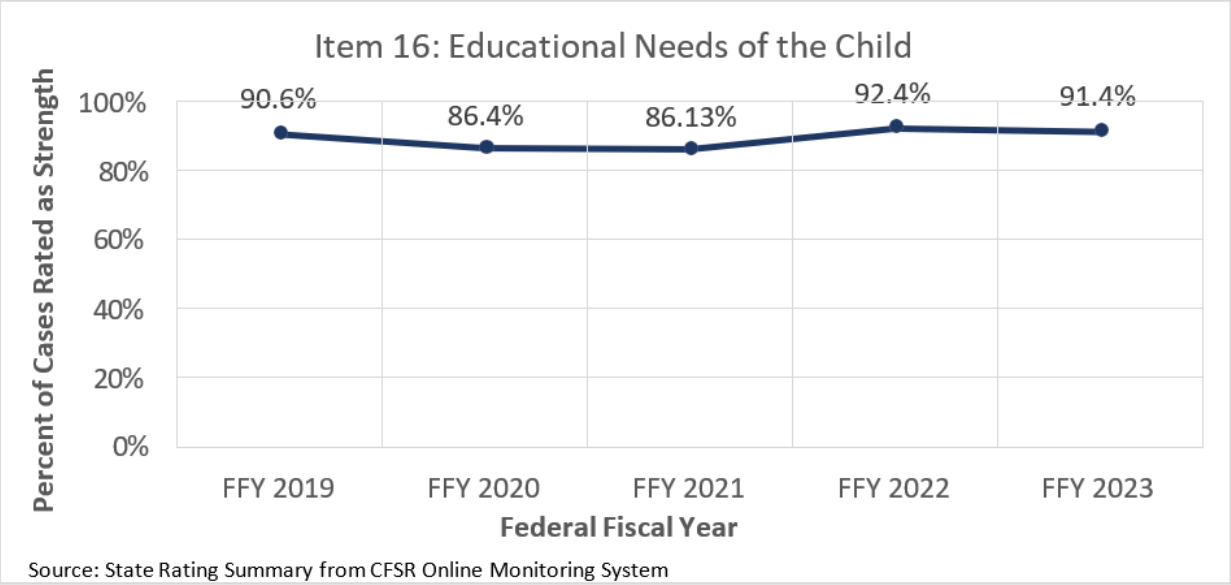
Statewide Efforts

In June 2024, CW eliminated its longstanding process for granting exceptions to the requirement for parent face-to-face contact. These contact exceptions did not relieve the federal requirement obligation (which has no exceptions) and confused practice expectations. The exception approval process and even the use of exceptions varied across the state, causing equity concerns.

Even when parents cannot be located (a common reason for exceptions in the past), caseworkers must make continued diligent efforts to find them, per Item 15. Caseworkers must document efforts and consider using a variety of strategies to locate the parent, such as conducting absent parent searches, sending certified mail to the last known address, and outreach to the parent's relatives.

Well-being Outcome 2: Children Receive Appropriate Services to Meet Their Educational Needs

Educational Needs of Children



Item 16 data above shows CW's continued high performance meeting children's educational needs while in substitute care. CW has long-term collaborative relationships with the Oregon Department of Education (ODE) and other state agencies and organizations across the educational continuum. These relationships ensure that the needs of children experiencing foster care are met across early childhood, K-12 (elementary, middle, and high school), and into post-secondary education.

ODE releases an annual statewide report card that details educational outcomes for the state. The most recent report card was published on November 30, 2023, and covers the 2022-2023 school year. ODE includes breakdowns for students in foster care[6] in the reports of student performance in English Language Arts and Math from grade three through high school. Students experiencing foster care performed below the level of the overall student body in Oregon.

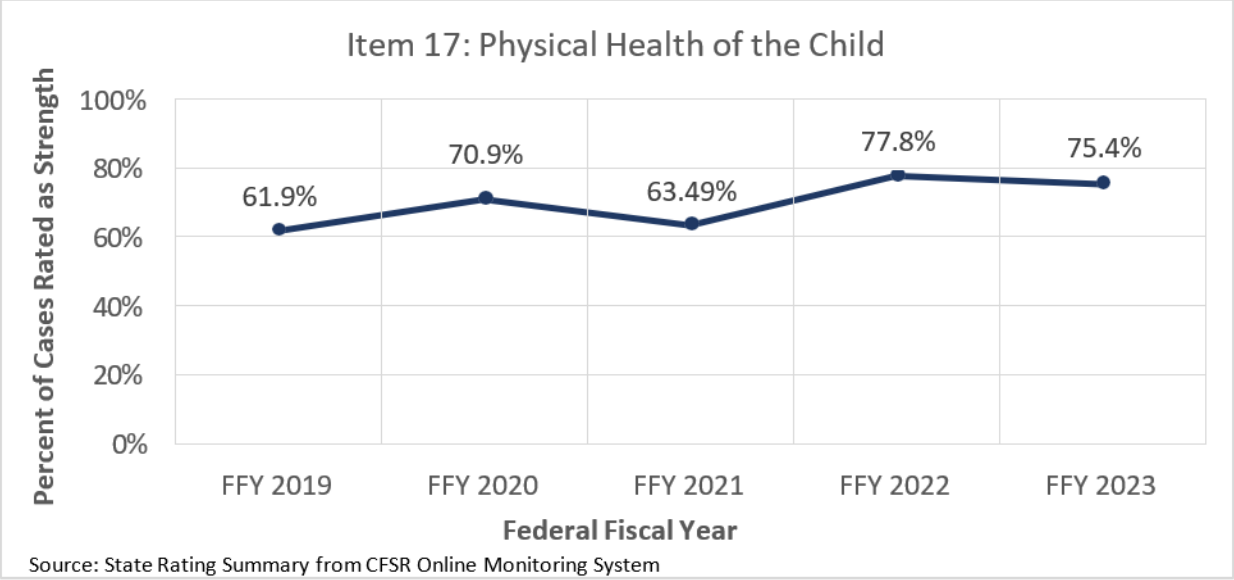
ODE began tracking graduation rate information for students who experienced foster care as a separate cohort for the 2020-2021 school year. The percentage of students on track to graduate as ninth graders and the graduation rate have improved for this cohort over the last three years.

[6] For all measures *except* high school graduation, "student in foster care" means a student who has experienced a foster care placement during the current school year (July 1 – June 30). For high school graduation, "student in foster care" means a student who experienced foster care at any time during their high school cohort years.

As reported last year, CW was required by SB 279 to report to the legislature how many children missed all or part of at least five school days due to Family Time for each semester of the 2021-2022 and 2022-2023 school years. On June 1, 2023, (the last month of the last semester of reporting), there were 4,798 children in foster care. In the spring 2023 semester, 44 children missed all or part of one day of school due to Family Time. Only 19 children (or 0.39% of children in foster care) missed all or part of five or more days of school during the spring 2023 semester.

Well-being Outcome 3: Children Receive Adequate Services to Meet Their Physical and Mental Health Needs

Physical and Mental Health Needs of Children



Physical, Dental, and Mental Health Assessments

CW continues to partner with the Oregon Health Authority (OHA) and its contracted CCO to ensure children receive timely physical, dental, and mental health assessments. Data collected through such measures report whether a child in foster care received the required assessments within 60 days of CCO enrollment. However, ensuring the child gets all three assessments within 60 days does not align with the timelines established by CW policy and what the American Academy of Pediatrics (AAP) recommends. CW policy and AAP guidelines require that all children entering foster care receive physical and dental assessments within 30 days and mental health assessments within 60 days. The misalignment between the incentive measures and CW policy creates an additional challenge for CW to ensure initial physical and dental assessments occur within 30 days of a child or young adult entering care.

One of the key factors contributing to delayed assessments is the time it takes for a child to enroll and become active in a CCO. In January 2024, OHA rolled out phase one of the Next Day Medicaid Enrollment project to address this issue. This project is designed to reduce enrollment time, positively impacting assessment timeliness. Once a child is enrolled in the CCO, another contributing factor that resource parents shared in the focus group is the limitation when it comes to dental care providers who take OHP insurance.

Oregon's administrative rule, OAR 413-015-0465 Required Assessments and Screenings for all Children Entering Substitute Care formally outlines the timelines for the required assessments and screenings (for entry into substitute care) discussed in this section.[7]

Nursing Intake Assessments

Children and young adults receive a comprehensive intake nursing assessment shortly after entering foster care. These assessments include screening for medical needs and referrals to various services or providers, such as specialists, therapists, or other healthcare professionals, as necessary. Nursing assessments also occur in cases where the child is in the home, either receiving in-home services or on trial reunification. This approach differs slightly, adjusting to those circumstances; however, the intent remains to identify needs and provide relevant services or referrals.

Child and Adolescent Needs and Strengths (CANS)

Every child entering substitute care receives a CANS screening. The screening integrates the child's assessed needs and strengths and provides recommendations into more informed case planning and service delivery. For children demonstrating higher needs, the CANS screening may result in an additional payment to the resource parent. A higher CANS level prompts caseworkers to develop a supervision plan with engagement and input from the child, parents, resource parents, and therapeutic service providers to ensure the plan addresses the child's needs. Subsequent screenings are completed annually or if there are notable changes in the child's behavior or functioning. The resource parent may appeal the prior CANS result prior to the next annual CANS screening if they feel that it is not accurately reflecting the child's needs.

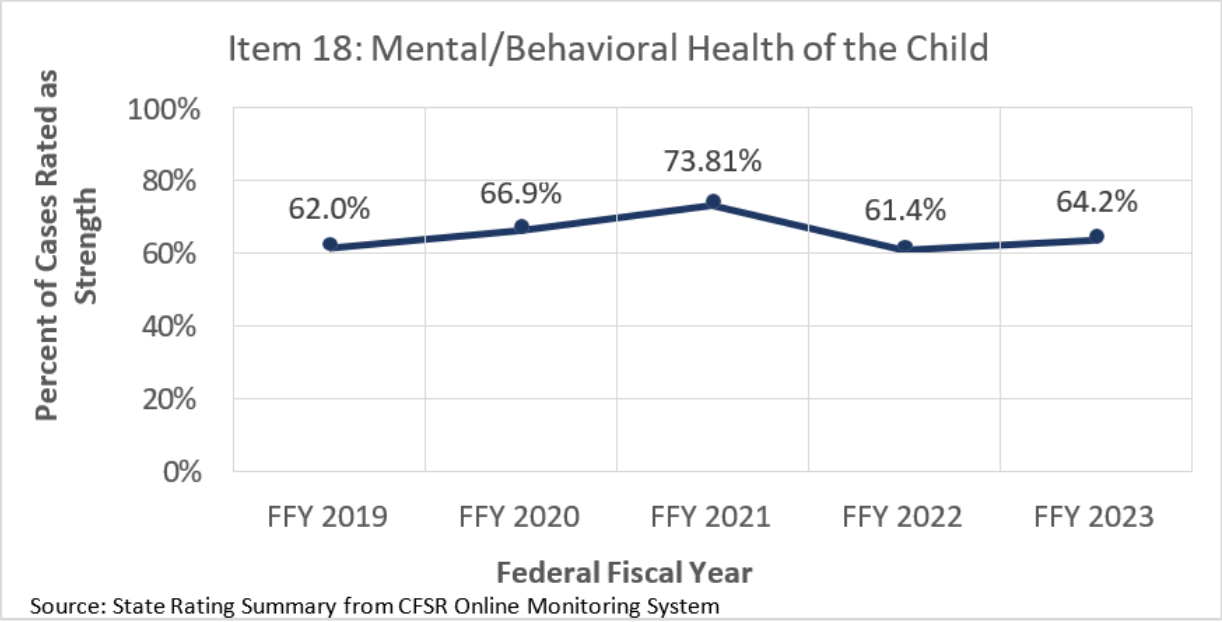
Healthcare Coordinators

In November 2022, the Health and Wellness Program implemented the Licensed Practical Nurses (LPNs) Healthcare Coordinator Program. This program is a team of LPNs brought on as Healthcare Coordinators (HCCs).

[7] Required Assessments and Screenings for all Children Entering Substitute Care

Their duties include, but are not limited to:

- Monitoring the ongoing health needs of children in care.
- Ensuring timely initial assessments and ongoing well-child checks.
- Ensuring health-related case information is recorded in the case file.
- Collaborating for better parent participation and voice in healthcare for their child.
- Obtaining parental consent for immunizations.



Source: State Rating Summary from CFSR Online Monitoring System

Medication Oversight

When the child is initially placed into foster care, the caseworker must request medical and mental health information from known providers and a list of current medications. Any prescribed or over-the-counter medication routinely provided to the child or young adult and administered by the resource parent must be documented on the child's or young adult's medication log, known as the Medication Administration Record (MAR). The MAR allows for tracking whether the child missed taking the medication and the reason why the medication was not administered. The caseworker or HCC must review, sign, and ensure individual medication logs are uploaded into the OR-Kids File Cabinet as received. The caseworker or HCC is also responsible for reviewing each medication log monthly. In 2023, 90.3% of children had their HCC complete the review.

Children and young adults aged 15 or older can be authorized to self-administer medication if they are determined capable and self-administration is developmentally appropriate. Medication education is essential for these young adults, and the Health and Wellness Program Manager or Nurse Consultant is available to consult as needed.

For young adults, 18 or older, who are living independently in or out of a resource home and self-administer, medication logs are not needed. However, the caseworker should review medication usage during face-to-face contact.

Psychotropic Medications

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 2023, the oversight team processed 844 authorizations for new psychotropics; 31 were referred to OPAL-K for consultation (51 fewer than the previous year), and of those, 19 were not approved, and clinician-to-clinician consultation was recommended. The oversight team also conducted 1102 annual psychotropic medication reviews for children in foster care: 200 of those required an additional records review, and 16 were sent to OPAL-K for further review and clinician-to-clinician consultations.

As part of psychotropic medication oversight, the Health and Wellness Program provides an extensive annual review process for every child in CW custody (age 0-20) who is prescribed any psychotropic medication. The review process involves a pharmacist, a nurse consultant and a team of child psychiatrists when needed. By policy, psychotropic medications require CW approval before their administration.

Data relating to psychotropic medication for children in foster care during Q4 of 2023 shows that for the 4,624 children under 18 years of age and experiencing foster care, 5.4% were prescribed one psychotropic medication, and 12.8% were prescribed two or more.

Electronic Case File

Health data for children and young adults is stored electronically in OR-Kids, both in the person record and in the case file. Information stored in the person record includes a child or young adult's current health providers, growth chart measurements, immunization information, treatment history, and medication history. Health records, such as visit summaries from well- child checks, psychological evaluations, and other documents are uploaded and stored in the case file's electronic filing cabinet.

Health information is provided to resource parents at the time of placement to assist them in meeting the child or young adult's needs. Updated information is provided to parents, resource parents, child or young adult's attorney, CASAs, and any other legal parties through the discovery process during the legal case. Family Reports require caseworkers to enter the most recent appointment dates for medical, dental, vision, and mental health services.

Ensuring Appropriate Diagnoses and Placements for Medically Fragile Children, Children with Developmental Disabilities, and Children with Emotional or Behavioral Disorders

The state of Oregon does not operate medical group homes. Currently, all medically fragile or medically involved children are placed in family foster homes with caregivers trained to meet their specific needs. In addition to the assessment the child receives when coming into care, the ODHS Field Nurse also assesses at periodic intervals (intervals are established by the nurse, based on child-specific circumstances) to provide ongoing training and supervision in the home, coordinate in-home services and review any changes to care. Those assessments are then reviewed and approved by the Nurse Coordinator to ensure the accuracy and appropriateness of the Service Care Plan. In 2023, CW provided in-home services for 21 medically fragile children in 13 homes with 44 in-home care attendants.

Health and Wellness Program staff is also available to consult with local office staff regarding the types of placements required to meet the medical needs of medically fragile and medically involved children. Additionally, ODHS Field Nurses are available to conduct in-hospital assessments to assist in determining the type of placement a child may need.

In addition to the above, non-routine assessments may be completed when there is reason to believe a child has been subject to or endured a specific type of trauma or neglect. An example of this is Oregon's Karly's Law examination requirement[8]. The law mandates that children in Oregon who exhibit suspicious physical injuries during a child abuse investigation must receive medical attention within 48 hours. Assessment outcomes are often used to inform the courts about why CW requests the service.

Behavior Rehabilitation Services (BRS)

Sometimes, a child or young adult has behavioral needs that cannot be met in traditional family foster care settings. In these instances, the caseworker may submit a referral and request consultation with a Residential Resource Consultant (RRC) to determine whether a BRS services placement is an option. If so, the referral moves into the prior authorization stage.

During the prior authorization stage, the Licensed Practitioner of Healing Arts (LPHA) reviews the case and will make a preliminary determination of whether BRS placement is the most appropriate option for the child or young adult. If the LPHA determines that BRS is the most appropriate placement, the referral continues through the next steps. The Nurse Coordinator is the final authority regarding whether a child or young adult is approved to enter the BRS program. As part of the review and approval process, the nurse coordinator reviews the LPHA determination and all

[8] Karly's Law, ORS 418.806 to 418.816 and 419B.023

available medical and mental health records, medication logs, and case notes to ensure appropriate referral.

Medical Home Structure

Research shows that continuity of care in the medical home environment provides better outcomes and can decrease the need for higher-cost urgent care or emergency services. In 2024, the Health and Wellness Program began formalizing a structure to reinforce continuity and a patient-centric approach within the medical home for Oregon's medically fragile children in care. The framework will guide resource parents who oversee caregiving staff and tools for documenting care and services provided in their homes. Resource parents will receive a certification designation, ongoing training, coordination and collaboration for in-home supports, care coordination and respite services.

Health Components of the Youth Transition Plan

When the court dismisses custody of a young adult, the caseworker must provide the young adult with a "Transition Tool Kit." The kit contains essential documents, written records, official forms, and information that will benefit the young adult as they embark on their journey into adulthood. The following health-related matters must be addressed in preparation for the young adult's transition:

- Health and immunization records.
- Information regarding the importance of and their right to identifying a Health Care Representative, a person with decision-making authority for their health and mental health services.
- Information regarding the importance of and their right to complete an Oregon Advanced Directive (designating another individual to make health care treatment decisions on their behalf if they become unable to participate in such decisions and do not have or do not want a relative who is otherwise authorized under state law to make such decision).
- Assistance completing the Oregon Health Plan (OHP) application for the Former Foster Care Youth Medical Program Coverage.

Section IV – Assessment of Systemic Factors

Statewide Information System

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

Summary of State Analysis

Item 19 is rated as a **strength**, as CW has a statewide information system that can readily identify the required attributes for children in foster care. The accuracy of demographic information, placement locations, and child status is supported by layers of system functionality and validation through statewide reports and dashboards.

Agency Analysis

CW's statewide casework management system is called OR-Kids. System functionality captures the time of entry and exit of all children in foster care. OR-Kids currently captures demographic information which is presented to local offices in their CQI kick-off meetings.

The Placement module in OR-Kids captures location data for children in foster care, except for children in temporary lodging. An internal workgroup is developing a solution to include temporary lodging location data in the OR-Kids placement module. Logistical and technical issues to resolve include CCO auto-enrollment tied to placement address, a stable destination for the child's mail, etc. Local offices track the location data for every child in temporary lodging and each child is always accompanied by a minimum of two workers.

The Family Report and legal module both capture the child's permanency goals. Updates to those system functions are described in the Advance Planning Document (APD).

Timeliness of data entry is an ongoing focus of managers and staff in local offices. Per feedback gathered during the CFSR focus groups, business solutions to timely data entry vary from office to office across the state. District 2 Multnomah County implemented an email system that shares placement information with a core team of staff connected to a case. This includes the caseworker, certifier, placement entry staff and eligibility. They report that often data is entered on the same day

as placement but may take up to three days. A tracking sheet is used to track barriers to achieving the three-day goal.

During CFSR focus groups, multiple Office Managers reported certification processes as a common reason for delayed placement information. In situations where children are placed with relatives or kith/kin families who are not yet approved, the system does not yet have a provider to link the child's placement to.

Oregon's Legacy System

OR-Kids has continued the transition from Statewide Automated Child Welfare Information System (SACWIS) to Comprehensive Child Welfare Information System (CCWIS) requirements. This transition involves incrementally replacing the monolithic application with targeted, individually deployable applications and developing new applications.

While a total of 46 releases were deployed to support Project 1 during the 2023-24 APD period, Highlighted Releases aim to improve system functionality, fix defects, and enhance user experience. These updates include better search functions, data tracking, payment processing, and compliance with new policies and standards. Notable improvements feature better case note management, stronger provider relationships, and improved data quality across programs and workflows.

Recent updates to the OR-Kids system have significantly enhanced licensing, certification, and contract tracking, as well as data quality and interface performance. Key releases have focused on updating case notes, safety planning forms, and adoption tracking. Legislative requirements and various maintenance releases have addressed issues like school screening reports, diligent relative searches, and provider record management.

Each update is designed to streamline processes and ensure accurate data reflection across modules. In summary, these maintenance releases collectively boost system efficiency, user experience, and data accuracy.

OR-Kids Power BI report, FC-1002 - Emergency Preparedness Child Contact List provides real-time updates of each child's physical location. This report can be pulled by several parameters, including zip code, city, and school district for emergencies.

Future scope

A system process is needed to support the continuation of IV-E claiming under a full Certificate of Approval that reflects the physical address of a provider who has moved out of state under ICPC Regulation 1. Title IV-E funds can be claimed for up to 180 days or until the resource parent is fully certified in the receiving state.

Currently, the OR-Kids system does not allow the child's address to be updated without also updating the address on the resource parent's provider record. This could create a Title IV-E compliance issue as it would appear the resource parent has a full certificate of approval at the out of state address. Current practice is to continue the resource parent's certificate of approval based on the Oregon address for up to 180 days, to avoid any disruption in foster care reimbursement or Title IV-E claiming issues. If certification in the receiving state takes more than 180 days, the provider is issued a temporary certificate of approval and Title IV-E claiming is closed.

This issue impacts approximately 20 providers per year. Approximately 25% of those providers need more than 180 days to become fully certified. This creates issues with the child's access to medical and therapeutic services through Medicaid and an inability to accurately track the child's physical location.

Significant progress has been made in the multi-phased replacement of the existing legacy OR-Kids Person Management page, which stores comprehensive data related to case and provider participants. These system enhancements are anticipated to be implemented in fall of 2024.

Data Quality and Demographics

ODHS has implemented a data validation process in which data elements are analyzed according to six dimensions of data quality. Critical data elements are analyzed for consistency, accuracy, validity, completeness, uniqueness, and timeliness. The following critical data elements were analyzed using these dimensions to complete a data quality score. The following table displays data on kids in care between 10/1/2022 and 09/30/2023.

OR-Kids	Consistency	Accuracy	Validity	Completeness	Uniqueness	Timeliness
Placement Begin Date	100%	100%	100%	100%	100%	43%
Placement End Date	100%	100%	100%	100%	100%	N/A
Placement End Reason	100%	N/A	100%	100%	100%	N/A
Placement Provider	100%	N/A	100%	100%	100%	N/A
Hispanic/Latino	100%	N/A	100%	90%	100%	N/A
Race	100%	N/A	100%	97%	100%	N/A
First Name	100%	N/A	100%	100%	100%	N/A
Last Name	100%	N/A	100%	100%	100%	N/A
Date of Birth	100%	100%	100%	100%	100%	N/A
Gender	100%	100%	100%	100%	100%	N/A
Mother	N/A	N/A	100%	80%	100%	N/A
Father	N/A	N/A	100%	67%	100%	N/A
Primary Plan (Goals)	100%	N/A	100%	98%	100%	88%
Special Needs	100%	N/A	100%	100%	100%	N/A

** Median number of days from Placement Begin Date until Placement Entered into OR-Kids = **19***

To measure against the six dimensions of data quality, a population is selected that meets criteria to be included in the report.

Consistency refers to data that is the same throughout the CCWIS system. For example, a person's date of birth is the same in all locations it is referred to across the system and all modules.

Accuracy is ensuring the data reflects correct and precise values as intended by the end user. This is often difficult to determine and during a thorough analysis, data is verified with different areas of the system for accuracy and intent.

Validity measures data elements that meet specified formats. For example, for a date of birth to be valid, it must be numeric, in a date format that is also within an acceptable range: not in the future or further back than 120 years (or other specified ranges).

Completeness refers to data that does not have a NULL, or lack of value, in the data field. During a thorough analysis, 'complete' indicates the data is also analyzed in the context of other related data.

Uniqueness indicates data do not have duplication within the dataset. There is only one data element representing each record. Depending on the data selected, duplications within a dataset are expected; for example, datasets containing selections made from a drop-down or other pre-selected choices are expected, such as gender. Person record IDs should not have duplication and are unique to each record.

Timeliness refers to the timely entry of data for use within the organization. This is determined using the database's timestamp feature, indicating the exact time that data is entered. For example, timeliness is calculated using this timestamp compared to the date an episode began to determine the length of time it takes an end user to enter information into OR-Kids. If business rules dictate data entry should occur within three days of an event, the measurement provided is a percentage of those meeting the three-day rule.

When data quality measurements are not possible, a result of N/A is provided. Timestamps are not provided for every data element, rendering analysis on timeliness not feasible. Since Accuracy is a measurement of the what the user intended to enter into the system sometimes it is not possible to calculate a score without more in-depth analysis of the field.

The agency is currently engaged in an analysis of many critical data elements that make up the CFSR review questions. This will help the agency to create and prioritize work tasks to improve future CFSR reviews and overall data collection.

Vulnerabilities

Mother/Father: Parental information can be entered in Family Report separately from OR-Kids. The data is not consistent between each other. Sometimes workers will enter data in Family Report and not in OR-Kids. This causes problems with other reporting systems that rely on OR- Kids data.

Goals and Placement: There is no direct link between the child's placement episode and the Family Report where the goals are documented. This makes it difficult to know with certainty that the Family Report being pulled is directly linked to the particular episode.

Federal Reporting

In May 2023, ODHS submitted the Adoption and Foster Care Analysis and Reporting System (AFCARS) report in its new format for the first time. By September of the same year, a compliant file was successfully submitted, and all subsequent submissions (2023b, 2024a) have remained compliant to date.

P1: REPORT	DATE	DESCRIPTION
AFCARS 2024a	05/14/24	Submission of the bi-annual report. It was accepted and compliant.
AFCARS 2023b	11/11/23	Submission of the bi-annual report. It was accepted and compliant.
NCANDS 2024 Update	01/31/24	Code updates to correct an error in CODE_DESC for report source, sex trafficking victimization.
AFCARS OOHC Code Update	11/16/23	Update to handle duplicative resource parent information causing error in report.
AFCARS 2.1 Update	08/17/23	Resubmission of AFCARS 2023a that was accepted and compliant.
NYTD Survey Data Update	05/18/23	Data update to insert NYTD submission into production table due to failure in utility.
AFCARS 2.1	05/11/23	Submission of AFCARS 2023a that was accepted, but not compliant.

Before submitting FFY2023 for the National Child Abuse and Neglect Data System (NCANDS) report, code updates were implemented to resolve an issue in our reporting source and to enhance elements related to medical neglect, sex trafficking, and Comprehensive Addiction and Recovery Act of 2016 (CARA) information, ensuring accurate mapping to data in the ORCAH screening module.

In the coming year, we will review whether the Office of Training, Investigations, and Safety (OTIS) data should be reported to NCANDS. This consideration arises due to an increase in 'Other Maltreatment' type allegations, which do not accurately represent CW investigations since they are conducted by a program within ODHS, but outside of the CW Division.

Additionally, we will evaluate our CARA services and response times to determine if these figures genuinely reflect the work being done or if they indicate a systemic issue.

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?

Summary of State Analysis

Item 20 is rated as an area **needing improvement**. Although CW continues to see steady increases in the percentage of case plans completed within 60 days each month, efforts have not achieved the required 95%. Additionally, although the Family Report is designed to be a document completed jointly with the parent, CW currently has no standardized process for tracking when and how parents were engaged in case planning. However, parent engagement is documented individually by case in case notes.

Agency Analysis

The Statewide Permanency Quality Assurance/Fidelity Reviews of a sampling of cases reviewed by district biannually give some indication of parental involvement in the case plan; however, these measures may not be a true reflection of actual engagement of parents in the completion of the case plan. Many caseworkers have conversations with parents but do not always document the conversations in a way that would demonstrate compliance with the expectation of that case planning is developed jointly between the parent and CW. Additionally, there is a signature line on the family report for both parents and caseworkers, but approval of the family report document does not require those signatures and signatures are not always observed in the documentation.

Based on the ROM CM.01 Foster Care Counts report, there were 5,005 children in foster care during FFY 2023. Of whom, 529 children were in home with at least one parent on a trial reunification. Caseworkers are required to develop a written case plan within 60 days of a child entering foster care; however, only 66% had completed case plans within that time frame. As of April 2024, the percentage of statewide timeliness of completed case plans is 75%.[9] There is no quantitative data available to demonstrate that these case plans are being developed with the parents. A manual review of the Family Reports and case plans would be needed to identify specific qualitative documentation of the parent's involvement in case planning. This is an area that needs improvement.

[9] Child Welfare Division – Progress Report to the Governor – March 2024

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?

Summary of State Analysis

Item 21 is rated as a **strength**. Analysis shows that the case review system is 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.

Analysis

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 and a shared responsibility for CRBs and the courts, resulting in frequent reviews of cases.

CRBs are comprised of community volunteers who apply and are selected to serve on the local CRB. There are 55 county level CRBs located in 33 of the 36 counties throughout the state. Gilliam, Sherman, and Wheeler counties do not have a CRB, making it the responsibility of the local courts to conduct the review and permanency hearings. In 2021, there were 16 CW cases total in these three counties. According to Oregon's Child Abuse Prevention and Treatment Act (CAPTA) report on Citizen Review Panels, CRBs conducted 2,340 reviews involving 3,191 children and young adults in 2023.

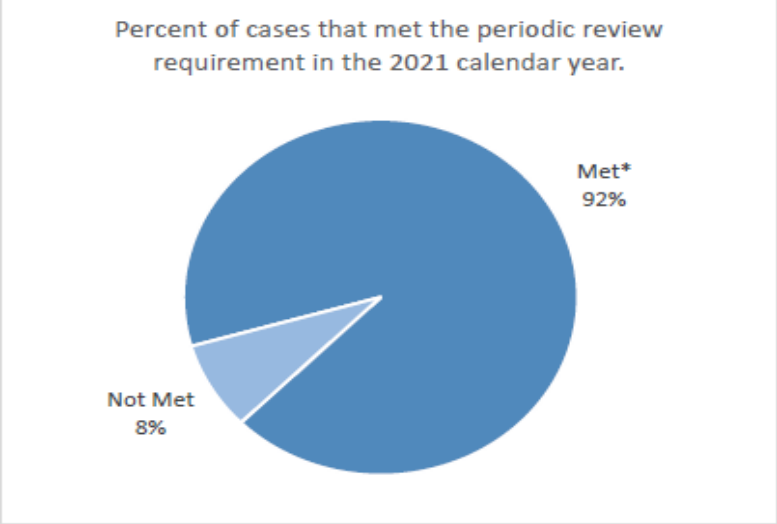
CRB tracks all cases until their periodic review is resolved. If an anticipated court hearing does not occur, CRB will hold a review. Additionally, according to CRB, the CW agency rarely misses submitting case material two or more months in a row. The CRB ensures that subsequent reviews occur in a timely manner by resetting the six-month review due date after each permanency hearing, judicial full review, or CRB review. A CRB review is scheduled prior to each due date unless 1) the court has already conducted a permanency hearing or completed judicial review, 2) the court has a permanency hearing or judicial review scheduled prior to the due date, or 3) the child is no longer in care. The CRB generally reviews cases at six and twelve months after entry into care, and thereafter alternates reviews with the court every six months until the child exits care.

Based on input provided by focus group participants, there are several factors that impact the timeliness of court hearings. Some factors include attorneys and parents not meeting before hearings to discuss details related to the case, lacking meaningful settlement conferences, and good cause findings. Some judges are proactively scheduling an initial review hearing and a permanency hearing at the time of jurisdiction to improve timeliness.

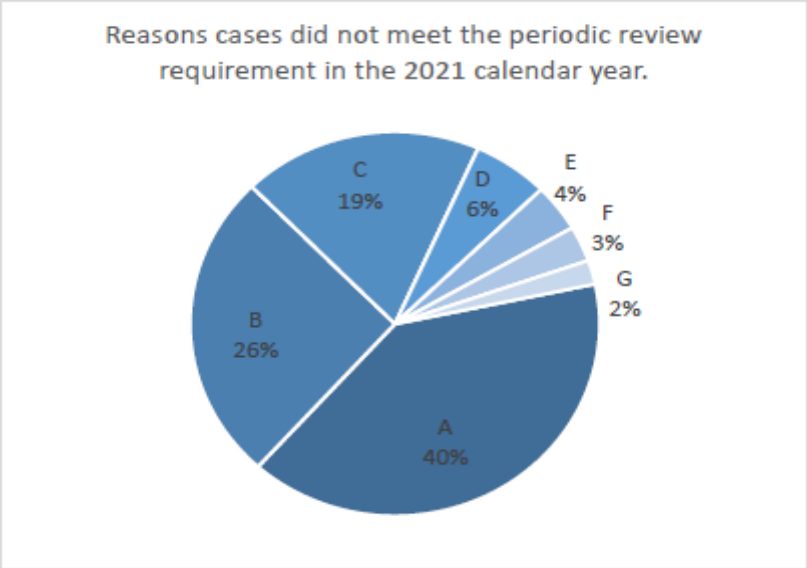
In the figure below, there were 8,323 cases statewide that included the total number of children who entered or were already in foster care in 2021. A total of 7,633 (92%) of 8,323 cases met the requirements for the periodic review. For the 690 cases (8%) that did not meet the periodic review requirement, a range of reasons were identified and listed in the second figure below.

Both figures include CRB reviews, full judicial reviews, and permanency hearings. In 2021, less than 80% of cases met review timeline requirements in Lake, Marion, Tillamook, Columbia, Crook, and Baker Counties. More than 95% of the cases met review timeline requirements in Clackamas, Klamath, Malheur, Marion, Multnomah, Union, Wasco, and Washington Counties.

The 30-day grace period is part of the Oregon Plan for Compliance with P.L. 96-272 that the Oregon Children's Services Division submitted to Children's Bureau allowing cases to be categorized as meeting the review requirement in consideration of the timing of CRBs monthly meetings. Despite the grace period offered, efforts from the courts and CRBs must continue to be made to hold hearings as close to the due date as possible.



*CRB reviews and qualifying court hearings that occurred within the "30-day grace period" following a periodic review due date were categorized as meeting the requirement. This grace period is documented in the memorandum of understanding between CRB and ODHS and is a necessity in coordinating CRB reviews with court hearings. Sometimes review due dates pull CRB reviews into a prior month because of the board's once per month meeting schedule. If there was not a grace period, the next review due date might trigger another CRB review right before an annual permanency hearing.



Reasons

A. CRB did not review because child was in a trial reunification placement
B. Scheduled hearing was continued or setover more than a month past the review due date
C. CRB processing deviation or error
D. Hearing type that occurred was different than what was expected and/or scheduled
E. Entry of judgment was significantly delayed or did not occur
F. No paper (i.e., ODHS did not submit materials for a CRB review)
G. Other

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?

Summary of State Analysis

Item 22 is rated as a **strength**. The case review system is functioning statewide to ensure that each child has a permanency hearing in a qualified court or administrative body no later than 12 months from the date the child entered foster care and no less frequently than every 12 months thereafter.

Analysis

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.

Calendar Year	% Timely to First Permanency Hearing
2019	89.4%
2020	84%
2021	85.5%
2022	87.3%
2023	88.3%

Source: JCIP, 2019-2023 Dependency Cases Filed

Initial permanency hearings are timely if conducted within 425 days (14 months) of the initial petition filed. Performance on this measure is steady.

Calendar Year	% Timely to Subsequent Permanency Hearing
2019	91.9%
2020	89.4%
2021	92.6%
2022	92.9%
2023	93.4%

Source: JCIP, 2019-2023 Dependency Cases Filed

Subsequent permanency hearings (the second through case closure) are considered timely if held within 365 days of the prior permanency hearing.

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?

Summary of State Analysis

Item 23 is rated as an area **needing improvement**. Findings from the CFSR CQI reviews for the prior two years found that TPR petitions were filed timely for 93.3% of the review sample. However, CW is unable to provide data reports to show that TPR petitions are filed timely and in accordance with the required provisions.

Analysis

OJD 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 cases have a good cause judicial finding. Because OR-Kids does not require judicial exception information, obtaining this data requires manual file review.

In 2023, as demonstrated by OJD data below, the median days from filing a dependency petition to filing a TPR petition increased, as did the median days from filing a dependency petition to termination or relinquishment of parental rights.

Appellate law in Oregon is clear that even when a child cannot be returned to a parent's care, the "protection of a child's best interests includes attention to all of the options for preserving whatever relationship is possible with that child's parent…"[10] One way to do this is by preserving the legal relationship and opting for permanent guardianship when appropriate. The Nine Federally Recognized Tribes of Oregon may also support permanent guardianship or durable guardianship plans over adoption, limiting the number of TPR petitions. This aligns with CW's Vision for Transformation approach of supporting families and preserving children's relationships, cultural connections, and sense of belonging in all parts of the work.

Calendar Year	Median Days from Dependency to TPR Filing
2019	488.5
2020	521.5
2021	495.5
2022	482
2023	519

Source: JCIP, 2019-2023 Dependency Cases Filed

Oregon reviewed 225 foster care cases for the state's CFSR CQI review over the past two years. Of those cases, 122 of the target children were in foster care for at least 15 of the most recent 22 months. An additional three children met Adoption and Safe Families Act criteria for TPR. CW filed a timely petition for TPR for 46 of the children and this question was applicable for 120 children. An exception for filing TPR existed for 66 children and did not exist for 8 children. Thus, for this sample, TPR was filed timely, or there was an exception for 93.3% of target children.

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 or hearing held with respect to the child?

Summary of State Analysis

Item 24 is rated as a **strength**. The case review system is functioning to ensure that resource 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 or hearing held with respect to the child.

[10] Dept. of Human Services v. J.A.P., 317 Or App 525, 527 (2022).

Analysis

According to focus group feedback, resource parents are notified about all upcoming review and permanency court hearings by the caseworker informing them verbally, by email, by phone call, or by text message. The local CW offices also send official notification letters with the date and time of the hearing, caseworker contact information, and notice that the resource parent, relative caregiver, or grandparent has a right to be heard. Depending on the county of jurisdiction and/or court approval, notification letters may also include the virtual link or conference number to join the hearing virtually. Attorneys for children also inform the resource parents about upcoming hearings, especially in an effort to develop a plan for the child to attend the hearing, if needed. If resource parents attend a court hearing, they will be made aware of and invited to the subsequent review or permanency court hearing.

Resource parents and caregivers report increased engagement when provided with the option to join court hearings remotely. When a resource parent attends the court hearing, the Judge asks the resource parent if they want to be heard, though according to focus group feedback, some resource parents reported they were not aware they have the right to be heard.

In the Family Report, caseworkers must indicate whether notification of any upcoming hearing was provided to the grandparents, resource parents, and the child's Tribe. Based on conditional logic, this question appears only when pre-determined criteria are met. The requirements are based on how CW is involved with the family. When this question appears, but a resource family does not exist (e.g., facility placements, hospitalization, trial home reunification), the caseworker should select "Not Applicable."

The data below includes the responses provided by caseworkers in regard to notification for resource parents, which were indicated in all Family Reports that had an effective date and were approved in FFY 2023. All of the Family Reports included in this data also meet the two criteria above: court involvement and any time in a substitute care placement.

Resource Family Notified?	Number of Family Reports	Percent
Yes	7,632	90.3%
Not Applicable	785	9.3%
No	36	0.4%
Grand Total	8,453	100.0%

When answering the question, a caseworker marks “not applicable” when the placement does not have resource parents to notify and are prompted to provide an explanation. Some examples include:

- Trial home reunification
- Residential treatment facility
- Hospitalization
- Independent living
- Detention or youth correctional placement
- Intellectual and Developmental Disabilities group home placement
- Temporary lodging
- Temporary lodging prevention / respite care

Quality Assurance System

Item 25: How well is the quality assurance system functioning statewide to ensure that it is (1) operating in the jurisdictions where the services included in the Child and Family Services Plan (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?

Summary of State Analysis

Item 25 is rated a **strength**. CW has established several quality assurance components within child welfare programs and implemented a comprehensive and integrated Continuous Quality Improvement (CQI) system. Through the use of dashboards and Microsoft Power BI reports, CW has effective tools for monitoring implementation and making adjustments as needed.

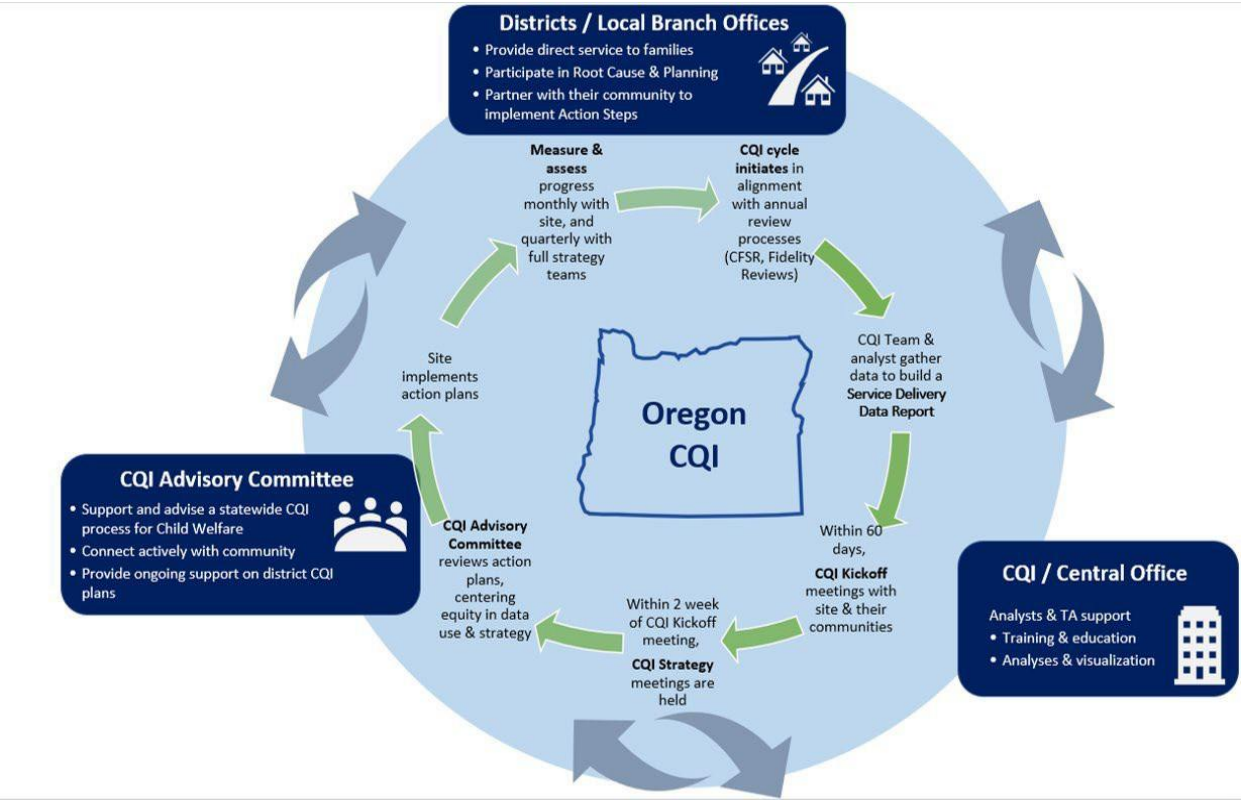
Analysis

The CW transformation is built on data-informed practice, supported by continuous quality improvement and modernized information technology systems and tools. Through research and data tracking, action plans that focus on small changes with big impact, and collaboration with community partners and Tribes, Oregon CW seeks to understand:

- How well are we serving children and families in our communities?
- Can we do it better and/or more effectively?

CQI Team

CW's Continuous Quality Improvement Program (CQI) launched in July 2022. As of August 1, 2024, all 16 districts in Oregon have engaged in the CQI cycle.



The CQI program was designed to align with the Child and Family Services Review (CFSR) process and utilizes the Plan, Do, Study, Act (PDSA) model. At kickoff, the CQI team works closely with each district to identify the appropriate number of CQI sites within the district (when there is more than one local office) and supports the development of a local team that includes local managers and staff and community partners, including: Tribes, individuals with lived experience, service providers, resource and adoptive parents, legal partners, and Self Sufficiency.

The CQI analyst creates a comprehensive data report, referred to as the Service Delivery Data Report (SDDR). Through analysis of qualitative and quantitative data the CQI analyst outlines the site's overall functioning and how children and families in the community experience the child-serving system. The SDDR is built on the CW Vision for Transformation and the Data Equity Vision Statement, which the Continuous Quality Improvement Advisory Committee created.

In collaboration with the community, CW is committed to cultural respect, community representation, accountability, integrity, privacy, responsibility and transparency in the collection and utilization of data in child welfare. CW will advance and embed equity through the use of racial

equity and social justice tools. CW understands it is accountable to children and families and the communities that served to ensure consistent, accurate, inclusive, and transparent data reporting and analysis.

The SDDR documents information about community metrics and disproportionality in the local CW population. The team reviews qualitative data that is pulled from OR-Kids, OJD, and community data sets.

The qualitative data found in the SDDR includes 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 align with the CFSR items. 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 SDDR lag measures are the federal measures tracked on the **Oregon Department of Human Services (ODHS) Child Welfare Federal Performance Measures Dashboard**. The lead measures are practice measures that impact the lags.

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.

A Strategy Meeting that includes a smaller group of CW staff (managers, caseworkers, administrative staff), community partners, Tribes, and individuals with lived experience, work through a root cause analysis of the lead measure selected at the Kickoff Meeting. Deeper dives into the data for trends, as well as anecdotal experience and insight shared by the community inform the problem statement and a root cause analysis helps identify areas to that need support. Theories of Change are developed to bridge the root cause findings into operational Action Steps, making up an Action Plan.

The CQI Advisory Committee is comprised of approximately 80% persons outside ODHS and CW, including individuals 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, resource parents, 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 identified in a sites Action Plan 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, come together to review the Action Plan, review data regarding the efficacy of each step, and make decisions about continuing, adjusting, or ending the action item. 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 change, 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.

Data literacy is infused throughout the CQI cycle. CQI analysts developed a data literacy email campaign that educates CW staff on basic data concepts and enhanced understanding of how qualitative data can improve practice and outcomes for children and families in preparation for CFSR Round 4.

At the beginning of 2024, the CQI team developed and implemented statewide Learning Collaboratives. These collaboratives support statewide discussions and sharing of successes and strategies to address 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. To date, the CQI team has hosted two collaboratives. The first was an overview of the lead measure face-to-face contact with parent, the second was an overview of ongoing safety plan accuracy and sufficiency.

Local Office CQI Initiatives - Focus on Risk & Safety Assessment

District 4 Lincoln County

Lincoln County focused on parent and community involvement in the creation of safety plans. This open collaboration ensured that the plans were clear to everyone involved. At the end of February, all staff participated in a training to refresh their understanding of the safety model, how to effectively document their safety plans, and how to translate them to families and community partners. The local office meeting facilitator added an agenda item to all family meetings for family

members and partners to review the safety plan and any barriers to an in- home plan. Those meetings are more family-driven as a result, which has made a positive difference.

Ongoing Safety Plan Accuracy and Sufficiency

Caseworkers are working with service providers and natural supports within families to manage safety. The ongoing safety plan describes how the children are unsafe and how the safety threat specifically impacts child vulnerability. The plan is regularly updated as the family circumstances change.

District 2/Multnomah County – All Sites

Four of the five[11] local offices in Multnomah County have opted to use a CQI cycle to work on ongoing safety plans. Midtown used their first CQI cycle (from March 2023 – February 2024) to work on improving both their frequency of creating ongoing safety plans and the quality of those plans. They added safety plans as an agenda item to all family meetings to ensure parent involvement and understanding. The CQI analyst sent out a list of all children without completed ongoing safety plans to supervisors and the program manager bi-weekly, which resulted in a consistent decrease in the number of children without ongoing safety plans. At the beginning of their CQI cycle, Midtown's performance on this measure was at 25% (from their most recent Permanency fidelity review in September 2022). The review just before the end of their cycle, in January 2024, showed 50% strength rating on this item.

Alberta, East, and Gresham (other offices in Multnomah County) use their current CQI cycles to improve their practice around ongoing safety plans. Their work focuses on:

- Consistently creating ongoing safety plans.
- Updating ongoing safety plans when circumstances change.
- Writing ongoing safety plans in clear and direct language that accurately reflects how the safety threat is operating and how it is being managed.
- Engaging families and their natural supports in co-creating safety plans.
- Supervisor calibration to improve consistency in approval standards.

District 12 Umatilla & Morrow Counties

Umatilla and Morrow Counties together make up District 12, with local offices in Hermiston, Boardman, and Pendleton. They elected to work together as one site to improve their practice around ongoing safety plans, both in frequency and quality. They identified that their ongoing safety plans did not always adequately describe the current safety concerns in the home and were

[11] Gateway, the fifth local office, houses centralized services to support the district and is not a separate CQI site. It is combined with Gresham for CQI purposes.

not always updated every 30 days. The language was not clear or direct and was contingent on parent behavior (a practice contrary to the safety model).

District 12 developed an action plan with many steps. The following list is a summary of the work they have committed to in order to improve safety planning practice:

- Training/practice focused on specific aspects of the ongoing safety plan.
- Focusing support during the meeting between the CPS worker and the permanency worker where the safety threat is fully defined, and a plan is developed for the ongoing work with the family.
- Tracking children without ongoing safety plans and regularly sending the report to supervisors and the program manager.
- Reviewing the ongoing safety plan with the required parent face-to-face contact every 30 days.
- Adding the safety plan as an agenda item to every Family Decision meeting.
- Offering an optional extra meeting prior to reunification to review the ongoing safety plan.

There are some slight differences in protocol between Hermiston and Pendleton due to logistical requirements or preferences, but each local office is adapting based on their unique culture and context.

District 13 Wallowa, Union, and Baker Counties

Wallowa, Union, and Baker Counties make up District 13. The CW offices are in Enterprise (Wallowa County), La Grande (Union County), and Baker City (Baker County). They have opted to work as one site on ongoing safety plans. District 13's action plan is focused on the following:

- Weekly reminders to caseworkers in supervision, supported by tracking done by their CQI analyst (eventually to move to a case aide for ongoing sustainability).
- Hands on workshops with safety and permanency consultants on writing ongoing safety plans.
- Engagement with parent mentors to improve content and function of safety plans.
- Community engagement work in hopes of bringing more involvement to their CQI work in general and safety plan work specifically.

District 15 Clackamas County

District 15 is working on their ongoing safety plans and hopes to affect their face-to-face contact with parents as well as increasing reunification within 12 months by improving the safety plan practice. To do this, District 15's action plan includes:

- Documenting in case notes whether parents were provided with an ongoing safety plan *in person* (or if a copy has been provided to the parent's attorney if contact is restricted at the parent's request).
- Conducting a qualitative review of ongoing safety plans to provide D15 with information about their initial quality level and the improvement since they began this CQI cycle.
- Tying ongoing the safety plan update and discussion to parent face-to-face contact, which should be occurring monthly.
- Adding to the case reassignment protocol to ensure the ongoing safety plan and cultural considerations are discussed.

Oregon Child Abuse Hotline (ORCAH) CQI

ORCAH has its own internal CQI program. Its structure and progress for 2023 are described in detail on pages 14-19 of Appendix 03.

Safety Program Fidelity Reviews

The CPS fidelity reviews evaluate 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 starts new practices, new measures are identified to help evaluate them. The reviews assess whether 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.

Foster Care Review

These reviews are completed in coordination with the CFSR review timelines, ensuring all local offices are reviewed each year and all resource family home types are reviewed. Each sample is pulled at random and six providers in a region are selected for a fidelity review of the SAFE Home Study and federal and state certification compliance measures. Six additional providers are selected for a fidelity review of the certification renewal process. Workload does not permit multiple reviewers per provider, but outliers are checked, and reviewers have access to assistance.

In 2023, the review team included eight foster care coordinators, these coordinators are experts in policy and operations whose primary job is to provide consultation to certifiers across the state, 21

certification supervisors, and three other staff with expertise in certification. Training supervisors to do these reviews is a valuable investment in their ability to successfully coach their staff in best practice.

The results of the reviews are summarized in a debrief document, which is then provided to the local office leadership. A debrief meeting including the local office program manager, certification supervisor(s), and the assigned foster care coordinator, allows the QA Coordinator the opportunity to fully discuss strengths and opportunities for improvement.

Child Fatality Prevention and Review Program (CFPRP) Reviews

The Child Fatality Prevention and Review Program is tasked with CW's statutory obligation to review critical incidents, particularly child fatalities, where the child was known to CW. In collaboration with the Oregon Health Authority, the CFPRP fulfills the ODHS' statutory obligation to coordinate a statewide team to review child fatalities. CFPRP's process and the QA, CQI, and other efforts arising from the reviews, are detailed in Appendix 04, the Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities.

Treatment Services Program Reviews

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 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 to analyze themes or trends across the BRS continuum in Oregon and participate in a larger "BRS Review" process to ensure quality.

Additionally, CW meets with children and young adults served in these settings to gather direct feedback every six months.

Onsite Review System (OSRI)

The ODHS Office of Program Integrity conducts onsite state led CFSRs using the CQI 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.

Oregon uses the federal Onsite Review Instrument (OSRI) with an ICWA Addendum. The ICWA Advisory Council, OTA, 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.

Staff and Provider Training

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

Summary of State Analysis

Item 26 is rated as an **area needing improvement**. Although CW has implemented significant training infrastructure and content since Round 3, the Workday Learning system does not provide data and reporting information to meet the requirement for tracking completion rates, effectiveness (did the training provide the knowledge/skills), and variations across the state and job functions.

Agency Analysis

The Vision for Transformation depends on a diverse, supported, skilled, respected, and engaged workforce that reflects and embraces the communities served.

Workforce Training Plan

There are four stages of training for Child Protective Services (CPS) workers, permanency caseworkers, certifiers, and Family Time Coordinators (FTC) during the first 12 months of employment.

When workers are hired, the first three weeks of employment is spent orienting to their local office and completing the New Employee Orientation Checklist (NEO). Newly hired workers shadow experienced workers on job related duties, such as supervising family time, transporting children, and attending home visits, court hearings, and family meetings. Within the first 60 days of hire, workers must complete computer-based trainings as required by the Department of Administrative Services (DAS) and ODHS. The online training topics include the following:

- Secondary Traumatic Stress
- Oregon Safety Model: Session 1 – Information Gathering in the Six Domains
- Oregon Safety Model: Session 2 – Present Danger and Creating Protective Action Plans
- Oregon Safety Model: Session 3 – Impending Danger and Initial Safety Plans
- Oregon Safety Model: Session 4 – Moderate to High Needs
- Oregon Safety Model: Session 5 – Safety Planning
- Oregon Safety Model: Session 6 – Conditions for Return
- Oregon Safety Model: Session 7 – Expected Outcomes
- OR-Kids Basics
- Indian Child Welfare Act
- Values and Ethics for DHS Child Welfare Workers
- The Impact of State and Federal Law on CW Practice
- Mandatory Reporting of Child Abuse in Oregon

After orienting to the local office and completing the online training prerequisites, new workers undergo pre-service training provided through the Child Welfare Partnership (CWP) with Portland State University (PSU). New workers engage in a virtual learning environment as part of the pre-service training, Essential Elements of Child Welfare Practice, which is required for a Social Service Specialist classification to begin performing their job duties.

From 2023-2024, training was provided to 2,518 CW professionals in live, synchronous trainings and another 850 CW professionals received computer-based trainings. Staff from across all 16 districts in Oregon were provided training through this program, with the highest volume from District 2 (Multnomah), District 3 (Marion, Polk, and Yamhill), District 5 (Lane), and District 8 (Jackson and Josephine). Portland State University's CWP April-June 2024 Quarterly Report provides more detailed information. (Appendix 05).

The next training stage is On-Ramp, which is on the job training. On-Ramp is a 6-step process that involves 1) a supervisor explaining the task, 2) the new worker reviewing the policy and procedure, 3) the new worker shadowing an experienced worker performing that task, 4) the new worker discussing the shadow experience with their supervisor during group supervision, 5) the new worker performing the task with support from a supervisor or Coaching and Training Specialist (CTS), and 6) the new worker performing the task under observation of a supervisor. Using the 6-step process, On-Ramp introduces workers to eight key tasks to complete through experiential learning and provides opportunities to research statute, rules, and procedure, while observing a variety of job duties. New workers must complete the following tasks during On- Ramp:

1. Supervise a visit and document a case note.
2. Build case chronology.
3. Conduct a home visit.
4. Conduct a CPS assessment.
5. Participate in group supervision.
6. Attend a court hearing.
7. Attend a preparation meeting, agreement meeting, or transfer staffing.
8. Attend a family engagement meeting, child safety meeting, or Oregon family decision meeting.

While going through On-Ramp training, caseworkers are assigned cases on a limited basis with increased supervision. Typically, a new staff member receives a reduced caseload of no more than one new case per week for the first four weeks. Which in comparison to the Oregon Caseload Ratio Standards (established in 2021) for 7 (CPS), 12 (Permanency) and 21 (Certification). Worker readiness is assessed by the supervisor and a determination is made to continue with a reduced caseload or increase the caseload. The number of cases assigned may very across the state as this decision is dependent on many factors including but not limited to proficiency/comfort of the worker, the unit the worker is assigned to, and staffing needs.

Finally, caseworkers receive additional computer based and virtual learning courses through PSU to complete the needed learning competencies within the first year of employment. The specialized focus courses include:

Within 6 Months:

- Well-being Needs of Children and Youth
- Preparing and Presenting for Success in Court
- Targeted Case Management Training for Caseworkers
- Domestic Violence 101
- OR-Kids CPS Assessment 101 (CPS workers only)

- OR-Kids Permanency 101 (Permanency workers only)
- OR-Kids Certification 101 (Certification workers only)

Within 12 Months:

- Trauma Informed Practice Strategies (TIPS)
- Family Conditions
- Child Welfare Confidentiality
- Sibling Bill of Rights
- Commercial Sexual Exploitation of Children and Young Adults
- CANS Screening
- Advocating for Educational Services
- Multi-Ethnic Placement Act (MEPA)
- How Federal Funding is Impacted by Child Welfare
- CW Practices for Cases with DV

Certifiers are provided specialized trainings for their role, which includes:

- Certifier and Adoption Worker Training (two weeks)
- SAFE Home Study Training for two days

Coaching and Training Specialists receive a seven-day initial pre-service training before performing any job duties. CTS courses cover coaching, training, CW practice, collaboration, and engagement. Components of this training are integrated with supervisor training to support their role as trainers in the local office.

Supervisors undergo a two-week pre-service training designed to provide the necessary tools to lead CW staff. Training topics include leadership, coaching, human resources, and CW practice. Following training, supervisors participate in a monthly cohort call that further establishes connections between supervisors in other branches, leading to expanded support networks, communities of practice, and wellbeing. There is also an on-ramp they must 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 design programs.

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

- Cultivating a Diverse Workforces
- 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 CPS workers, permanency caseworkers, certifiers, FTC, CTS, and supervisor positions are available to all staff on the CW SharePoint:

- Initial training pre-requisites
- 12-month training plan
- Pre-training activities
- On-ramp guide
- On-ramp checklist
- Intensive follow-ups for supervisors

Tracking, monitoring, and evaluation of required trainings is managed through the Learning Management System, Workday Learn. CW uses Workday Learn to manage registration, host trainings, and log the progress status for each worker, including supervisors. Workers are evaluated through knowledge assessments, pre/post-tests, self-assessments, work samples, and simulation. CW supervisors can pull the transcript for each worker to assess completion of required trainings through this system; however, the agency does not have quantitative data available to demonstrate training completion timeliness or to cross-reference employment data with training data.

The Workforce Development Training Team is developing a pilot of enhancements for new worker training for the first 18 months of service. The pilot will use a cohort-based Academy model where new workers will be assigned to a trainee status for their first six months of service. During this time, they will receive additional blocks of instruction on fundamentals of casework, advanced skills, and program-specific training. This content will consist of a new orientation for CW staff, introductory content to prepare for preservice training, and *Essential Elements of Child Welfare Practice*. This content will take a variety of formats, including but not exclusive to video micro-learning, self-paced e-learning, instructor-led training, seminars, and conferences. Upon completion of the classroom portion of the Academy, new workers will receive on-the-job training. They will carry a reduced caseload, receive increased supervision, and engage in additional transfer-of-learning activities.

Training content for ODHS CW's OR-Kids system 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 the SACWIS system. Video micro-learnings are 3-5 minute on-demand instructional videos that will give staff quick step-by-step completion instructions on individual tasks within OR-KIDS.

Oregon Child Abuse Hotline (ORCAH) Screening Training Academy (STA)

ORCAH's internal STA 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 OTA. Prior to the Screening Training Academy, new screeners complete an onboarding process, and after completion of the 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.

The training team at ORCAH has found that focusing on the relational aspect of onboarding and training new screeners is critical to success. Most screeners work remotely most of the time which can be isolating for new staff. This may be compounded for screeners who work evening or overnight shifts. STA is intentionally in-person and set up as a cohort model to build relationships early on for new staff. New screeners are also introduced to their permanent units before they finish training and added to those unit meetings and group chats to develop connections.

Upon completion of the STA and Post-Academy Coaching (PAC) activities, screeners are evaluated in three areas of competency for graduation: phone skills, report writing and use of technology. 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: Increase to 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 the 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 SSSIs and CTSs, FTCs, supervisors, program managers, district managers, and program design staff.

Coaching

CW is collaborating with the Self-Sufficiency Program to adapt and implement a coaching model. The workgroup is receiving support and technical assistance from the Capacity Building Center for States (CBCS), who has advised numerous jurisdictions in the design, implementation, and evaluation of coaching.

Coaching has been shown in research to contribute to improvements in staff functioning, including significant impacts to performance, skills, self-regulated direction toward goals, general well-being, and work attitudes. Coaching extends the impact of training, resulting in higher fidelity in the application of newly acquired knowledge and skills, and increase in staff confidence.

CW and Self-Sufficiency have conducted readiness assessments, conducted peer-to-peer meetings with states who have implemented coaching, and evaluated multiple coaching models. The Atlantic Coast Child Welfare Implementation Center (ACCWIC) was selected as the coaching model for ODHS CW and Self-Sufficiency. ACCWIC supports effective implementation, strengthens practice, increases competency, develops leadership skills, and increases leadership capacity.

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?

Summary of State Analysis

Item 27 is rated as an **area needing improvement**. CW is developing new structure and requirements to support ongoing that addresses skills and knowledge needed for staff to carry out their duties. However, at the time of this assessment the system lacks the mechanisms to assess how effective trainings are at achieving certain levels of job performance.

Analysis

Several structures are in development to support ongoing training of CW staff:

District Training Teams

These teams will consist of local leadership, Coaching & Training Specialists, Central Office Program Consultants for CPS and permanency workers, Learning & Development Specialists, and other identified personnel. The objective of this team is to identify all available training resources, determine training needs, and provide proactive and reactive solutions to the development needs of staff.

Ongoing Training

Additional requirements, content, and events are being developed to support the professional development of CW staff after they have completed their pre-service training:

- Review and update of current initial and annual trainings.
- Establish a minimum number of ongoing training hours staff are required to complete annually.
- Development of specialized training content intended to refresh or enhance skillsets.
- Development of periodic in-service training events.

Current Offerings of Ongoing Training

- *LEAD Summit:* A tri-annual event for the professional development of Coaching & Training Specialists, Office Managers, Program Consultants, Regional ICWA Specialists, Addiction Recovery Team Leads, and Supervisors. This is a conference style training event with guest speakers, workshops, and breakout sessions designed to provide collaborative training opportunities for the invitees related to leadership, CW work, and other specialized content.
- *Trainer's Institute:* A tri-annual conference-style event for trainer's (or staff with training responsibilities).
- *Program Quarterlies:* Training and communication events hosted by CW Programs to include staff on updates to policy, procedure, statute, rule, and best practice. Quarterly training events are also provided through central office training programs on various topics such as safety, permanency, foster care, and CQI Learning Collaboratives.
- *New Trainings:* New ad-hoc trainings are communicated to workers along with the specific requirements and deadline to complete the training. Topics on Gender Identity and Expression as well as Temporary Lodging trainings are some of the recent mandatory trainings for all workers.

- *Local Training Efforts:* Districts and branches host a multitude of localized training events including but not exclusive to writing labs, group supervision, facilitated discussion, unit meetings, instructor-led training, 1:1 coaching and tutoring, and development of job aids. Professional development trainings include permanency committee and CFSR trainings for example.
- *Conferences and Trainings:* Workers and supervisor have opportunities to attend in person and/or virtual conferences and trainings on specialized CW topics, including ICWA and ORICWA. The Tribal-State ICWA Conference, ICWA quarterly meetings, and NICWA conference are also made available for some approved workers to participate.

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?

Summary of State Analysis

Item 28 is rated as an **area needing improvement**. CW has implemented new infrastructure and training systems for resource parents since Round 3. Updated rules and procedures clearly outline training requirements for resource and adoptive parents. However, the current system does not assess whether resource and adoptive parent training is adequately preparing families for the foster children placed in their homes.

Analysis

Resource parents and relative resource parents are required to complete 30 hours of training during each two-year certification period. Resource and Adoptive Family Training (RAFT) counts towards this requirement. Certifiers use Workday Learning to track training registration and completion. Certifiers, Certification Technicians, and Retention and Recruitment Champions may pull transcripts and assign trainings directly to resource parents who have a Workday Learning account. CW launched Workday Learning in September 2023. It is recommended that certifiers pull transcripts prior to the 180-day home visit and at again at the time of renewal to review training hour completion as well as developing a training plan with for the coming year.

However, the Workday Learning system does not currently provide reports that support the ability to track attendance and completion of required and/or ad hoc training without looking up each individual resource parent to review specific system pages.

RAFT

CW uses RAFT statewide for resource parents, relative resource parents, pre-adoptive parents, and guardians. RAFT is a 27-hour curriculum adapted from the National Training and Development Curriculum which involves nine sessions, each three hours long and uses a combination of video, podcasts, and facilitated slide presentations. The Equity, Training and Workforce Development (ETWD) team piloted RAFT in-person in Salem, Oregon, between March 2023 – March 2024. Each district is responsible for identifying staff that will become RAFT Facilitators so that the training can be delivered statewide and coordinate annual RAFT training delivery.

CW collaborated with community providers on the Parent Advisory Council (PAC) to bring Parent Mentors to all districts in Oregon. Parent mentors who bring lived experience facilitate RAFT session 7, which focuses on the relationship resource parents develop with biological families and the support they can be to parents. Members of PAC report this has been very meaningful for them and the participants in the training. CW supports the community provider, Morrison Child and Family Services' efforts to develop evidence around the effectiveness of parent mentorship services in improving outcomes for children and families.

Additionally, CW collaborates with previous and current resource or adoptive parents to co-facilitate RAFT session 8 "Creating a Stable, Nurturing and Safe Home Environment" in which many of the tools and concepts from previous sessions are discussed in day-to-day parenting practices.

RAFT is delivered in both English and Spanish. Participants register for RAFT through the state's Learning Management System and must complete RAFT within 12 months of becoming certified. An orientation and mandatory reporting of child abuse training are prerequisites to the RAFT training.

In the fall of 2023, the RAFT Training and Development Manager worked with a CQI analyst to complete an evaluation of the RAFT training curriculum to determine whether there were content needs to enhance the quality of the training and facilitator development to support successful training delivery.

Feedback during CFSR focus groups hosted in June 2024 included recommendations for more lived experience to be incorporated into RAFT. Prospective resource parents feel they would benefit from conversations with individuals who have already been fostering for at least a couple years. Resource parents also said it was a very helpful training.

Ongoing Training for Resource Families

All ETWD Ongoing Training[12] is delivered virtually and offered statewide. The team coordinates various monthly topics. Just-in-time training (videos/podcasts) are also available for review.

Registration occurs using Workday Learning. The transition occurred in September 2023. Data including registration details, training completion, and county of residence of participants is tracked more consistently. A training menu is available for all families and contains over 70 training options including mandatory initial trainings (Orientation and RAFT) and all ongoing training options to meet the unique parenting needs and skill development. Ongoing training options include computer-based "just-in-time" trainings resource parents can access for practical topics like trauma-informed parenting strategies. See the Resource Parent Training menu for further information on topics offered. Usage data will inform future training development.

Service Array and Resource Development

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

Summary of State Analysis

Item 29 is rated as an **area needing improvement**. CW has demonstrated that most services are available throughout the state, however the system is not functioning to ensure that services are available to the extent required to meet the individual needs of children and families. Additionally, feedback from several partner groups during CFSR focus groups indicated a statewide issue with long waitlists and access issues.

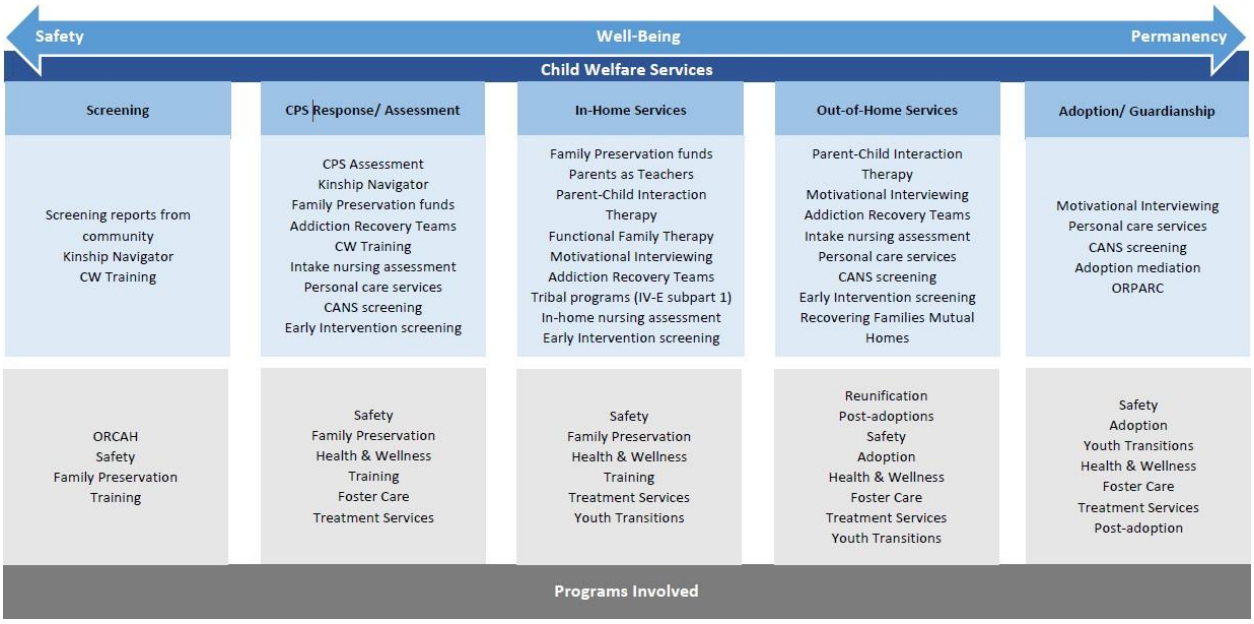
Analysis

Oregon offers an array of child and family programs and services to prevent child abuse and neglect and promote safety, permanency, and well-being. Approximately 465 district level contracts throughout the state and 530 central office contracts provided an array of services to Oregon's children and youth. Some contracts serve specific districts and may not be a statewide resource. Services are listed by the following four categories:

- Services that assess strengths and needs and determine other service needs.
- Services that address needs to create a safe home environment.
- Services that enable children to remain safely with parents.

[12] Certification Renewal & Ongoing Training

- Services that help children achieve permanency.



Services that Assess Strengths & Needs and Determine Other Service Needs

- Child protective services assessment
- Intake nursing assessment
- Child and Adolescent Needs and Strengths screening
- Early Intervention screening
- Mental health screening
- Psychological evaluation
- Qualified Residential Treatment Program assessment
- Violence Intervention services/Batterer's intervention/Domestic Violence
- Legal services
- Alcohol and drug/substance use assessment

Services that Address Needs to Create a Safe Home Environment

- Wrap Around case management
- Parent Child Interaction Therapy
- Addiction Recovery Teams
- In-home nursing assessment
- Shelter provision
- Family based services
- Violence Intervention services/batterer's intervention/domestic violence

- Safe sleep bundle resource with infant sleep sack and crib
- Family Involvement Team
- Tribal programs (Tribal service areas)
- Functional Family Therapy (Family Preservation demonstration sites)
- Parents as Teachers (Family Preservation demonstration sites)
- Concrete supports (Family Preservation demonstration sites)
- Hands on parent training
- Parent or youth mentorship
- Individual or group counseling
- Placement services
- Sexual offender treatment
- Long term housing for ILP youth

Services that Enable Children to Remain Safely with Parents

- Parent Child Interaction Therapy
- Addiction Recovery Teams
- In-home nursing assessment
- Educational training to prevent disruption and promote stabilization
- Childcare services
- In Home Safety and Reunification Services
- Strengthening, Preserving, and Reunifying Families (SPRF) program
- Plan of Care for infants with prenatal substance exposure
- Family Involvement Team (FIT) navigator
- Tribal programs (Tribal service areas)
- Functional Family Therapy (Family Preservation demonstration sites)
- Parents as Teachers, within Family Preservation demonstration sites
- Motivational Interviewing (Tribal service areas)
- Concrete supports using Family Preservation funding, within the demonstration sites
- Housing navigator
- Short term housing shelter
- Long term housing
- Transitional housing
- Leveraging Intensive Family Engagement (LIFE) meetings
- Family Decision Meetings (FDM)
- Parent education and coaching/Skill training

- In home supervision of children

Services that Help Children Achieve Permanency

- Personal care services
- Guardianship/Adoption mediation
- Adoption placement
- The array of services provided by the Oregon Post Adoption Resource Center (ORPARC)
- Permanency planning
- Visitation
- Independent Living Program
- Relative/Family search and engagement
- Parent and relative support
- Interstate Compact for Placement of Children/home study and placement supervision
- Trauma therapy support
- Grief and loss therapy
- Equine therapy
- Tutoring
- Divorce support services
- Anti-trafficking mentoring
- Mental health navigator

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 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 to analyze themes or trends across the BRS continuum in Oregon and participate in a larger "BRS Review" process to ensure quality. Additionally, CW meets with children and young adults served in these settings to gather direct feedback every six months.

According to focus group feedback from parents, resource parents, legal partners, and CW staff, the access and availability of services remain a challenge for many children and youth in care. Families experience long waitlists for critical services, such as mental health. There is also a lack of available specialized and/or culturally specific services, particularly in rural areas of the state where access to public transportation is limited. Additionally, focus group participants expressed barriers with finding appropriate providers accepting state health insurance through the Oregon Health Plan.

Youth need early, rapid access to evidence-based services and supports across the substance use disorder continuum of care, including harm reduction services. Oregon has limited services offering evidence-based treatment, harm reduction services as well as peer supports for youth using substances. Residential substance use treatment services for youth are also limited, particularly in Central Oregon. Youth may have to wait until a treatment bed becomes available in another part of the state, which would move the youth farther from their family.

Critical Incident Review Team (CIRT)

The Child Fatality Prevention and Review Program (CFPRP) is tasked with CW's statutory obligation to review critical incidents, particularly child fatalities, where the child is known to CW. The CFPRP was formed in 2020 and includes the Critical Incident Review Team (CIRT), suicide prevention, safe infant sleep, and chronic neglect. In collaboration with the Oregon Health Authority, the CFPRP conducts in-depth case file reviews on child fatalities, internal discretionary reviews, and Safe Systems Analysis. CFPRP's process and the QA, CQI, and other efforts arising from the reviews, are detailed in Appendix 04, the Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities.

Safe Systems Analysis of Service Array

Safe Systems Analysis process reviews of the service array as an item in the Safe Systems Improvement Tool (SSIT). The process determines whether community-based service 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). The process 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. The 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.

Safe Systems Improvement Tool (SSIT)

SSIT is a standardized, 25-item tool that assesses unmet family needs and systemic contributors to those unmet needs. It contains both a rating and narratives justifying the rating selection, allowing for a mixed methods approach. The SSIT structures quantifiable outcomes from root cause analysis.

Each of the items in the family domain of the SSIT is focused on identifying whether the family had a need for support (e.g., intervention, formal/informal help, services) at or near the time of the critical incident. At the systems level, this item assists with understanding the experiences of families across cases reviewed.

The items in the family domain that identified most often as needing supportive intervention identified within the family domain include parental behaviors impacting the child's needs, substance use, and domestic violence.

Service Array is an item in the environment domain of the SSIT, which measures the availability and effectiveness of external and/or community-based services in relation to identified improvement opportunities. "In 28% of the Safe Systems analyses completed (n=124), a lack of available or effective services to meet a need was evident and influenced either directly or closely to the improvement opportunities identified during review of the Critical Incident."

Safe Systems mapping is a method used by CFPRP to explore Improvement Opportunity (IO) themes to inform system improvement. The purpose of safe systems mapping is to discuss perceptions of what factors influence IOs. In safe systems mapping, IOs are evaluated at all levels of the system, from the local team level to the legislative/government level. Since implementing safe systems analysis in July 2019, the SSIT was used on 116 cases and 226 IOs were identified.

Sensitive Issue Reports

CFPRP tracks sensitive issues reports and coordinates continuous quality improvement for all child fatalities and near fatalities/serious physical injuries.

Sensitive Issue Report Application (SIRA)

SIRA is an application that captures data on child fatalities that meet criteria for a mandatory CIRT review and information gathered during CIRT process.

REDCap Database

As a member of the National Partnership for Child Safety, 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 (REDCap), 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. Oregon uploaded the first round of data in March 2023 and continues to upload data quarterly.

Nurture Oregon Demonstration

Collaboration with the Oregon Health Authority 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, and 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.

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?

Summary of State Analysis

Oregon asserts that Item 30 is rated as an **area needing improvement**. CW is actively partnering with Self Sufficiency, The System of Care Advisory Counsel, The Contingent Every Child, Tribes, and other system partners to develop and provide the right services at that right time for children and families. However, there are issues similar to those in Item 29 above, and long waitlists across the state limit the availability of services that meet the specific needs of children and families.

Analysis

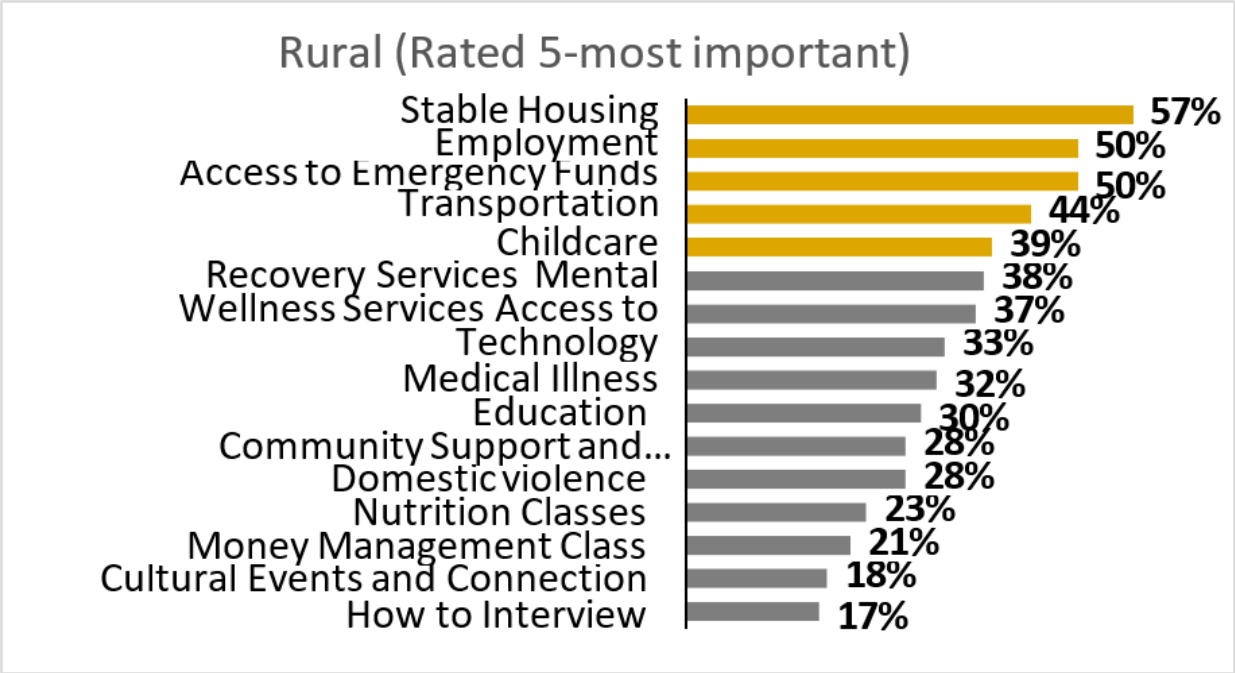
CW partnered with The Contingent, a Portland based non-profit serving children and families impacted by foster care, and the Parent Advisory Council to develop a survey for families with

current and recent ODHS experiences. Survey questions asked families about their needs and experiences with ODHS. The Thriving Families Survey results (Appendix 06) provided ODHS with clear and actionable feedback from individuals with lived experience.

The survey was available online, in-person, and through interviews with caseworkers between February and April 2023.

The survey was completed mostly by families with current and recent ODHS experiences (75%), mainly through SNAP (72%) and TANF (50%). Responses across every question shared that the greatest needs and services to support families include four repeated themes throughout the survey - housing, income, jobs, and food. These needs are repeated by families across every question. Participants were from both rural (45%) and urban (54%) areas.

Of the services indicated in the graphics below, the top 3 services are the same in rural and urban areas - housing, employment, and access to emergency funds. Mental health, transportation, and childcare round out the top tier.



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 provisions of the Child and Family Services Plan (CFSP) and developing related Annual Progress and Services Reports (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?

Summary of State Analysis

Item 31 is rated as a **strength**. The agency responsiveness to the community system is functioning statewide to ensure that, in implementing the provisions of the CFSP and developing related APSRs, the state engages in ongoing consultation with Tribal representatives, consumer, service providers, resource care providers, the juvenile court, and other public and private child – and family-serving agencies and include the major concerns of these representatives in the goals, objectives, and annual updates of the CFSP.

Analysis

CW uses multiple venues to implement the goals of Oregon's state plan and to engage in ongoing efforts to improve practice and outcomes for children and families.

CW's CFSP for 2025-2029 is built around the crucial feedback loops from the Nine Federally Recognized Tribes of Oregon, parents with lived experience, partners, resource and adoptive parents, providers, staff, and community. These are broad categories of needs CW sees in the feedback, and the plans in the CFSP that address those needs.

The service array needs expansion. CW is working with partners and the Nine Federally Recognized Tribes of Oregon across the state to:

- Expand evidence-based services that can be funded under the Family First Prevention Services Act.
- Expand services that have supported resource parents and families of origin in keeping children in stable placements and out of temporary lodging.
- Ensure the services provided are diverse and equitable with a Service Equity Council.
- Identify funding set asides so Tribes can have more autonomy over their funding to support practices that truly fit their cultures and people.

Families need help at the stage of prevention before neglect or abuse occurs. CW is collaborating to:

- Define the door to child welfare intervention through multi-disciplinary studies commissioned by the legislature in HB 4086.
- Develop a Community Response Guide to aid mandatory reporters in providing help to families when they have a concern that does not rise to the level of suspected child abuse.
- Integrate prevention services into screening with the technical assistance and funding of the Doris Duke Foundation.

Children need to be with their families, and relatives need a different pathway to caregiving.

- CW is partnering with community to reduce institutional bias against fathers and increase engagement with fathers.
- CW is part of a national pilot to develop a relative-specific pathway to being a resource parent.

CW staff and resource parents need better training and support. CW completed building the training infrastructure and is:

- Expanding university partnerships for tuition stipends and research support.
- Developing standard training policy for staff and resource parents that covers both training requirements and standards for content, instructional design, and training delivery.
- Adapting an evidence-based coaching model for implementation across CW and Self-Sufficiency Program to support staff and parallel to serving families.

Input from several advisory groups (described below) during the course of developing the CFSP, APSR and this statewide assessment informs Oregon's responses to each of these planning documents.

Child Welfare Advisory Committee (CWAC)

The Child Welfare Advisory Committee (CWAC) is a legislatively mandated, 21-member committee. CWAC counsels the agency on the development and administration of policies, programs, and practices. Members include representatives from other state agencies; professional, civic, or other private organizations; and private citizens. 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. CW provided regular updates to keep CWAC informed about 2023 legislation implementation, including Senate Bill (SB) 209, SB 865, and SB 556, as well as other rule, policy, and procedure changes. CWAC members have provided feedback regarding

current practice and experience with different aspects of the CW system, including CW and the intersections with other systems and partners, like courts and providers, that affect families.

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 CW 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 executive leadership every month to discuss current practice trends, long-term goals, and to raise 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.

Parent members on the PAC report every month on the practice they see in their local county, raising 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 how practice is not meeting expectations so the issues can be addressed and corrected.

District 6, Douglas County, is the first to have a local Parent Advisory Council. It is comprised of five parents with lived experience and meets with the local office leadership from both CW and Self-Sufficiency Programs monthly. They have done panels for caseworkers and resource parents and are developing a manual on creating local PACs to encourage other districts in Oregon to do the same.

PAC members did an in-depth review of the new forms created to comply with SB 865 and provided feedback to make it more trauma-informed and improve its clarity for parents receiving the information at the time of removal. SB 865 requires CW to provide written notice to parents and potential relative caregivers about placement practices that could impact future decisions around adoption if reunification is not a viable option.

PAC and CW have also been collaborating to co-facilitate session seven of the Resource and Adoptive Family Training (RAFT) for new resource families. RAFT Session 7 begins with the theme "Foster Care: A Means to Support Families" and specifically focuses on understanding the experience of the child's parents interacting with the CW system and clear examples of ways resource parents can (and are encouraged to) interact with the child's parent(s). The parents who have reported back about this have really appreciated the opportunity to share their experience with resource parents. Survey results from participants in this session tend to remark on how much they appreciate the information shared, particularly the lived/living experience of the parent co-

facilitators. Additionally, RAFT Facilitators particularly enjoy co- facilitating this with parent mentors, appreciating the conversation it provides with participants, and the partnership with parent mentors.

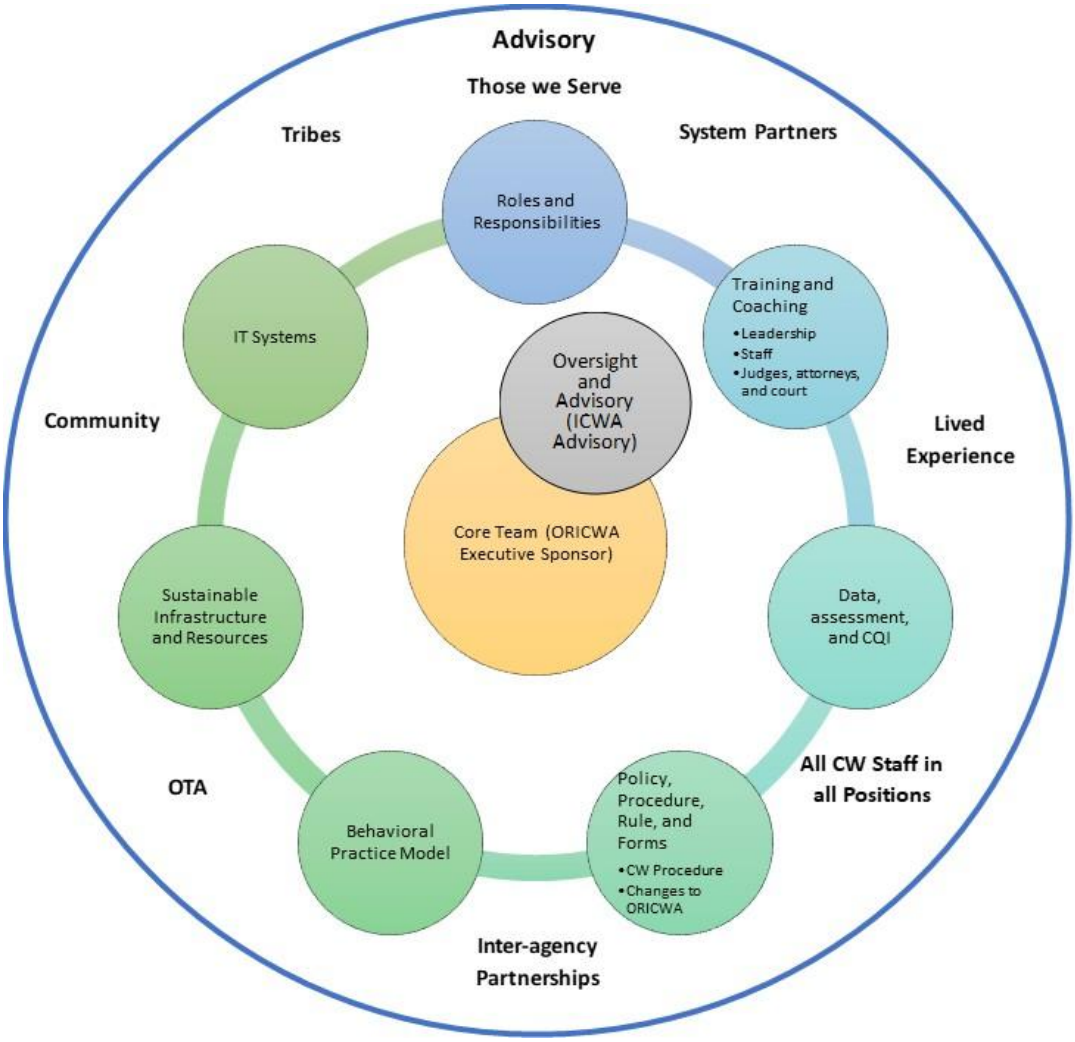
ICWA Advisory Council

The ICWA Advisory Council was formed to advise, consult with, and make recommendations to ODHS leadership regarding policy, programs, practice, and data that impact Indian children who are involved or at risk of involvement in the State CW system. Participants include leadership from each of the Nine Federally Recognized Tribes, ODHS leadership, Child Welfare leadership and program staff.

ODHS has established an ORICWA Core Implementation Team (CIT) and it includes members from within CW, OTA, Department of Justice (DOJ)/Child Advocacy, the Nine Federally Recognized Tribes of Oregon, and OJD. The CIT will establish a comprehensive implementation plan that embodies the spirit of ICWA/ORICWA in practice, policy, relationships, and purpose.

The CIT has incorporated the principles of implementation science to develop and achieve established goals and address the treatment of Indian children and families in the child welfare system. To fully assess current system gaps and needs in support of full compliance with ICWA/ORICWA, the CIT began working with a national expert in implementation science to complete a comprehensive assessment of the strengths and challenges impacting the child welfare system's ability to implement ORICWA in the spirit of the law. In partnership with the CIT, the Nine Federally Recognized Tribes of Oregon, and OTA, the ICWA/ORICWA Assessment was completed in early 2024.

Based on recommendations from the ICWA/ORICWA Assessment and feedback from the Nine Federally Recognized Tribes of Oregon, the CIT is developing a roadmap of changes, improvements, and deliverables to support the achievement of overall implementation goals and ensure all efforts align with the strategic direction set by the assessment. Below is an image to represent the ORICWA CIT and its connections with the various ODHS workgroups being organized to address specific bodies of work, existing system partners, community partners, and individuals with lived experience. All components of this structure are critical to meaningful and sustainable implementation of ORICWA.



Service Equity Council

The role of the Child Welfare Equity Council is to provide guidance and recommendations to CW executive leadership on the provision of equity advancement within the broader ODHS CW Division. The Child Welfare Equity Council may provide evaluation and feedback on increasing accountability, inclusion efforts, authenticity, reflection, responsiveness, and community involvement related to the service delivery by CW.

Membership of the council is structured to ensure diversity. The council will consist of 19 members as follows:

- Four membership seats will be reserved for ODHS employees. These members do not vote and these representatives which will include:
    - (1) ODHS Child Welfare Director or designee
    - (1) ODHS Director of Tribal Affairs or designee

    - (1) ODHS Child Welfare representative that can support in the development of council recommendations or goals
    - (1) Office of Equity and Multicultural Services representative
- The remaining membership will consist of:
    - Two representatives for The Nine Tribes of Oregon and Tribal Government Partners
        - (1) ICWA Advisory Council representative
        - (1) Oregon Tribal Government Social Services representative
    - Three representatives from Community Based Organizations/Service Providers
        - (1) Substance Use & Mental Health provider representative
        - (1) Family Violence and Domestic Violence organization representative
        - (1) Culturally Responsive Fathers Program representative
    - Ten representatives for disproportionately affected communities
        - (1) Representative who is a former foster youth with child welfare system lived experience
        - (1) Representative who is a caregiver/parent with child welfare system lived experience
        - (1) Representative who is a relative/kith/kin person with child welfare system lived experience
        - (1) Representative who is a person with incarceration lived experience and with child welfare system lived experience
        - (1) Resource family representative with child welfare system lived experience
        - (1) Representative from the 2SLGBTQIA+ community
        - (1) Representative from the immigrant and refugee community
        - (1) Representative from the disability community
        - (2) Representative members from each of the two most overrepresented populations in the ODHS child welfare system*

*Data will be pulled annually to identify the most overrepresented populations. The Child Welfare Service Equity Council will review this data at one of their regular meetings. A member may complete their term in the staggered manner described under the terms portion however this data should be reviewed prior to each term start when filling these designated seats.

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?

Summary of State Analysis

Item 32 is rated as a **strength**. The agency responsiveness to the community system is 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.

Analysis

Oregon Department of Education (ODE)

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.

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.

Former Foster Care Youth Medical Program

Oregon Health Authority (OHA) manages the Former Foster Care Youth Medical (FFCYM) program.

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.

Housing

Some local 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, six 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 have 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. A new full-time position is focused on expanding the use of FYI vouchers and coordinating housing efforts across the state.

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.

Community-Based Child Abuse Prevention (CBCAP)

The CBCAP State Lead is responsible for collaboration, coordination, and provision of technical assistance for the Family Support and Connections (FS&C) contracted community-based organizations.

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

- Tribal Prevention quarterly meetings
- Maternal and Infant Early Childhood Home Visiting (MIECHV)
- Home Visiting Committees
- The Attorney General Sexual Assault Task Force

- Prevention and education subcommittees
- Child Welfare Family Preservation

Doris Duke Foundation OPT-In Initiative

The Doris Duke Foundation selected Oregon and three other states to be part of a three-year, $33 million initiative. This initiative will test and build upon Oregon's approach to serving children and families which combines anti-poverty programs with coaching models to ensure child safety, keep families together, and prevent unnecessary CW involvement.

The Opportunities for Prevention and Transformation Initiative, or OPT-In for Families, will provide ODHS and community partners with technical assistance to continue to connect families at risk of CW involvement due to the lack of resources with needed material and community supports. Nationally, and in Oregon, approximately 50% of all calls to the child abuse hotlines are not found to constitute abuse, though often indicate serious economic needs and other hardships. The OPT-In Initiative will work to test and strengthen two distinct efforts in Oregon that work to link families to voluntary assistance programs and resources. Technical assistance is provided by Harvard Kennedy School Government Performance Lab, Chapin Hall, Foster America, Think of Us, and Impact Charitable. The CBCAP State Lead and CW Family Preservation colleagues are partnering as lead government counterparts in this work alongside technical assistance and in the design of distributing $3 million per year in flexible resources to families over the next 3 years.

Public Assistance

The CBCAP State Lead regularly participates and collaborates with SSP Policy Teams including TANF, Employment Related Daycare (ERDC), SNAP, Refugee, and Employment and Training programs. The CBCAP State Lead is in regular contact and provides support for local ODHS Offices often cohoused with domestic violence services, CW, and Aging and People with Disabilities.

Oregon Attorney General Sexual Assault Task Force

The CBCAP State Lead participates in the Attorney General's sexual assault task force prevention subcommittee.

Child Welfare (CW)

Self Sufficiency and CW are both within ODHS. The CBCAP State Lead continues to work closely with Child Welfare providing ongoing collaboration. In addition, Self-Sufficiency and CW are collaborating on Family Preservation and the goal of serving more families in-home and in their communities than in foster care. In the past year, the CBCAP State Lead, various CW leaders, and

community partners have continued participating together in state teams in a learning community with the FRIENDS Prevention Mindset Institute.

Through the Administration for Children and Families, Families are Stronger Together Learning Community (FAST-LC), ODHS CW, Self-Sufficiency Programs, and federal partners are developing a statewide prevention innovations and practice framework. The framework will be established for developing, testing, and finalizing local and statewide prevention innovations and practices. The framework is intended to create consistency in new practices and lays the groundwork to evaluate the effectiveness of new approaches in creating equitable access to supports, services, and resources for all families.

Home Visiting System Collaborative

The CBCAP State Lead continues as a member of the Home Visiting System Collaborative (HVSC). The Oregon Home Visiting Collaborative unites State and Regional leaders from various home visiting models to enhance early childhood services (prenatal to age 5). The Collaborative advises and informs the Oregon Home Visiting System Initiative, bridging ground- level programs with policy-making bodies for practical, field-based insights.

Oregon Parenting Education Collaborative Hubs (OPEC)

The CBCAP State Lead funds and participates in the Oregon Parenting Education Collaborative (OPEC), a multi-year initiative led by The Oregon Community Foundation (OCF), The Ford Family Foundation, and Oregon State University. Financial supporters include the Meyer Memorial Trust, the Collins Foundation, and OCF Donor Advised Funds. The Oregon Parenting Education Collaborative increases access to professional development opportunities for parenting education professionals through coordination of parenting education curriculum trainings (in-person and virtual) as well as trainings focused on best practices for supporting parenting education groups.

Oregon Department of Justice Juvenile Court Improvement Program (JCIP)

CW leaders serve as members of the JCIP Advisory Committee. The JCIP Advisory Committee meets quarterly and provides oversight of JCIP's training, data, and policy development, with a focus on improving outcomes for children and families involved with the child welfare system.

In late 2023, DOJ was awarded the State-Tribal Partnerships to Implement Best Practices in Indian Child Welfare grant. The grant strengthens State-Tribal partnerships between the Nine Federally Recognized Tribes of Oregon, state courts, and the state's child welfare agency in the effort to create and implement intergovernmental partnership models to jointly develop and operate a plan to effectively implement best practices in Indian child welfare services to preserve families of federally recognized American Indian and Alaska Native Tribes; protect children; and ensure that

children remain connected to their families, communities and culture. The grant steering committee includes representatives from Tribal social services, ODHS, OJD, DOJ, and defense attorneys.

CW is collaborating with JCIP on the Safety Decision Making Questions Project. JCIP led a team including CW, DOJ, public defense attorneys, parents with lived experience, CRB members, CASAs, and judges to develop safety questions for judges to ask at critical hearings. The plan is for all parties to consider safety decision making at the time of protective custody and shelter hearings, and when considering a return home to trial reunification. The goal is to reduce unnecessary removals and reduce time to reunification. The shelter hearings piloted in courts from January through June 2024 and results are being evaluated.

Family Preservation

CW Leadership participates in the Early Childhood Council Home Visiting System Committee, the System of Care Advisory Council, and the Raise Up Oregon: Statewide Early Learning System Plan, a comprehensive state system plan for early childhood, prenatal to age five.

These councils and planning processes align federal and state investments such as Maternal, Infant, and Early Childhood Home Visiting (MIECHV) and Medicaid in early childhood programs.

Family Preservation improves coordination and requires co-case management between CW & SSP to ensure that families can fully benefit from programs available through SSP including TANF and SNAP, in addition to those funded by CW. The approach also focuses on supporting the alignment of services and supports across local communities to ensure equitable access and avoid service duplication.

Nine Federally Recognized Tribes of Oregon

In 2022 ODHS began developing a Tribal consultation policy in partnership with the Nine Federally Recognized Tribes of Oregon. The new OHA/ODHS Tribal Consultation and Urban Indian Health Program Confer Policy was adopted by ODHS on January 1, 2024. This policy applies to OHA, ODHS and all its divisions, programs, services, projects, activities, and employees and shall serve as a guide for all Nine Federally Recognized Tribes of Oregon to participate in OHA and ODHS policy development to the greatest extent allowable under Federal and State law. CW leadership partnered with OTA to develop communication plans and training regarding the policy change for CW staff.

Oregon has a Tribal State ICWA Agreement with each of the Nine Federally Recognized Tribes in Oregon. Each agreement establishes a cooperative delivery of CW services to Indian children in this state. This includes services provided by ODHS, and to the extent available, services provided by the Tribe or an organization whose mission is to serve the American Indian/Alaska Native

population to implement the terms of the Tribal-State agreement. If services provided by the Tribe or an organization whose mission is to serve the American Indian/Alaska Native population are unavailable, the agreements may provide for the department's use of community services and resources developed specifically for Indian families and that have the demonstrated experience and capacity to provide culturally relevant and effective services to Indian children. ODHS continuously works to develop agreements with all Tribes, however due to changes in Tribal leadership, significant impacts of the pandemic, and ongoing challenges to ICWA at the national level, several Tribes have been unable to update expired agreements.

CW, OTA, and representatives from the Nine Federally Recognized Tribes in Oregon meet quarterly to discuss CW practice, the experience Tribes and Tribal families have when receiving services from CW, and long-term policy and practice issues.

The Continuous Quality Improvement Program has a dedicated Tribal Relations CQI Analyst. The CQI Advisory Committee includes a representative from a Tribe in Oregon, a representative from OTA, and a representative from NAYA (Native American Youth & Family Center) in Portland, Oregon.

CW actively works with each of the Nine Federally Recognized Tribes of Oregon that have Title IV-E Tribal-State agreements to support their unique prevention programs. Oregon actively partners with the five Tribes with Title IV-E Tribal-State agreements to support the development of Title IV-E Tribal Prevention Plans. Each Tribe is unique in its resources and approach to planning and documentation. 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 Child Fatality Prevention and Review Program's (CFPRP) work on Father and Noncustodial Caregiver Engagement resulted in five recommendations for improving CW practice. One of these, developed in consultation with the Nine Federally Recognized Tribes of Oregon and OTA, is to develop specialized advocate roles for Indigenous father engagement.

The CFPRP has received consultation and guidance from OTA about reducing traumatic impact when a child with Native ancestry dies. The Fatality Protocol was revised to ensure Tribal engagement and voice is centered when this occurs.

Resource and Adoptive Parent Licensing, Recruitment and Retention

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

Summary of State Analysis

Item 33 is rated as a **strength**. The resource and adoptive parent licensing, recruitment, and retention system is functioning statewide to ensure that state standards are applied to all licensed or approved resource family homes or childcare institutions receiving Title IV-B or IV-E funds.

Analysis

Family Foster Care Homes

Prospective resource and adoptive families are assessed through the use of the Structured Analysis Family Evaluation (SAFE) home study methodology that provides a suite of comprehensive home study tools and practices for the description and evaluation of potential resource and adoptive families. Currently, Oregon's SAFE model is being reviewed through an equity lens with collaboration with the Office of Equity and Multicultural Services (OEMS) and is also being assessed around value-impact to the resource parents.

In calendar year 2023, 72 CQI reviews were completed for resource family cases across the state. Of the 72 reviews, there were no errors found with regard to applicants/certified resource or adoptive parents. However, two reviews found errors related others in the resource family home:

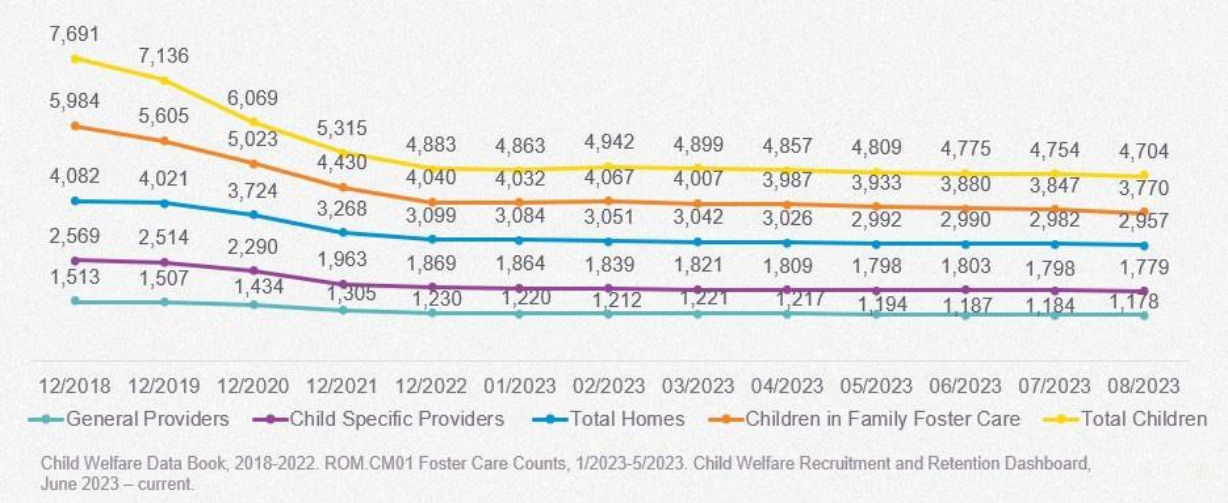
- One review found that the biological child of the resource parent turned 18 between the date of approval of the temporary certification of approval and the date of the full certificate of approval.
- One review found that an "other adult" living in the home at the time of the temporary certificate of approval did not complete an Oregon-based LEDS check. This adult had moved from the home prior to the issuance of a full certification of approval.

The CW Foster Care Program, Statewide Strategic Plan 2020-2024, outlines the objectives to achieve three strategic goals (the document uses the term "foster parent" as it was drafted prior to Oregon's language change to "resource parent"):

- Strategic Goal 1: Improve certification of resource parents.
- Strategic Goal 2: Improve resource parent support.

- Strategic Goal 3: Improve recruitment of resource parents.

The graph in the figure below shares the number and types of resource families in relation to the number of children in care on a monthly basis. This data is shared monthly in the CW Progress Report and is used to inform efforts to increase resource parent recruitment and retention. The number of children in care remains steady since the end of 2022, as does the number of child specific and general resource families.



Child Caring Agencies

Oregon law requires child-caring agencies (CCAs) to be licensed. The ODHS Children's Care Licensing Program (CCLP) licenses and regulates CCAs in Oregon per Oregon Administrative Rules OAR 419-400-0005 to OAR 419-400-0310. CCLP sets licensing requirements, ensures agencies meet the requirements before being licensed and conducts announced and unannounced site visits. CCAs must submit a renewal application every two years to be reviewed by CCLP for approval. Daycare and preschool facilities are licensed by the Oregon Department of Early Learning and Care and not through CCLP.

There are licensing umbrella rules that apply to all CCAs and agency-specific rules for CCAs based on the types of services they provide. Agency specific programs include:

- Academic boarding schools
- Adoption agencies
- Day treatment programs
- Foster care agencies
- Homeless, runaway, and transitional living shelters
- Outdoor youth programs
- Residential care programs

- Secure transportation services
- Therapeutic boarding schools

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?

Summary of State Analysis

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

Analysis

Criminal Background Checks

The ODHS Background Check Unit (BCU) processes criminal background checks and out-of- state child abuse and neglect checks for all new resource parent applications, renewal applications, and CCI directors and staff applicants.

Quality assurance reviews ensure background check compliance. There is a detailed procedure for completing background checks and assessing the information received. The ODHS provider record requires the entry of background checks for all required individuals to issue a certificate of approval for certification. A weighing test helps analyze the impact of criminal history and/or child abuse history on child safety.

Weighing test

The results of the fingerprint-based background check and out-of-state abuse and neglect checks are forwarded to the CW certifier. CW may approve a subject individual convicted of certain crimes if the fitness determination demonstrates that:

1. The person possesses the qualifications to be a resource parent, potential adoptive resource member of the household, childcare or respite care provider, regardless of having been convicted of a crime; and

2. The disqualification would create emotional harm to the child or young adult and placement of the child or young adult with the person would be a safe place that is in the best interests of the child or young adult.

When making the fitness determination, the following factors are considered:

1. When the subject individual is a relative or has a caregiving relationship with the child or young adult requiring placement, consider whether the placement may mitigate the trauma experienced by the child or young adult due to the existing relationship and the placement would provide for the child or young adult's safety, well-being, and permanency.
2. The impact of cultural or societal forces such as structural racism or poverty and other impacts to marginalized communities, upon the subject individual and whether those forces contributed to the circumstances leading to a conviction.
3. The nature of the crime, including the relevancy of the crime or false statements made by the subject individual about the crime, to the ability to be a certified resource parent.
4. The details of the incidents that led to the criminal convictions.
5. The details of the conviction, including periods of incarceration and compliance with parole, post-prison supervision, or probation and any subsequent convictions.
6. The timeline and frequency of criminal convictions and criminal involvement not resulting in conviction, including arrests, criminal investigations and unresolved pending arrests, charges, indictments, or outstanding warrants.
7. The age of the subject individual and the passage of time since the conviction and criminal involvement and likelihood of a repetition of offenses or the commission of another crime; and
8. Information suggesting changes in circumstances or behavior of the subject individual since the conviction showing self-improvement including, but not limited to:
    a. The subject individual's experience in caregiving or parenting, engagement in drug, alcohol or mental health treatment, work experience, relevant education or training, community involvement; and
    b. Information from references, community members, employers or other sources with knowledge about the subject individual.

The weighing test for CCI directors and staff is completed by the BCU.

Child Abuse Registry Checks

Certifiers perform the in-state child abuse checks for resource parent applicants. Quality assurance reviews ensure background check compliance. There is a procedure for completing and documenting the check and assessing the information received. A weighing test helps analyze the impact of any child abuse history on child safety.

Adoptive Placements

ODHS requires that a current criminal background check be completed within 12 months prior to adoption selection. After a child is placed pre-adoptively, background checks must be run every two years for each adoptive parent, including other adults in the home. However, this is rare as adoptions most typically finalize well before two years. An adoptive home must not be designated until there is confirmation of the annual criminal background clearance through BCU.

Special Needs Adoption Coalition (SNAC) contracts have specific language to require adherence with the criminal background requirements.

The SAFE Home Study has a QA component that aligns with the CFSR review sites, and it addresses compliance with criminal background clearance and CW history checks documented in OR KIDS.

Safety of Out of Home Placements

The CCA Notifications Desk within ODHS receives reports of suspected violations, abuse allegations or investigations, licensing actions, and other complaints about CCAs. An average of 190 reports are received each month by the CCA Notifications Desk. Designated staff from the Office of Training, Investigations, and Safety (OTIS) investigate child abuse allegations for CCAs, including out of state agencies where ODHS has custody of the child and abuse against the child is alleged.

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?

Summary of State Analysis

Item 35 is rated as a **strength**. The resource and adoptive parent licensing, recruitment, and retention system is functioning to ensure that the process for ensuring the diligent recruitment of potential resource and adoptive families who reflect the ethnic and racial diversity of children in the state for whom resource and adoptive homes are needed is occurring statewide.

Analysis

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. There are 16 Champions, one in each district, focused on using local data to inform targeted recruitment efforts of resource parents. Champions develop recruitment action plans to support families who reflect the diverse characteristics of children and young people in foster care. For example, Champions and certifiers are actively recruiting diverse resource parents, such as same sex couples and members of faith-based communities. CW tracks demographics and disproportionality in our foster care population to inform recruitment needs.

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.

Key themes emerged in recruitment efforts, including diligent recruitment within each district, expanding capacity in current resource homes, developing training using resource parent feedback, placement matching based on the child's needs, supports and respite services, and tracking capacity of certified resource homes. CW requested the Legislature to increase reimbursement rates for resource parents, which was approved and effective July 2024.

Champions have participated in a number of local recruitment activities to support LGBTQIA2S+ affirming families and families that represent the district-specific cultural and ethnic needs. Some examples of those events include:

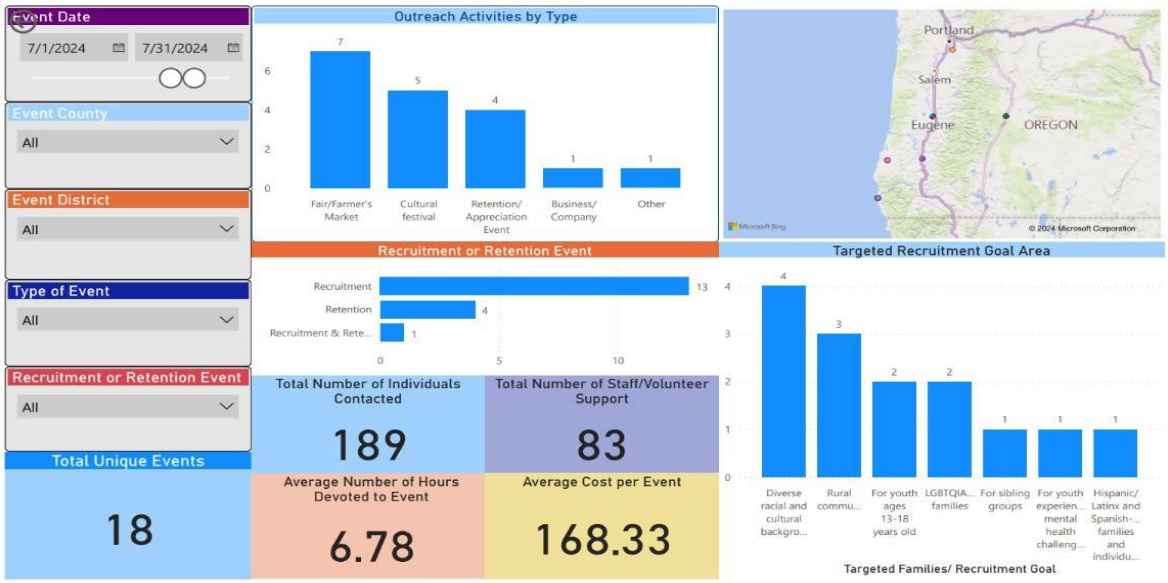
- CW launched the new Respite Certificate of Approval in January 2023. This program supports certified and relative resource parents who need a respite from caregiving.
- Recruitment/marketing materials were updated in 2023 to refresh the look and incorporate the principles of the Vision for Transformation.
- Through a partnership with Every Child, a peer mentorship program was launched in January 2023. This program matches new (within 2 years) resource parents with experienced resource parents for a semi-structured 11-week program.
- The Allied Family Partnership Project provided special training to resource parents who care for children with high needs in Eastern Oregon. The program includes individualized care plans, access to 24-hour crisis services through community mental health, respite care reimbursement and an enhanced payment.

- The Equity, Training, Workforce, and Development team collaborated with Champions to produce a series of podcasts called “The Foster Points”. Episodes can be found here.
- In June 2023, a Fostering Pride event was hosted in collaboration with Basic Rights Oregon, Unicorn Solutions, and ODHS. This partnership leveraged many opportunities to promote the event, including media outlets like OPB, KGW and The Portland Mercury. The event featured panelists with lived experience, including LGBTQIA2S+ resource parents and young adults with lived experience with CW.

Tribal Resource Homes

The Recruitment and Retention team continue to collaborate with the Nine Federally Recognized Tribes of Oregon in an effort to recruit homes that meet Tribal placement preferences. For example, the District 3 Champion connected with the Tribal representatives from the Confederated Tribes of Grand Ronde to recruit Tribal resource homes. Districts 2, 15, and 16 established a joint Recruitment and Retention Committee to recruit American Indian/Alaska Native resource parents.

In June 2024, the Recruitment and Retention team launched a new dashboard to track outreach activities across the state (image included below). This data is shared monthly in the Retention and Recruitment Recap Reports and includes data regarding the number and type of event (recruitment/retention), how many events connected with one of the Family Recruitment Goals (diverse racial and cultural background, Hispanic/Spanish speaking, rural areas, LGBTQIA2s+, children 13-18 years old, children experiencing mental health crisis).



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?

Summary of State Analysis

Item 36 is rated as a **strength**. The resource and adoptive parent licensing, recruitment, and retention system is 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.

Analysis

CW has a centralized Interstate Compact for the Placement of Children (ICPC) team dedicated solely to completing home studies for incoming placement requests from other states. Oregon has found this is the most reliable way to ensure home studies are completed within the 60-day deadline.

ICPC 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/CW conference. Oregon is in the process of joining the National Electronic Interstate Compact Enterprise (NEICE). The Memorandum of Understanding/contract is executed, and Oregon anticipates the ability to access NEICE in August 2024. 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. completing home studies for incoming placement requests. 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 table below shows the number of home studies and preliminary reports completed within 60 days of assignment:

	Home studies due 7/1/2020-6/30/2021	Home studies due 7/1/2021-6/30/2022	Home studies due 7/1/2023-6/30/2023
Completed by ICPC workers	203/256 = 79%	187/210=89%	145/157=92%
Completed by local office staff	12/29 = 41%	1/4 = 25%	25/39 = 64%

Appendix 01 – State Data Profile

The state data profile and other appendices can be requested from the state or the Children's Bureau.