



State of Oregon
Department of Human Services
Office of Child Welfare Programs

Annual Progress and Services Report
2021

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This report, once approved, can be found at:

<https://www.oregon.gov/dhs/children/Pages/data-publications.aspx>

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Collaboration

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

Highlights from 2019-2020

- The Department continues to meet with the Department of Justice (DOJ) every month to continue the collaboration for full legal representation of Department staff in dependency proceedings. The statewide roll-out of full representation was completed in July 2019. The Department and DOJ continue to assess the implementation successes and challenges to improve continuously in full implementation. DOJ has added several new employees for full representation.
- The Department has fully implemented a new statewide case transfer process intended to improve family engagement and the coordination of services, supports, and planning with the family and protective services and permanency workers. The Parent Advisory Council, which is made up of parents who were previously engaged with child welfare services, contributed substantial feedback and guidance during the development of this strategy.
- The Children's Public Private Partnership (CP3) in Marion County is a partnership between the Department and community members who provide funding support for services and resources identified to support the reunification of children with their families. The Department's Office of Research, Reporting, Analytics, and Implementation (ORRAI) provided analysis to assist the identification of strategies and the most effective strategy areas for investing the private funding to support successful reunification outcomes. CP3 is now collaborating with other service providers, such as, housing partners, Iron Tribe and St. Joseph's, as well as Court Appointed Special Advocates (CASA), and utilizing services such as Lyft to support timely reunification.
- The Parent Advisory Council has continued to meet monthly and is a critical part of workgroups and in providing training input and feedback on practice issues and experiences.
- Increased relationship building between the Permanency Program consultants who work in tribal areas and the Tribes to learn about their needs as well as getting input about Child Welfare tools and initiatives.
- The Department has created a workgroup around guidance and strategies for increasing parent-child visitation during the phased re-opening of the economy and lessening of the Governor's Stay at Home Executive Order to pre-COVID-19 levels. This group includes foster parents, parent mentors, as well as partners such as Youth, Rights & Justice representatives, public defenders, multiple levels of direct service workforce and leadership, and the DHS Tribal Affairs team.
- The Department is partnering with the Oregon Health Authority (OHA) on suicide prevention education and training.
- The Department collaborated with the OHA, Early Learning Division, and Public Health to develop safe sleep training.
- The Department worked extensively with OHA and congregate care providers to build capacity and expand the service array for children, youth, and young adults in need of intensive behavioral and health services. Additionally, efforts have included implementation readiness supports to meet the Family First Prevention Services Act requirements as Qualified Residential Treatment Programs (QRTPs).

- The Oregon Child Abuse Hotline (ORCAH) is working on an update to mandatory reporter trainings and tools to be released during summer 2020.
- ORCAH collaborates closely with Tribes on notifications of screening decisions for children and families that do not live on Tribe reservations.
- The new Child Fatality Prevention and Review Unit was launched formally on February 1, 2020. This new unit has increased public community partners involved in the Critical Incident Reviews including school administrators, teachers, public health/suicide prevention coordinators, parole and probation, medical social workers, law enforcement, etc.

Advisory Groups

The Department also coordinates and/or participates in several workgroups, advisory councils, and steering committees that contribute to the development, implementation, and analysis of strategies and initiatives that impact child welfare and the families, children and committees served by the Department. These include:

- Governor’s Child Welfare Foster Care Commission
- Central and Eastern Oregon Juvenile Justice Consortium
- Children Services Advisory Commission
- Governor’s Child Welfare Ombudsman Advisory Board
- Oregon Foster Youth Connection
- Parent Advisory Council
- Foster Parent and Relative Caregiver Retention and Support Advisory Body
- System of Care (SOC) Statewide Steering Committee
- Child Welfare Advisory Committee
- CAMI Advisory Council
- Juvenile Court Improvement Program (JCIP)
- ICWA Advisory Council
- Special Needs Adoption Coalition
- CSEC Steering Committee
- LGBTQ+ Equity and Inclusion Collaboration Team
- Domestic and Sexual Violence Advisory Committee
- Permanency Advisory Council
- Refugee Child Welfare Advisory Committee
- Disability Advisory Council
- State Advisory Council for Special Education

State Interagency Coordinating Council Update on Collaboration with Oregon Courts, Members of the Legal and Judicial Community, and the Juvenile Court Improvement Program (JCIP)

Oregon’s Child Welfare director and leadership representatives are members of the Juvenile Court Improvement Program (JCIP) Advisory Committee. The Advisory Committee provides oversight of the work of JCIP and meets quarterly throughout the year. Collaboration between Child Welfare and the courts supports CIP goals to enhance the quality of court hearings; improve timeliness of permanency;

and improve judicial practices and leadership in juvenile dependency cases. Child Welfare and JCIP also collaborate on a joint PIP with strategies and activities that focus on achieving timely permanency.

Collaboration in the Creation of this APSR

Further details are found in the State Plan section on pp. 48-53, the Department created a quarterly workgroup to discuss updates to initiatives and goals outlined in the 2020-2024 CFSP. That group included representatives from every Child Welfare program, as well as from Tribal Affairs, ORRAI, JCIP, and DOJ. The group met in September and December 2019, and March 2020.

The Department planned collaboration sessions in April to bring together representatives from our families, providers, and other community partners to discuss and develop goals for the coming four years. Those meetings were postponed due to COVID-19. Our partners, including the Parent Advisory Council, ADA Steering Committee, Child Welfare Advisory Council, provided input and feedback on the Child Welfare Vision for Transformation and Fundamental Map.

Update to Assessment of Current Performance in Improving Outcomes

Note: All CFSR data in this report are taken from PIP Reporting Period 24, which runs from February 2019 – January 2020. The Department is continuously engaged in analyzing this data and working to improve outcomes. If Department actions are based on data pulled more recently, that will be specifically identified.

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

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

A strength rating on this item includes the following:

- Timely face-to-face contact with children occurred on all investigations and/or assessments during the period under review (within state policy guidelines); AND
- All investigations and/or assessments during the period under review were initiated timely (within state policy guidelines); OR,
- If policy guidelines could not be met, it was due to circumstances beyond the control of the agency

Statewide Baseline = 59.09%		RP24 Statewide = 46.76%			% dropped = 12.33%
Goal = 65.1%	District	2017	2018	2019/2020	Observation-based on data and narrative
Highest Performance Level	4	45.45%	42.86%	75%	3 Districts showed improvement
	6	50%	75%	71.43%	10 Districts showed NO improvement
	7	16.67%	66.67%	75%	3 Districts stayed the same
Lowest Performance Level	5	75%	54.55%	39.29%	<i>The highest performers show improvement over time</i>
	8	63.64%	62.50%	27.27%	<i>The lowest performers declined abruptly in RP24</i>
	14	66.67%	0%	33.33%	<i>Theme: No documentation of reason for delay</i>

In the CFSR narrative reviews of performance on this item, the final factor of a strength rating, “If policy guidelines could not be met, it was due to circumstances beyond the control of the agency,” seemed to be a theme. For example, in D8 (Jackson and Josephine counties), a case documented as a strength narrated the following (emphasis added):

“This report required 24-hour response. She was able to reach the mother by phone only a couple of times, and had the mother agree to meet at the DHS office, but she did not show. **The worker utilized resources such as Self Sufficiency and people the mother knew to try to track down her address but was unsuccessful.** It wasn't until later in the month she was able to make -face-to--face contact with the mom after she went to jail.”

In this case, the caseworker clearly documented all her efforts to reach the family within the prescribed timelines. Her documentation helped the reviewers see that the inability to meet the timeline was due to circumstances beyond the control of the agency.

Below is a table of data drawn from Oregon’s Results-Oriented Management (ROM) system. Please note that the data is presented to show trends over the last five years, but in the last year required contact timeliness have changed to include 72 hour and 10 business days. Timeliness data for those deadlines is very new.

Timeliness of Initial Contact by Federal Fiscal Year															
FFY	24- Hour Responses			5-Day Responses			72 hour Responses			10 Business Days			Total Investigations		
	Number Timely	Total Responses	Percent Timely	Number Timely	Total Responses	Percent Timely	Number Timely	Total Responses	Percent Timely	Number Timely	Total Responses	Percent Timely	Number Timely	Total Responses	Percent Timely
2015	13,480	20,850	64.7%	5,065	7,113	71.2%	n/a	n/a	n/a	n/a	n/a	n/a	18,545	27,963	66.3%
2016	14,987	22,430	66.8%	7,235	10,105	71.6%	n/a	n/a	n/a	n/a	n/a	n/a	22,222	32,535	68.3%
2017	20,656	27,107	76.2%	8,549	10,576	80.8%	n/a	n/a	n/a	n/a	n/a	n/a	29,205	37,683	77.5%
2018	24,553	31,353	78.3%	3,903	4,804	81.2%	n/a	n/a	n/a	n/a	n/a	n/a	28,456	36,157	78.7%
2019	21,744	28,814	75.5%	1,772	2,242	79.0%	5,169	6,697	77.2%	541	660	82.0%	29,226	38,413	76.1%
Five-Year Total	95,420	130,554	73.1%	26,524	34,840	76.1%	5,169	6,697	77.2%	541	660	82.0%	127,654	172,751	73.9%

Source: ROM CPS.03 Time to Initial Contact -data pulled 4/23/20.

As a performance measure, ROM does not measure the quality of ongoing effort to contact a family after an attempt has been made within the timelines. If a caseworker made a timely attempt at contact that is sufficient in ROM data. CFSR measures are qualitative and, as discussed above, would not rate a case as a strength on Item 1 if the caseworker did not document ongoing attempts to contact the family and showed that, if contact were not made timely, it was outside the agency’s control. As the data reflects, CPS workers have improved attempts at initial contact; however, they often do not or are not able to prioritize diligent ongoing attempts to see all of the required members of the family within required timelines. As Oregon Child Welfare invests in workforce development in 2020 with new leadership, the traditional training curriculum format is being reviewed and re-aligned.

Efforts to reduce overdue assessments during COVID-19 with a renewed investment in local leadership and planning has resulted in a dramatic reduction (March to June 2020) that allows for increased focus on CPS practices as well as fidelity to our practice model. Fidelity reviews were completed in the fall of 2019 and again in May of 2020. These reviews specifically address not only timeliness but also diligent efforts being made to achieve timely contacts. These reviews are utilized to develop branch-specific action plans that align with CFSR findings engaging with local branch leadership to address areas needing improvement.

One of the factors in performance is the delay in documentation. Due to the ability to change ROM data months later, data such as OR-Kids contacts snapshots can vary depending on when the reports are pulled. The Department is discussing the possibility of embedding documentation requirements (e.g., within 24 hours of making contact you must case note it) to ensure that all contacts are documented and that the information captured is detailed.

The Safety Program has been working with the Office of Reporting, Research, Analytics, and Implementation (ORRAI) to develop an OR-Kids report that will allow the Department to differentiate between an attempted contact and a successful contact, as well as whether the contact was with a parent or child. The Department anticipates that the new report will be finalized in July 2020. The report will assist in identifying if there are systems or practice barriers to successful required -face-to--face contacts.

The Safety Program will also be reviewing CPS assessment rule and procedure specific to timeliness. It will be reviewing definitions such as “initiated” as well as how current timeliness requirements are measured using a family engagement, trauma-informed practice, and an equity lens. Feedback and recommendations have been requested from ODHS Tribal Affairs and Tribal partners, the Office of Equity and Multi-Cultural Services (OEMS), and field representation to evaluate if current rule and procedure reflect agency core values and our mission statement to improve child safety.

It is also notable that in the past five years, there has been an increase of more than 10,000 CPS assessments per year being assigned to the field. Per the ROM report, the timely response as improved by ten percent. Timely assignment is improving but is a variable that must be considered when evaluating CPS practice. CPS Rule in Oregon specific to timeliness was written before a 24/7 centralized screening and assignment model and must be evaluated.

Oregon Child Abuse Hotline (ORCAH)

Over the past four years, one of the major factors in performance was the creation and implementation of a fully centralized child abuse hotline, known as the Oregon Child Abuse Hotline (ORCAH). In April 2019, ORCAH completed the process of integrating fifteen regional hotlines into one centralized operation. The ORCAH Spring 2020 Newsletter details the most recent updates from this process (Attachment 1).

With centralizing the hotline function, ORCAH has experienced an increased call volume. This has resulted in an increased number of assessments for CPS staff. Seventy percent of ORCAH screeners were new to doing screening, which required a robust training response for the program. Timeliness to assignment of reports for assessment has improved significantly over time. At present, 77% of reports completed <3 hours from the call and 12% are assigned in over 24 hours. Before centralization, the timeliness rate overall in Oregon was 67%. As part of the implementation process, ORCAH created an internal continuous quality improvement (CQI) and training process. Please see the QA and training sections of the APSR for more information.

Hotline Adaptations due to COVID-19

ORCAH transitioned 95% of staff to remote work within a matter of days. This process started on March 16, 2020, and was completed on March 27, 2020. Not all were transitioned to remote work because there is a small number of staff whose jobs require them to be on-site. The transition did involve some

information technology challenges, but overall it was a seamless process. Leadership is considering integrating teleworking in a more permanent way going forward from the pandemic.

All training for ORCAH’s has now been adapted to be delivered remotely. Cohort 11, beginning on July 6, 2020, will be fully trained and onboarded remotely.

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

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

Strengths:

- In cases where safety issues were present, safety-related services were offered to families to prevent the removal of children during the period under review. -OR-
- If safety-related services were not offered, this was because the safety issues warranted immediate removal of the child

Statewide Baseline = 88.4%		RP24 Statewide = 81.82%			% decreased by 6.54 %
Goal = 93.5%	District	2017	2018	2019/2020	Observation-based on data and narrative
Highest Performance Levels	6	50%	83.33%	100%	4 offices with 100% are small branches with 2-3 cases
	9	66.67%	66.67%	100%	
	12	100%	100%	100%	
	13	50%	100%	100%	
Lowest Performance Level	7	50%	100%	50%	
	8	50%	66.67%	37.50%	
	11	100%	100%	33.33%	

The themes for cases that earned strengths ratings were clearly documented safety threats such that no services could have helped engagement with the family to help them understand the threats and providing services to alleviate the threats. In cases that needed improvement, the theme was a lack of engagement and follow-up.

Sufficient and robust safety analysis and safety planning has been an area needing improvement. During the COVID-19 pandemic, the Child Safety Program has been evaluating the delivery of ongoing training. During this period there has been an increased focus on the utilization of group supervision for both assessment and case planning. CPS quarterly trainings are now being piloted in virtually through June 2020. We anticipate these will continue through 2021.

Serving Families In-Home

The following table shows point-in-time data on in-home cases over the past five federal fiscal years. There is a slight decrease for FFY 2019. The availability of services and support impact the Department’s ability to provide wrap-around safety supports and resources to a family. These services include safety service providers, housing, transportation, etc. The challenge for families is often the lack of sufficient,

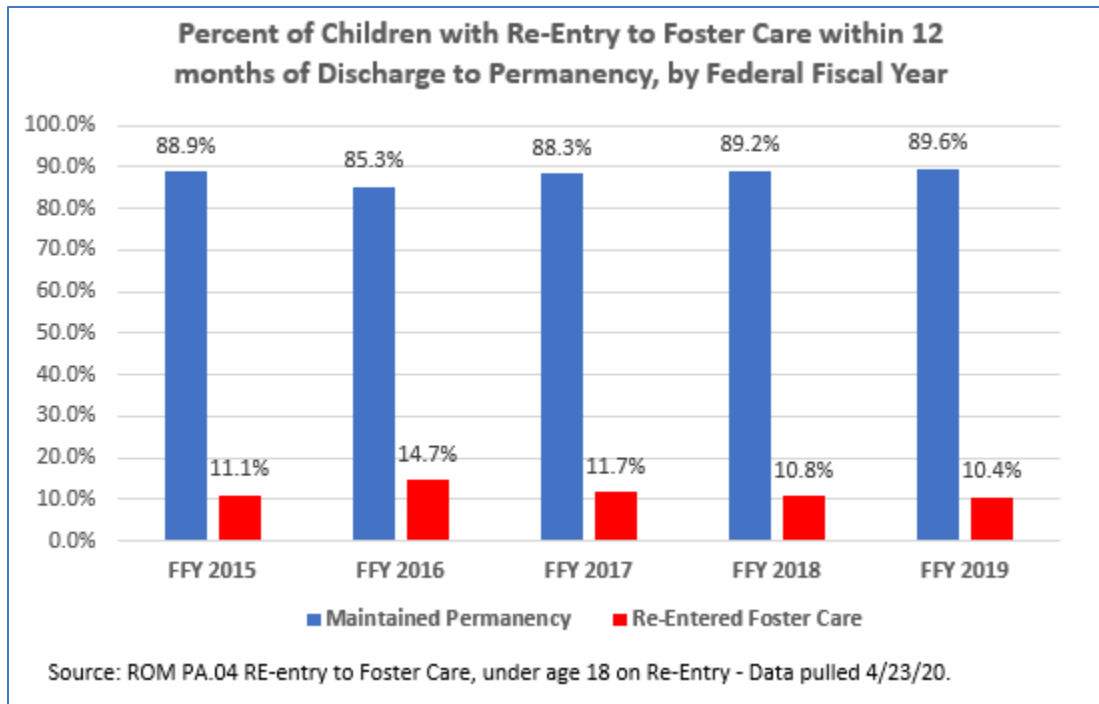
safe, and natural supports to help parents fill gaps in supervision, transportation (for children or to allow a parent to work or attend treatment), and adequate affordable housing. Please see the discussion of the CP3 program on p. 4, which is piloting a private-public partnership to help fill those service gaps.

Count of Children Served In Home			
Federal Fiscal Year	In-Home Caseload First Day of Period ¹	Ending Caseload Last Day of Period ²	In-Home Total Served During Period ³
FFY 2015	1,351	1,330	5,426
FFY 2016	1,328	1,336	6,708
FFY 2017	1,337	1,347	8,259
FFY 2018	1,347	1,249	8,311
FFY 2019	1,267	1,073	7,893

Source: ROM IC.01 Count of Children Served In Home - data pulled 4/23/20
¹ for children under age 18 on first day of period, ² for children under age 18 on last day of period; ³ for children under age 18 on last day of FFY or last day of FC Episode, if sooner.

Re-Entry into Foster Care

The national data indicator for foster care re-entry has a national standard of 8.6% or fewer children experiencing re-entry within 12 months of discharge from foster care. As the graph below indicates, Oregon has been close to the national standard over the last five federal fiscal years and has made steady progress in lowering the re-entry rates since FFY 2017.



Re-Entry by Age

The following table breaks down re-entry rates by age at removal.

Percent of Children who Re-Entered Foster Care Within 12 Months of Discharge to Permanency, by Age at Removal and FFY							
Federal Fiscal Year	Age 0 - 2	Age 3 - 5	Age 6 - 8	Age 9 - 11	Age 12 - 14	Age 15 - 17	Total
FFY 2015	14.2%	11.6%	9.2%	8.2%	8.4%	8.7%	11.1%
FFY 2016	17.4%	12.8%	14.9%	12.6%	13.5%	13.0%	14.7%
FFY 2017	14.3%	12.0%	9.5%	8.6%	12.4%	7.0%	11.7%
FFY 2018	12.9%	10.4%	9.4%	8.1%	11.3%	8.4%	10.8%
FFY 2019	13.8%	8.3%	8.6%	8.3%	7.2%	11.1%	10.4%
Total 5 year Change	-0.4%	-3.3%	-0.6%	0.1%	-1.2%	2.4%	-0.7%

Source: ROM PA.04 Re-entry to Foster Care, under age 18 on Re-entry, data pulled 4/23/20.

In FFY 2019, Oregon met the national standard of 8.6% for children aged 3-14 years. The rate of re-entry is highest among children aged 0-2 years, which represents the most vulnerable group of children. In this age range, children cannot meet their own basic needs, need constant supervision, are not sufficiently verbal to report or advocate for themselves, and are not consistently seen by community members (e.g., teachers, coaches, etc.) who make up the highest percentage of child abuse and neglect reporters. When the Department is determining whether a child is safe in the home, the child's vulnerability level is a factor. Please see the update on Oregon's collaboration with Safe Families later in this report for a discussion on additional resources that are assisting supporting families and children.

Oregon also exceeds the national standard for children aged 15-17 years. Over the last several years, Oregon's placement resources for this age group has decreased, particularly in the middle of the continuum of care – higher needs than a regular foster family can meet, but not enough to warrant subacute or psychiatric placement. This age group's reunification outcome is also impacted by a child's mental and behavioral health needs that may surpass a caretaker's ability to maintain them safely at home.

Re-Entry by Race

The table below gives an overall picture of re-entry filtered by race and federal fiscal year. Overall, there is an improvement in disproportionality, except in the case of Asian/Pacific Islander children, whose re-entry rate jumped 0% to 22.7% in FFY 2019.

Percent of Children who Re-Entered Foster Care Within 12 Months of Discharge to Permanency, by Race and FFY							
Federal Fiscal Year	AI/AN	Asian/Pac Islander	Black/AA	Hispanic	Unk./Declined/Unable to Det.	White	Total
FFY 2015	15.0%	25.0%	14.1%	10.6%	2.8%	10.7%	11.1%
FFY 2016	19.7%	14.3%	17.6%	14.4%	0.0%	14.4%	14.7%
FFY 2017	9.3%	6.7%	12.3%	9.5%	0.0%	12.7%	11.7%
FFY 2018	18.5%	0.0%	11.5%	10.1%	3.8%	11.1%	10.8%
FFY 2019	7.7%	22.7%	9.4%	10.5%	2.0%	10.7%	10.4%
Total 5 year Change	-7.3%	-2.3%	-4.7%	-0.1%	-0.8%	0.0%	-0.7%

Source: ROM PA.04 Re-entry to Foster Care, under age 18 on Re-entry, data pulled 4/23/20.

Notably, Asian/Pacific Islander children are a comparatively small subset of Oregon foster children, their re-entry rate in FFY 2019 was very high, however, they represented only five children re-entering foster care.

The table below, which breaks down disproportionality by race in Oregon’s foster care population, gives greater context to the re-entry rates by race. There continues to be concerning levels of disproportionality for Black and American Indian/Alaskan Native children in the foster care population, although in FFY 2019 both of these groups experienced lower re-entry rates than the statewide re-entry rate.

Disproportionality Index and Representation by Race for Children in Foster Care in FFY 2019 Compared to Oregon's Child Population

Race	# of Oregon's Children*	% of Oregon's Children	# of Children Served in Foster Care	% of Children Served in Foster Care	DI** 1=Proportionate
Black or African American	33,091	3.8%	621	5.7%	1.51
Asian/Pac Islander	49,263	5.6%	178	1.6%	0.29
White	582,957	66.7%	7,276	66.8%	1.00
Hispanic (any race)	194,550	22.3%	1,918	17.6%	0.79
American Indian or Alaska Native	13,706	1.6%	492	4.5%	2.88
Unable to Determine	n/a	n/a	402	3.7%	n/a
Statewide Total	873,567	100.0%	10,887	100.0%	

*Population data is always a year behind. Population data is from Puzanhera, C., Sladky, A. and Kang, W. (2018). "Easy Access to Juvenile Populations: 1990-2019." Online. Available: <http://www.ojjdp.gov/ojstatbb/ezapop/>.

**Disproportionality Index (DI) is calculated by taking the percent by race for children served in foster care and dividing it by the percent by race in Oregon's child population. Values less than 1 mean underrepresentation. Disproportionality statement example if DI is 1.8 for Black or African American Children: The percent of black children that were served in foster care during FFY 2016 is 1.8 times higher than the percent of black children in Oregon's child population.

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

Strength:

- For cases with risk and/or safety concerns present during the period under review, the agency conducted initial and/or ongoing assessments of all children in the family during the period, under review, unless the time frame and circumstances did not warrant ongoing assessments
- The assessments were of good quality, accurately identifying risk and safety concerns, and they occurred at key junctures of the case.
- If safety concerns were identified during the period under review, the agency adequately addressed concerns and/or responded by developing and monitoring appropriate safety plans that ensured the children’s safety.
- There were no repeat maltreatment and/or recurring safety concerns within six months of a report substantiated and/or accepted during the period under review.
- Additionally, for foster care cases, there were no safety concerns related to visitation with parents or family members during the period under review and there were no safety concerns related to the child’s foster care placement during the period under review.

Statewide Baseline =63.64%		RP24 Statewide = 53.64%		% decreased by 10%	
Goal = 67.5%	District	2017	2018	2019/2020	
Highest Performance Level	5	81.25%	65.63%	81.25%	
	11	62.50%	50%	62.50%	
	14	66.67%	33.33%	66.67%	
Lowest Performance Level	9	50%	65.63%	20%	
	12	62.5%	40%	0%	
	13	80%	33.33%	40%	

The themes for cases with a strength rating included: ongoing safety assessment (formal and informal) occurring through discussion with family and face-to-face contact, speaking to the child privately, touring home for safety, and robust use of safety service providers (SSPs).

The themes for cases needing improvement included: little or no visitation for child and parents, infrequent contact by caseworker, not monitoring parental progress in services, not speaking privately with the child, and not assessing the safety of the whole home.

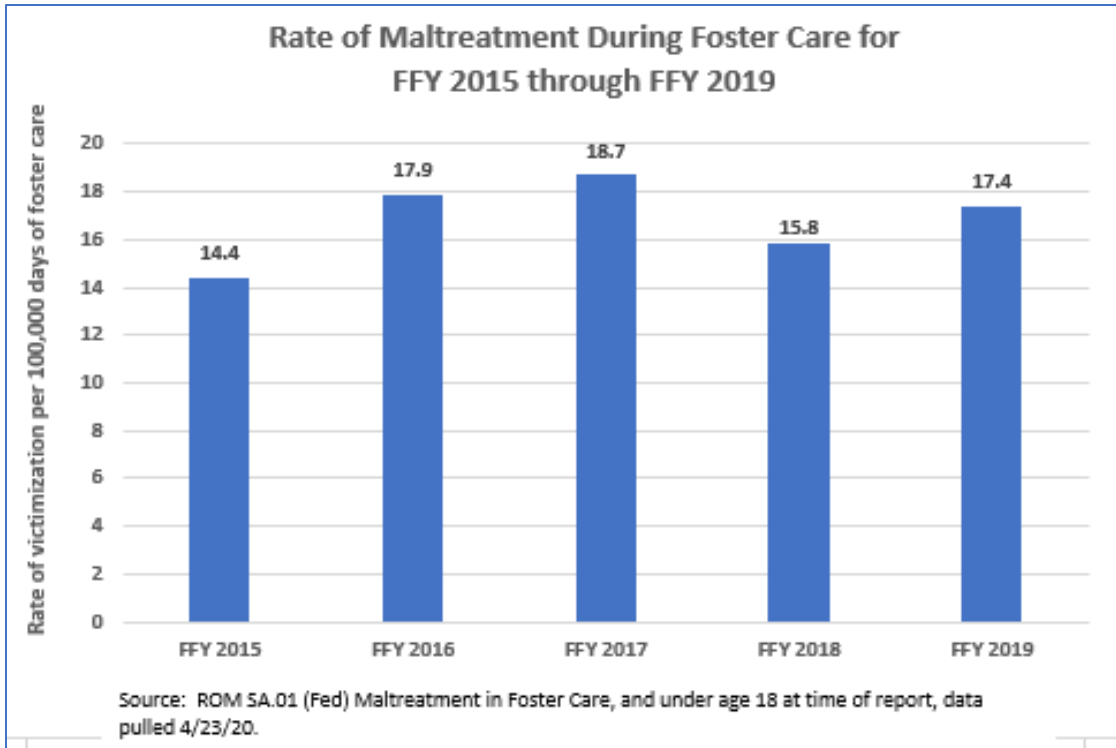
Again, ongoing robust engagement with the family is necessary for thorough and continuing safety assessment. The Department is working to provide tools and processes that support engagement, such as, the Family Report and the statewide transfer protocol.

Rate of Maltreatment

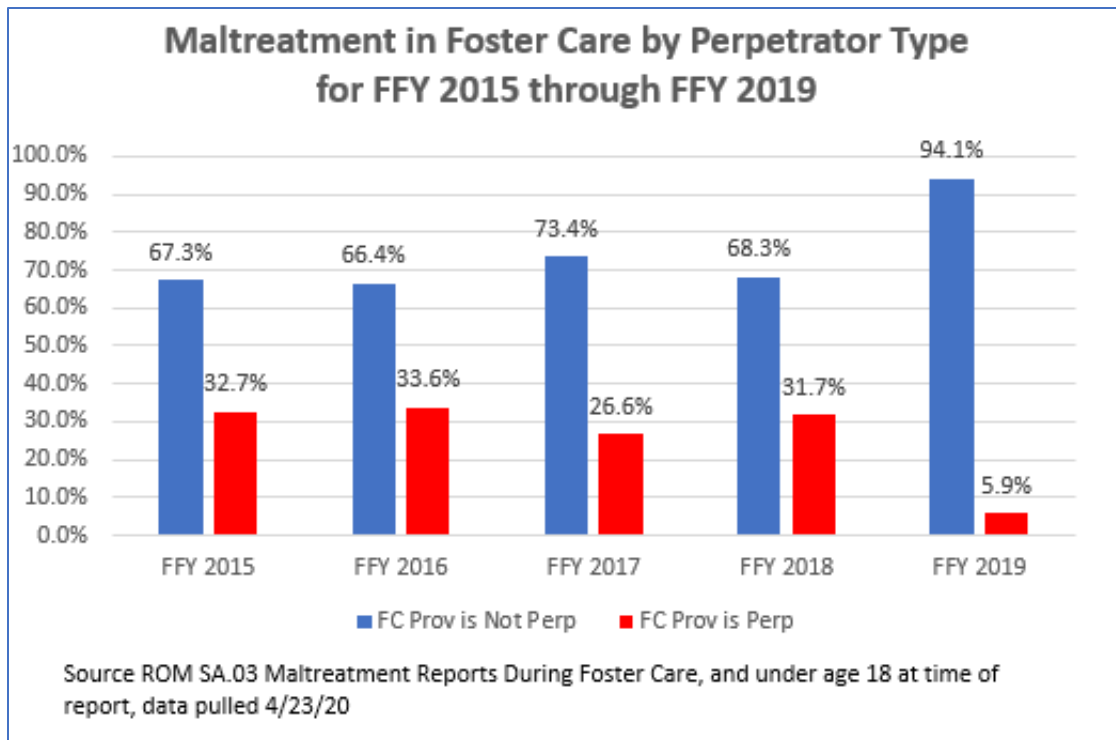
The national data indicator standard for maltreatment in foster care is 8.5. This data indicator measures the following: of all children in a foster care episode in 12 months, what is the rate of victimization, per 100,000 days of care. Oregon does not meet the national standard.

The overall measurement of rate of maltreatment during foster care includes:

- The entire “foster care episode,” which includes trial home reunification, as defined as the first 180 days the child is returned home to a parent from substitute care
- All maltreatment regardless of the perpetrator (i.e., includes foster parents, parents) and any other abuse or neglect a child might experience (e.g., at the hands of a coach, teacher, childcare provider, etc.)



Because the overall rate is so inclusive, Oregon tracks breakdowns in the data to further understand the risk of maltreatment and the changes needed to keep children safe. The graph below shows the rate of maltreatment by perpetrator type (i.e., foster care provider and non-foster care provider). This breakdown is particularly critical to Child Welfare as we determine how safe our children are in substitute care. FFY 2019 saw a substantial drop in the incidence of provider-perpetrated maltreatment. This reduction is attributed in part by improvements to training in case-naming protocols and quality assurance regarding appropriately identifying alleged perpetrators. Additionally, the frequency of the training “Confirming Safe Environments” increased. This training teaches caseworkers how to identify and articulate concerns in home environments that may point to safety concerns for our children.



In FFY 2019, there were 13,674 unduplicated victims, of which approximately 9,216 were closed as assessment only. This is a rise from the last two years: FFY 2018 – 12,585 and 7,985. FFY 2017 – 11,077 and 6,358. There has been a steady increase in reports of child abuse and reports assigned to CPS. That is due to a variety of reasons, including changes to statute adding mandatory reporters, practice changes, as well as outreach and engagement with community partners. This increase is consistent with the national trend of increased reports.

Adaptations due to COVID-19

Modification to the work of the safety assessments has been very minor. CPS workers are still required to see families face-to-face to assess and ensure safety. Labs that the Department uses for urinalysis (UA) tests were closed between mid-March through mid-May, so CPS staff were not able to send parents to labs for UAs.

In March, the national state of emergency and Oregon Governor’s Stay at Home Order in conjunction with closed schools resulted in a drastic reduction in the number of assignments to the Safety Program and CPS workers. Prior to COVID-19, the Safety Program received approximately 200 assignments a day from ORCAH. That dropped to 50-60 assignments a day in late March and April. Then, in late May, assignments were at 90-110 assignments per day. ORCAH is sharing the daily numbers with Safety Program so volume can be monitored very closely. During the period of reduced assignments, the Safety Program focused on creating strategic action plans to complete overdue assessments sustainably.

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

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

A strength rating on this item requires that:

1. The child had only one placement during the period under review AND it is considered stable;
OR
2. The child had more than one placement during the period under review AND every placement change was planned by the agency to meet the permanency goal or the child’s needs AND the current placement is considered stable.

Statewide Baseline =73.75%		RP24 Statewide = 77.86%		Increased by 4.11%	
Goal = 78.2%	District	2017	2018	2019/2020	
Highest Performance Level	7	83.33%	66.67%	100%	
	10	85.71%	57.14%	100%	
	13	75%	75%	100%	
Lowest Performance Level	9	75%	75%	50%	
	11	83.33%	50%	50%	
	12	75%	50%	50%	

The following table, drawn from Oregon’s ROM data, shows the rate of placement moves per 1,000 days in foster care. The target goal is 4.12 moves per 1,000 days.

Rate of Placement Moves per 1000 days in Foster Care for Children entering Foster Care in a 12-month Period by Federal Fiscal Year																				
Rolling 12 Month Period	FFY 2015				FFY 2016				FFY 2017				FFY 2018				FFY 2019			
	Count	Moves	Days	Rate	Count	Moves	Days	Rate	Count	Moves	Days	Rate	Count	Moves	Days	Rate	Count	Moves	Days	Rate
Placement Stability Rate	3,767	2,718	619,469	4.4	3,747	3,091	612,196	5.0	3,964	3,331	647,949	5.1	3,457	3,049	590,424	5.2	3,169	2,743	525,073	5.2

Source: ROM PA.05 Placement Stability, excludes days when child was age 18 or older - data pulled 4/23/20

The Department is working to improve placement stability for children on two fronts: increasing relative placement and increasing capacity in higher levels of care. In 2019 and continuing into 2020, the Department collaborated with providers across the state to increase capacity across the spectrum of higher levels of care (e.g., BRS, PRTS). Please see Item 18 on p. 32 for an in-depth description of the increased capacity. A few workstreams are addressing the goal of increase relative placements. Relative placements tend to be more stable for children, particularly for sibling groups, because relatives are more invested in their relationship with the specific children and with keeping siblings together. The Foster Care Program has been examining making the certification process less onerous for relatives. See Item 10 on p. 16 for more information. The Permanency Program has been working on streamlining the relative search process to facilitate earlier and more complete identification of potential relative placements for children. The relative search process is being reviewed, along with collaboration with Tribal Affairs to include the business process for the ICWA eligibility form as well.

Item 5: Did the agency establish appropriate permanency goals for the child in a timely manner? A strength rating on this item requires that the agency has documented the child’s permanency plan within a reasonable time (typically 60 days from entering care) and that the plan is appropriate. If the child has been in care for 15 of the past 22 months, then the agency must have filed for termination of parental rights or have documented the reason (from a list of exceptions) for not filing for termination of parental rights.

Statewide Baseline =46.25%		RP24 Statewide = 43.75%		Increased by 2.5%
Goal = 51.3%	District	2017	2018	2019/2020
Highest Performance Level	7	50%	50%	83.33%
	10	28.57%	42.86%	75%
	11	33.33%	66.67%	66.67%
Lowest Performance Level	2	50%	37.93%	14.29%
	6	42.86%	57.14%	0%
	14	20%	20%	20%

The Department is nearing the end of a multi-year effort to create a Family Report, in part to address this item. Currently, the OR-Kids system and procedure require caseworkers to create two documents to create the “case plan” and the creation of those documents is contingent upon timely completion of the protective services assessment due to internal technical requirements of OR-Kids. The Family Report rolls both of these duplicative case plan documents into one document and also serves as the court report. It has been piloted in several districts over the last year in PDF format. The OR-Kids team is currently working on integrating the report into OR-Kids, while also making some additions to the report to aid in documentation for QRTP placements (as required by Family First and Oregon Senate Bill 171). This technical integration is expected to be complete by the end of June 2020. Trainings for Family Report have already been developed in both virtual and in-person formats.

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

A strength rating on this item requires:

- During the period under review, the agency made concerted efforts to achieve permanency for the child; OR
- If the child has a plan of “another planned permanent living arrangement” (APPLA), the agency made concerted efforts to place the child in a living arrangement that could be considered permanent.

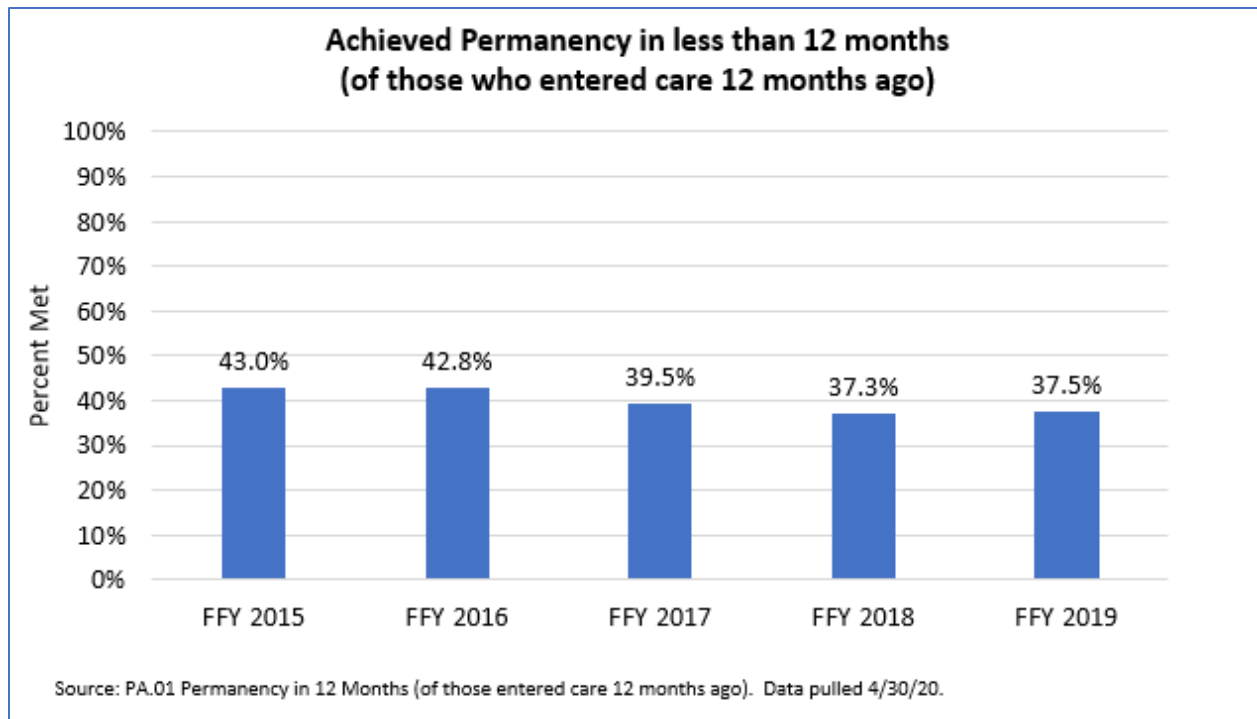
Statewide Baseline =38.2%		RP24 Statewide = 42%		Increased by 3.8%
Goal = 51.3%	District	2017	2018	2019/2020
Highest Performance Level	3	58.33%	60%	60%
	9	25%	50%	50%
	15	57.14%	28.57%	57.14%
Lowest Performance Level	6	42.86%	22.22%	22.22%
	13	50%	75%	25%
	14	60%	20%	0%

This is a PIP-monitored item and is being addressed through Goal 2, Strategies B, and C of the PIP. Please see the attached Q5 and Q6 Cumulative Progress Reports for details on the PIP strategies and implementation (Attachments 2 and 3).

Permanency Achieved by Time in Care

The data below is broken down into three time periods: permanency achieved in less than 12 months, 12-23 months, and 24+ months. Permanency Program uses this data to identify best practices and training opportunities district by district. Higher performing districts are asked to share how they are getting their results and lower-performing districts receive additional support and focused attention from their permanency consultants. Permanency Program ties the use of the practice model to these data points as well (see the discussion of the Permanency Program’s fidelity reviews in the QA section on p. 37). Permanency consultants can target permanency committee trainings and concurrent planning support for districts that need assistance.

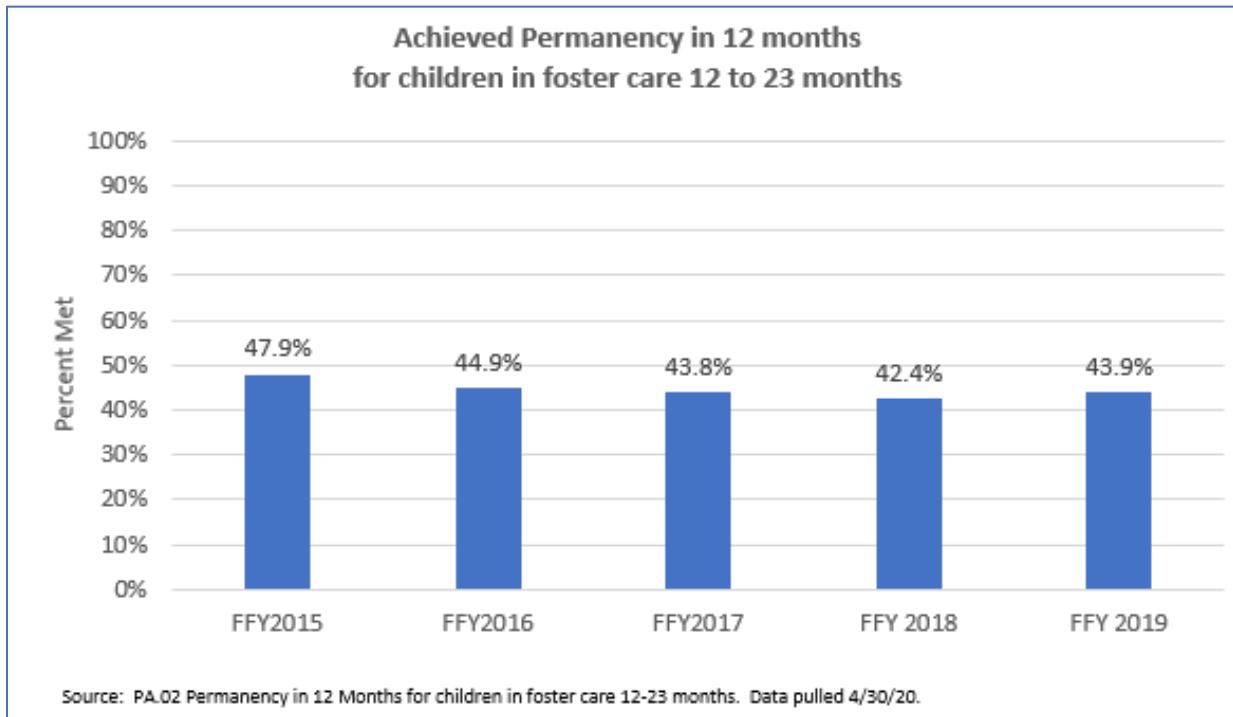
Permanency Achieved in less than 12 Months



Achieved Permanency in less than 12 months (of those who entered care 12 months ago), by District																		
Federal Fiscal Year	Central Office	District 01	District 02	District 03	District 04	District 05	District 06	District 07	District 08	District 09	District 10	District 11	District 12	District 13	District 14	District 15	District 16	State wide
FFY 2015	71.4%	39.4%	31.8%	45.3%	49.5%	34.2%	34.3%	51.7%	53.5%	45.3%	42.8%	43.6%	44.2%	37.1%	58.2%	37.7%	55.3%	43.0%
FFY 2016	55.6%	41.4%	32.4%	43.4%	45.9%	35.8%	33.6%	50.0%	56.4%	28.2%	44.2%	43.2%	41.9%	48.2%	54.9%	42.2%	49.6%	42.8%
FFY 2017	50.0%	38.8%	33.1%	49.7%	45.5%	30.6%	33.3%	38.6%	41.4%	38.6%	36.8%	42.9%	54.4%	29.3%	35.3%	45.7%	46.1%	39.5%
FFY 2018	77.8%	37.0%	27.1%	49.0%	33.9%	30.5%	28.9%	37.8%	42.8%	22.8%	46.1%	43.1%	36.8%	65.9%	36.6%	34.0%	42.3%	37.3%
FFY 2019	77.3%	41.1%	26.9%	41.8%	34.0%	33.6%	37.5%	39.3%	38.5%	22.4%	42.3%	47.4%	34.5%	65.2%	36.9%	42.0%	42.7%	37.5%
Total 5-year Change	5.8%	1.7%	-4.9%	-3.5%	-15.6%	-0.6%	3.2%	-12.4%	-15.0%	-23.0%	-0.5%	3.7%	-9.6%	28.1%	-21.3%	4.3%	-12.6%	-5.5%

Source: PA.01 Permanency in 12 Months (of those entered care 12 months ago). Data pulled 4/30/20

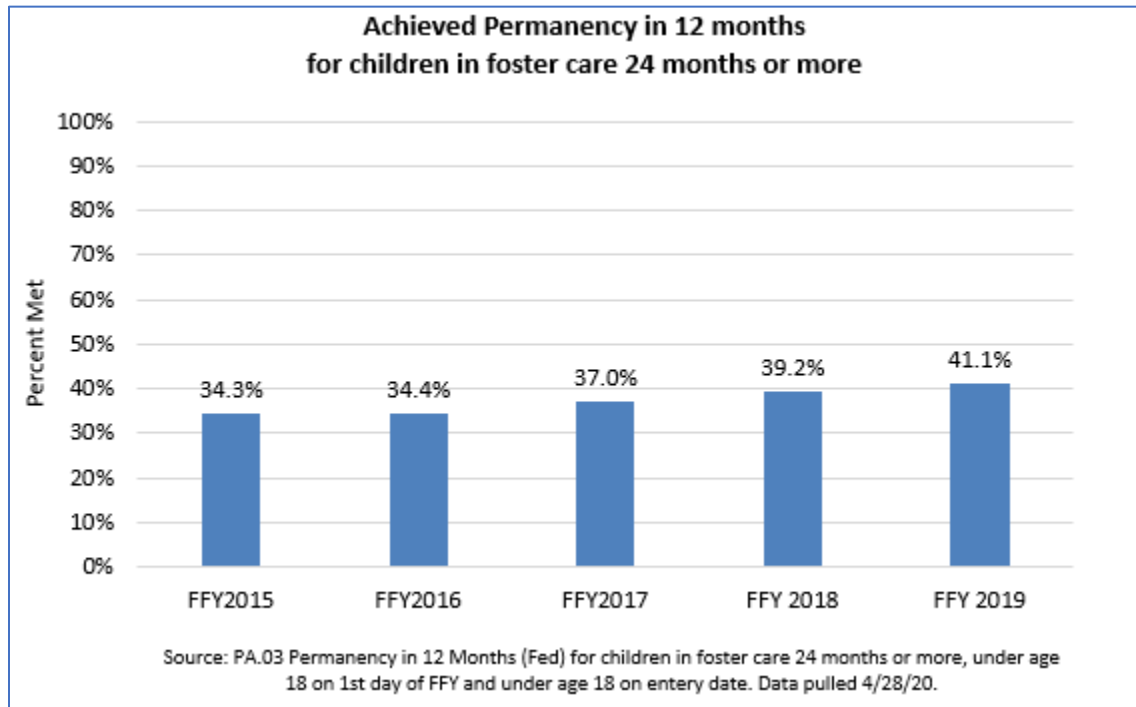
Permanency Achieved in 12-23 Months



Achieved Permanency in less than 12 months for children in foster care 12 to 23 months, by District																		
Federal Fiscal Year	Central Office	District 01	District 02	District 03	District 04	District 05	District 06	District 07	District 08	District 09	District 10	District 11	District 12	District 13	District 14	District 15	District 16	State wide
FFY 2015	50.0%	43.8%	35.6%	54.7%	46.6%	56.9%	19.0%	42.2%	60.8%	39.4%	41.7%	51.4%	33.3%	18.8%	25.0%	58.1%	58.7%	47.9%
FFY 2016	75.0%	51.5%	34.6%	55.9%	48.1%	45.2%	47.3%	35.3%	53.1%	44.4%	28.8%	40.3%	41.9%	34.8%	47.4%	45.7%	53.9%	44.9%
FFY 2017	25.0%	42.6%	28.8%	45.3%	37.6%	50.3%	50.0%	53.7%	44.9%	65.0%	40.8%	52.4%	32.3%	67.4%	29.3%	36.8%	45.4%	43.8%
FFY 2018	n/a	51.2%	34.0%	46.7%	33.3%	44.4%	43.5%	49.3%	37.1%	67.7%	52.6%	58.2%	39.5%	62.5%	45.6%	48.1%	38.4%	42.4%
FFY 2019	n/a	58.0%	30.0%	46.3%	54.0%	45.7%	52.0%	41.6%	50.8%	40.5%	48.8%	48.1%	36.4%	0.0%	50.5%	39.2%	39.0%	43.9%
Total 5 year Change	n/a	14.2%	-5.6%	-8.4%	7.4%	-11.3%	33.0%	-0.6%	-10.0%	1.1%	7.1%	-3.2%	3.0%	-18.8%	25.5%	-18.9%	-19.6%	-4.0%

Source: PA.02 Permanency in 12 Months for children in foster care 12 to 23 months, data pulled 4/30/20

Permanency Achieved in 24+ Months



Achieved Permanency in less than 12 months for children in foster care 24 months or more, by District																		
Federal Fiscal Year	Central Office	District 01	District 02	District 03	District 04	District 05	District 06	District 07	District 08	District 09	District 10	District 11	District 12	District 13	District 14	District 15	District 16	State wide
FFY 2015	100.0%	36.4%	29.6%	35.1%	37.4%	34.2%	38.6%	39.1%	32.1%	16.7%	36.2%	29.0%	36.4%	16.7%	32.1%	47.8%	39.6%	34.3%
FFY 2016	0.0%	39.8%	28.4%	37.6%	25.5%	32.2%	44.3%	39.0%	36.2%	36.4%	39.7%	37.0%	31.3%	43.8%	34.5%	39.1%	43.5%	34.4%
FFY 2017	20.0%	47.3%	34.8%	32.3%	34.8%	36.5%	33.0%	46.2%	38.6%	52.1%	24.0%	32.9%	41.9%	41.4%	38.6%	45.5%	42.7%	37.0%
FFY 2018	66.7%	35.0%	31.6%	34.1%	45.2%	38.2%	47.2%	35.2%	48.8%	51.4%	43.4%	49.4%	35.9%	45.5%	31.4%	39.8%	44.7%	39.2%
FFY 2019	33.3%	44.3%	31.7%	37.9%	28.5%	51.3%	51.6%	41.4%	51.8%	28.0%	45.5%	47.4%	25.5%	62.5%	51.6%	31.3%	40.5%	41.1%
Total 5-year Change	-66.7%	7.9%	2.1%	2.8%	-8.9%	17.1%	13.0%	2.3%	19.7%	11.3%	9.3%	18.4%	-10.9%	45.8%	19.5%	-16.6%	0.9%	6.8%

Source: PA.03 Permanency in 12 Months (Fed) for children in foster care 24 months or more, under age 18 on 1st day of FFY and under age 18 on entry date. Data pulled 4/28/20.

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

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

A strength on this item requires the agency to place children with their siblings unless the needs of a sibling or safety concerns dictate separation. Lack of capacity in placements is not considered an appropriate reason to separate siblings.

Oregon consistently performs well on this item. The CFRS PIP baseline identified 93% of cases as a strength. In reporting period 24 (2/1/19 – 1/31/20) that number stayed the same, at 103 of 110 (93.6%) applicable cases considered a strength. The following table provides the numbers and percentages of sibling groups placed all, partially, or not together over the past five federal fiscal years. This data lacks the qualitative component of the CFRS consideration of needs or safety separating siblings. It shows consistent performance on this measure in terms of numbers. At the end of FFY 2019, 79.6% of children with siblings in care were placed all or partially placed together.

Statewide Children with Siblings in Out of Home Foster Care Placed Together, Partially Together, Not Together on last day of Federal Fiscal Year								
	Number of Sibling Groups				Percent of Total Groups			Total Children
	All Placed together	Partially Placed Together	Not Placed Together	Total Groups	All Placed Together	Partially Placed Together	Not Placed Together	
9/30/2015	1,015	217	279	1,511	67.2%	14.4%	18.5%	3,863
9/30/2016	1,006	249	307	1,562	64.4%	15.9%	19.7%	4,006
9/30/2017	1,067	252	329	1,648	64.7%	15.3%	20.0%	4,133
9/30/2018	985	237	313	1,535	64.2%	15.4%	20.4%	3,855
9/30/2019	915	205	288	1,408	65.0%	14.6%	20.5%	3,512

Source: Child Welfare Data Book

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

In PIP reporting period 24 (2/1/19 – 1/31/20), 143 cases were reviewed where this item was relevant. Ninety-five of those, or 63.75%, were rated a strength. This is a decline from the PIP baseline measure of 69% strength.

When evaluating this measure, the CFSR review the following factors: 1) location of the parents, 2) if they are available or not and whether one or both parents had an existing relationship to the child prior to foster care, 3) whether efforts were made to ensure visitation and parents failed to follow through, and 4) if there are siblings, the concerted efforts to ensure continued contact with the siblings is occurring. Oregon reviews both the frequency and the quality of the visits.

The Department is hopeful that the efforts made toward increasing overall quality engagement with families (including the Family Report, the statewide transfer protocol, and the 90-day staffing tool, among others) will positively impact visitation quality and quantity for our families.

Adaptation due to COVID-19

Visitation was impacted by COVID-19. Beginning in mid-March, face-to-face visitation was limited to visits in the community, rather than the typical setting of ODHS offices, with considerations for the health and safety of participants in each case. For example, if a parent was ill, a -face-to-face visit would not occur. Virtual visits using Skype and FaceTime were implemented across the state where face-to-face visits were not possible. The Department held a stakeholder meeting to address the question of how to do a phased reopening of visits in a way that meets our families’ needs while keeping safety at the forefront. Phase one of reopening is occurring in June 2020 and visitation guidelines have been updated. See the attached June guidance (Attachment 4).

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

A strength rating on this item requires the agency to have made concerted efforts to maintain the child’s important connections and to make sufficient inquiry to determine whether the child is a member or eligible to be a member of a federally recognized tribe.

In reporting period 24, 66.8% of cases were marked a strength, which is a drop from 83% strength at the PIP baseline measurement.

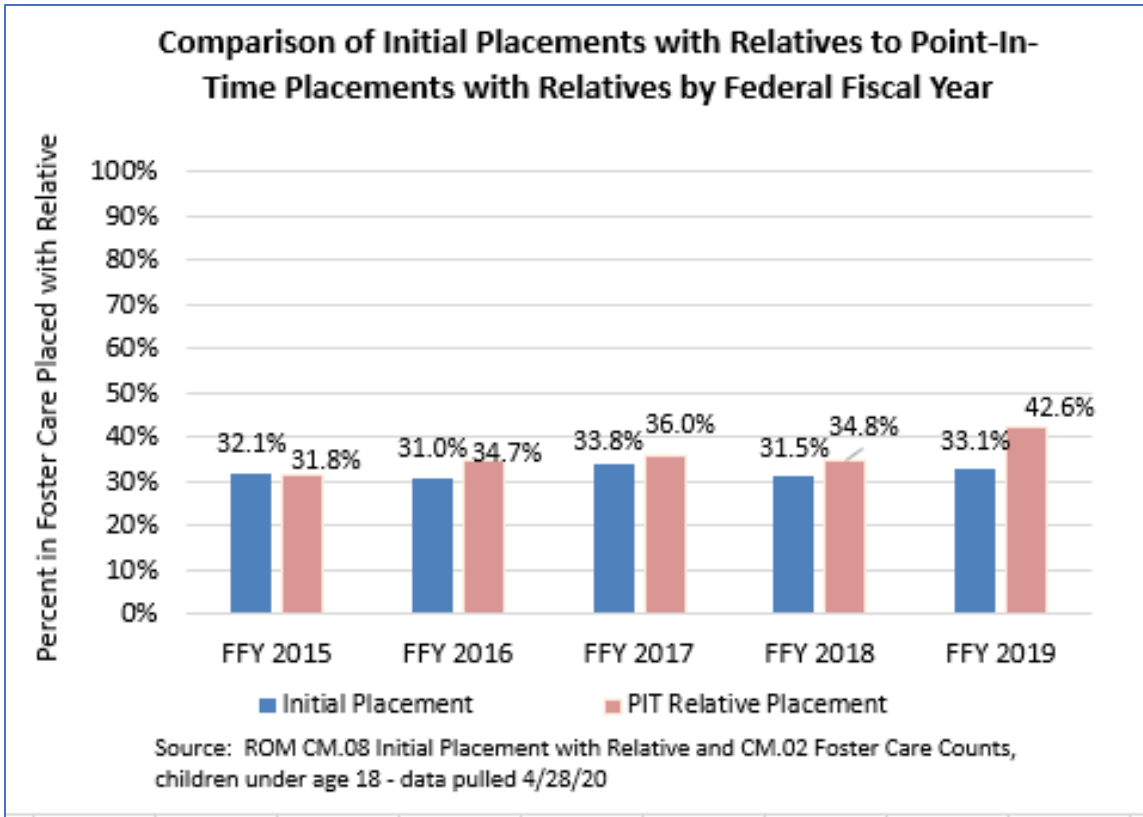
As described in the 2020-2024 CFSP, quality performance in this area of case-planning requires time and a perspective on casework that values the investment of time to facilitate ongoing connections despite barriers like scheduling, transportation, and safety concerns (particularly if those safety concerns necessitate supervision). The Department anticipates that over time, the surge hire, as well as the emphasis Oregon is placing on engagement (e.g., the Family Report, statewide transfer protocol, etc.) will improve performance in this area by both providing caseworkers more time to spend on individual clients and strengthening a culture of engagement that values each family’s connections and culture.

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

A strength rating requires:

- The child is placed with a relative during the period under review and that placement meets the child’s needs and is stable; OR
- If the child is not placed with a relative or placement with a relative is not stable and/or does not meet the child’s needs, the agency has made concerted efforts during the period under review to locate, identify, inform, and assess both paternal and maternal relatives such that they were ruled out as potential placement resources.

During review period 24, 69.2% of cases were given a strength rating. Oregon puts a high value on relative placement. The graph below shows increased placement with relatives in FFY 2019, as well as a slight increase in initial placement with a relative.



The following table provides absolute numbers for initial placement with a relative over the past five federal fiscal years.

Number and Percent of Children Placed with a relative on Entry to Foster Care by Federal Fiscal Year

	FFY 2015		FFY 2016		FFY 2017		FFY 2018		FFY 2019	
	Count	Percent	Count	Percent	Count	Percent	Count	Percent	Count	Percent
Initial Placement with Relative										
Met	1,262	32.1%	1,217	31.0%	1,405	33.8%	1,152	31.5%	1,118	33.1%
Not Met	2,670	67.9%	2,703	69.0%	2,755	66.2%	2,510	68.5%	2,260	66.9%
Total Foster Care Entries	3,932	100.0%	3,920	100.0%	4,160	100.0%	3,662	100.0%	3,378	100.0%

Source: ROM CM.08 Initial Placement with Relative. Data pulled 4/28/20

There is an ongoing opportunity for Oregon to identify appropriate relatives early enough for them to be a child’s initial placement, which has a positive impact on placement stability and a child’s experience in foster care (removal from a parent is traumatic, but that trauma is increased when the child has to move to a stranger’s home). The Foster Care Program has investigated making changes to the certification process for relatives, which can be quite onerous, and is likely a systemic barrier to more relative placements. The recommendations of that investigation are included in this report (Attachment 5).

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

A strength rating on this item requires the agency to make concerted efforts to support a child’s relationship with the parent(s) from whom the child was removed. The efforts do not include visitation, which is addressed elsewhere in the review. Examples of such efforts include:

- Encouraging the parent’s participation in school activities, case conferences, doctor’s appointments, and/or extracurricular activities.
- Arranging transportation for the parent to engage in activities and appointments with the child
- Providing therapeutic services to help the parent and child connect.
- Encouraging foster parents to act as mentors to the parent in caring for the child.
- Encouraging ongoing contact with a parent who does not live close to the child.

During the reporting period 24, 44.85% of cases were rated a strength on this item. This continues to be an area where Oregon needs to improve. The Department has made several efforts over the past year to support and increase engagement with families and parents, which should improve performance in this area.

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

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

Item 12 is divided into three sub-items. Item 12A is needs assessment and services to children. Item 12B is needs assessment and services to parents. Item 12C is needs assessment and services to foster parents. A strength rating on this item requires that all three sub-items be determined a strength.

Oregon relies on ongoing CFSR reviews to assess performance on this item. It is also a PIP-monitored item and is being addressed by PIP Goal 1, Strategy D; Goal 2, Strategies A, E-F; and Goal 3, Strategy A. Please see PIP Progress Reports for Q5 and Q6 for the most recent update (Attachments 2 and 3).

Oregon’s overall performance on this measure has decreased to 31.34% in 2019. However, the discrepancy between the three sub-items persists and contributes to this low rating. In 2019, the statewide breakdown by sub-item is as follows:

SUB-ITEM	STATEWIDE STRENGTH
A – Children	70.65%
B – Parents	30.35%
C – Foster Parents	55.22%

The PIP activities intended to address Item 12 performance cover all three sub-items, but there is an emphasis on improving engagement and support for parents and foster parents. The Department investigated creating a formalized respite program to support foster parents. The business plan with three policy options is attached (Attachment 6), but due to COVID-19 related budget reductions, it is unclear whether the Department will be able to move forward with any version in the near future.

Please also see the Diligent Recruitment and Retention Plan (Attachment 7) for efforts directed at foster parents.

Last year, Oregon implemented a face-to-face tool and a 90-day staffing tool to improve engagement and case planning. Recent feedback from the field indicates that caseworkers do find the face-to-face tool useful when meeting with parents because they have a guide for what to cover, including what you can discuss in different time restrictions. The Family Report, which has been piloted in the last year and will roll out in summer 2020 statewide, was designed with engagement at the forefront. The Parent Advisory Council, which is composed of parents formerly involved with Child Welfare, collaborated closely with the Department in creating the Family Plan and in the creation of a statewide transfer protocol with family engagement meetings. All these efforts are directed at supporting adaptive change to a focus on sincere engagement with each family and planning to meet their specific needs.

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

A strength rating on this item requires that the agency made concerted efforts to involve both parents and the child in case planning during the period under review. The Review Instrument does allow for a not applicable response for any of the participants depending on circumstances. For a child, that might mean they are not developmentally able to be involved in case planning. For a parent, it might mean that the parent’s rights have been terminated, the parent is deceased, or the parent’s whereabouts were unknown despite agency search efforts. To earn a strengths rating, the agency must have made concerted efforts for ALL of the parties who apply. If the child and both parents should have been involved in case planning but only the child and one parent were engaged by the agency, this item would be rated as an area needing improvement.

Statewide Baseline =55.56%		RP24 Statewide = 39.13%		Decreased by 16.43%	
Goal = 60%	District	2017	2018	2019/2020	
Highest Performance Level	7	87.5%	28.57%	71.43%	
	10	30%	50%	63.64%	
	13	80%	80%	60%	
Lowest Performance Level	16	43.75%	23.53%	23.53%	
	15	44.44%	40%	11.11%	
	14	80%	16.67%	0%	

This is a PIP-monitored item and the focus for change is on increasing monthly contact with parents, which will positively impact performance on Items 11, 12, and 15 as well. The face-to-face guide that rolled out in 2019 was designed to give caseworkers tools for making the most of their contact time with parents, including a focus on case planning. As discussed elsewhere in this APSR, the effectiveness of that tool has been mixed based on caseworker feedback.

The statewide transfer protocol, which was fully implemented in January 2020, should have a positive impact on performance on this item. The overall structure of the new protocol calls for co-management of the case by the protective services and permanency worker for a period and structured discussion between the two to ensure that case planning does not stop or slow during the transition and communication with the family is consistent. The highlight of this protocol is the Family Engagement Meeting, which has taken the place of the Child Safety Meeting. The Child Safety Meeting was a pro

forma meeting that involved reading the safety plan to the family and introducing them to the permanency caseworker, but no real discussion of the case plan or what was needed to support the family and drive the case forward. The Family Engagement Meeting is a productive time for the family to come together and discuss the safety threats, safety planning, and case planning, and for the whole group to collaborate on planning for the family to develop and move towards the best resolution for the family. The Parent Advisory Council worked closely with the Permanency Program to develop this protocol to increase family engagement in case planning and make the process more trauma-informed and family-driven.

After transfer, the Family Report, which is still in pilot but will go live statewide in summer 2020, will aid caseworkers in continuing their engagement with families throughout the case. It is designed intentionally to require the caseworker to meaningfully engage with parents and children before and during the writing of the report, which is required for each CRB and court hearing.

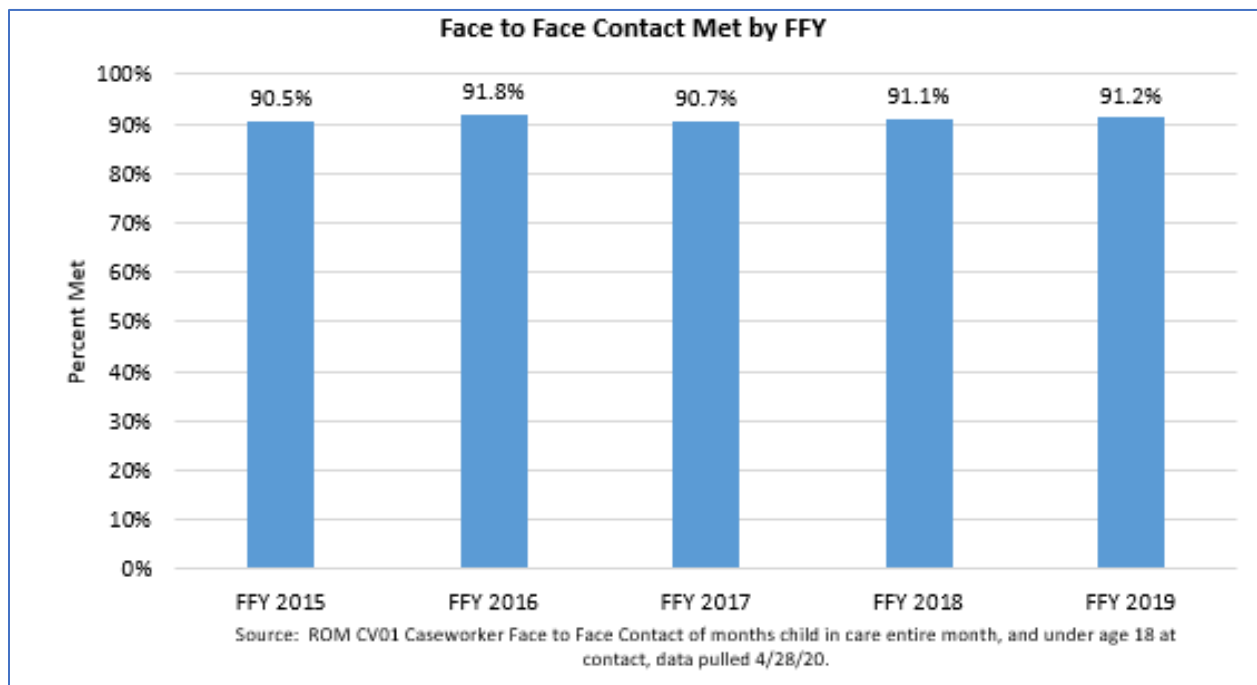
Item 14: Were the frequency and quality of visits between caseworkers and child(ren) sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals?

A strength rating on this item requires the following:

- The caseworker visited the children. For in-home cases, all children must be visited regardless of their involvement in the case, frequently enough to adequately assess their safety, promote timely achievement of case goals, and support their well-being;
- The visits were of good quality, with discussions focusing on the children’s needs, services, and case plan goals; and
- The children have visited alone, and the length and location of visits were conducive to open, honest, and thorough conversations.

Statewide Baseline =70.45%		RP24 Statewide = 67.16%		Decreased by 3.29%	
Goal = 74.4%	District	2017	2018	2019/2020	
Highest Performance Level	14	83.33%	50%	100%	
	11	62.5%	62.5%	87.5%	
	1	63.64%	45.45%	75%	
	4	41.67%	50%	75%	
Lowest Performance Level	9	50%	50%	16.67%	
	12	60%	60%	20%	
	13	80%	60%	20%	

The table below is Oregon’s ROM data on face-to-face contact with children.



As previously reported, the discrepancy in the CFSR review data and the ROM data is due to the difference in how these are calculated. ROM data looks at whether a child required a face-to-face contact during the month and whether a case note was entered documenting a face-to-face visit with that child. The criteria for a “strength” rating in the CFSR is focused on the quality of the visit. If a caseworker sees a child in a given month but does not have the quality visit described by the CFSR criteria, the visit would count in ROM data but not in CFSR data.

The discrepancy has been an ongoing pattern in performance on this item, and improving performance requires adaptive change by caseworkers to improve the quality of contacts with children. Many factors impact performance on this item, including training, and clear communication of expectations and requirements.

The face-to-face tool submitted with Oregon’s 2020-2024 CFSP was provided to the field in spring and summer 2019. It was designed to provide an easy reference for caseworkers on what topics should be covered during a face-to-face contact with a child to ensure it is a quality contact that ensures safety and moves case planning forward. Implementation of this tool was inconsistent across branches and its usefulness to caseworkers seems to be at least partly connected to how they received it. Caseworkers reported not using it or feeling frustrated by the tool particularly when it was simply left on their desk or chair with no follow-up. Where the tool was trained to, even in unit meetings, caseworkers gave more positive feedback about its usefulness and whether they were still using it a year later. At the PIP onsite meetings in January 2020, a permanency consultant shared that there had been a gap when she was hired into the position and she arrived to find a number of different documents waiting to be distributed when she was assigned to her district. Not knowing that the document was supposed to be accompanied by training, she distributed the documents to caseworkers quickly since they had been

waiting for some time. In that case, lack of workforce stability seemed to be the primary factor in the tool not being trained or distributed to caseworkers more intentionally. The gap in the position being filled resulted in a backed-up workload for the consultant.

Caseworkers did report some positives about the tool. One worker keeps it in her notebook in a small format to help her on a visit if she is struggling in a visit or is stuck for what to cover. A MAPS in one county used the tool to create a template for workers to document their visits, ensuring that when quality visits are made, they are documented. A supervisor reported that the consensus in their branch was that it was very useful for caseworkers with less than a year of experience but was not used by more veteran workers.

Adaptations due to COVID-19

Pursuant to federal guidance and in an effort to maintain safety for children, parents, foster families, and caseworkers, the Department issued guidance regarding protocols for face-to-face visitation. The protocol addresses each different placement setting and client type (parent or child), as well as addressing situations where the caseworker, client, or a family member is ill. This visitation guidance was updated in June 2020 when Oregon began reopening in most counties (Attachment 4). The Department has also issued guidance for caseworkers regarding contacts with children and families (Attachment 8).

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

A strength on this item requires that the caseworker had sufficient, in both frequency and quality contact with all the applicable parents to ensure the safety, permanency, and well-being of the child and promote achievement of case goals. A parent might not be considered in the rating if, during the entire period under review, the parent was deceased, absent despite the agency’s attempts to find them, or if the parent’s rights were terminated or the parent chose not to be involved and that was documented appropriately in the case file.

Statewide Baseline =44.67%		RP24 Statewide = 35.29%			Decreased by 3.29%
Goal = 52%	District	2017	2018	2019/2020	Observation-based on data and narrative
Highest Performance Level	6	50%	77.78%	77.78%	<i>High and low performers in RP 24 had relatively few cases (5-11)</i>
	13	50%	80%	60%	
	7	87.5%	16.67%	57.14%	
Lowest Performance Level	16	23.08%	14.29%	9.09%	
	15	37.5%	30%	11.11%	
	14	83.33%	16.67%	20%	

Monthly face-to-face contact with parents, while not a perfect match for Item 15, is a good proxy measurement for engaging parents. The following table breaks that measurement down by district over the last five fiscal years.

**Percent of Face-To-Face Contacts for Adults by the Last Day of the Federal Fiscal Year
(of those requiring contact)**

District	9/30/2015	9/30/2016	9/30/2017	9/30/2018	9/30/2019
Central Office	0.0%	8.5%	3.4%	2.1%	4.0%
District 01	55.4%	55.2%	55.8%	60.3%	72.2%
District 02	80.0%	64.0%	47.1%	42.7%	39.4%
District 03	75.1%	86.1%	77.5%	72.5%	72.7%
District 04	19.3%	39.6%	29.2%	21.2%	23.3%
District 05	32.3%	41.6%	41.0%	49.1%	58.5%
District 06	49.2%	40.0%	40.9%	37.0%	43.3%
District 07	50.8%	79.7%	64.6%	56.6%	81.0%
District 08	31.5%	30.2%	26.8%	27.1%	32.2%
District 09	78.3%	85.5%	74.4%	57.5%	63.3%
District 10	73.4%	90.5%	70.5%	80.7%	90.5%
District 11	60.7%	54.8%	68.4%	70.0%	67.3%
District 12	45.3%	39.1%	59.0%	61.7%	65.4%
District 13	72.2%	70.1%	97.7%	97.0%	86.9%
District 14	93.6%	85.5%	78.1%	53.0%	81.7%
District 15	22.3%	23.0%	22.7%	22.0%	43.4%
District 16	28.3%	19.2%	21.0%	19.3%	15.6%
Statewide Total	51.2%	52.0%	46.7%	45.3%	51.2%

Source: OR-Kids WB-5001-S Caseworker Family Face-to-Face All Contacts

These numbers are higher than district and statewide performance on Item 15 largely because the quality of visits is not measured in this data.

The Department is working to increase engagement with parents because it is key to improving the experience of families within Child Welfare and their outcomes. As discussed elsewhere in this APSR, the Family Report and statewide transfer protocol are both designed to support and increase the Department’s engagement with families. Additionally, the face-to-face tool that rolled out in summer 2019 provides caseworkers with tools to make the most out of contact with parents.

In May 2020, all field Program Managers were charged with creating and submitting a Parent Engagement Plan for their districts, and permanency consultants have been focusing on this area as well. As a result, we are seeing improvement.

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

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

Oregon performs well on this item. During the PIP reporting period 24, 87.4% of cases were rated a strength. A significant factor of the Department’s performance on this item is our ongoing collaboration with the Oregon Department of Education (ODE).

Oregon is in its third year of implementing the Every Student Succeeds Act (ESSA), which contains protections for children in foster care. In collaboration with the Oregon Department of Education (ODE), the Department has developed and facilitated regional trainings across the state, focused on collaboration between school personnel and Child Welfare staff. These trainings offer an overview of ESSA and provide guidance on procedure-related to school notification, school of origin laws, transportation agreements, and other state laws related to the education of foster students. In 2018, ten regional trainings occurred across the state. In 2019, 11 regional trainings were completed. Another five to six trainings were scheduled for the spring of 2020, but these were canceled due to COVID-19 and the need for school districts to focus on implementing distance learning. Training will be held virtually for the 2020-2021 school year.

Recently, the Department renegotiated the contract with ODE that provides for shared payment of transportation for students who are placed in a foster care placement outside their home school district. This updated contract added allowances for transportation to continue during a child's trial reunification and is in effect from 2019-2021. The Department is also collaborating with BRS placement providers to ensure foster students are receiving an appropriate education in their residential facilities. One area of continued difficulty is notifying schools within a timely manner that the Department has custody of a child. Further investigation has uncovered conflicting procedures. ODE wants notification forms to be provided to the Foster Care Point of Contact for a district, but individual schools expect to receive them with enrollment paperwork. It appears that notification forms are not being shared between the school and Foster Care Point of Contact. This will be addressed with ODE in the coming year. Another issue is getting timely best interest findings from juvenile courts regarding unplanned foster care moves. Some juvenile courts can process these quickly, while some counties take two to four weeks. The Department continues to work with JCIP on this issue.

In 2019, ODE posted the preliminary graduation data for foster students. The four-year graduation rate was 35%, which is below non-foster care rates. However, the data was very preliminary and only includes the four-year graduation rate. As noted in the CFSP, this included all children who spent any amount of time in foster care during the high school cohort. It did not differentiate between students who had only a brief stay and reunified with a parent, students who had longer stays in care, students who finalized adoptions or guardianships during this time, or other potential scenarios. The Department is working to further investigate and analyze the data, including adding in components (special education, race/ethnicity, disciplinary data, school type, chronic absenteeism, etc.), because a more complex understanding of the data is necessary before strategies to improve can be determined and implemented. ODE has not yet released the next foster care data set, which was expected in February 2020.

Adaptations due to COVID-19

The impact on education for all students has been significant. Due to COVID-19, Oregon moved to distance learning in March 2020, and continued through the remainder of the school year. The Department, with ODE, quickly gathered and disseminated guidance specifically for foster parents and caseworkers. The Department created a document for school personnel to help engage in asking students about well-being. This questionnaire can be used with many other professionals who have contact with families and students and is available on the Department COVID-19 resources page. The Department created a FAQ regarding distance learning for foster parents and caseworkers, as well as making resources available on the DHS website. Additionally, children placed in foster care and foster

providers have unique challenges. For example, due to school of origin laws, many foster students attend school outside of the boundaries of where they are living in foster care. This means foster parents may work with several different school districts and distance learning platforms and/or need to travel to multiple school districts to pick up school materials. The Department provided assistance to foster families by using department staff to pick up and deliver school packets and supplies like Chrome books. Some children were not enrolled in school when schools were closed, either because they had a foster care placement move or because they returned from an out-of-state placement at the time. Most schools are not taking new enrollments, but the Department has connected directly with school districts to ensure that services are being provided. Another complication is some foster parents do not speak the same language as the child, so the Department has worked with school districts around supports for English Language Learners (ELL). The Department has also been working with ODE and SSP programs to implement the federal Child Nutrition dollars for students on Free and Reduced Meals program. Since students in foster care are automatically eligible for this program, they are eligible for EBT cards to help with food costs that families absorb while children are not in school. The Department is working to ensure data sharing will be increased for the foster care population, to ensure these benefits will be distributed to their current foster care placement.

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

Item 17: Did the agency address the physical needs of children, including dental health needs? In PIP reporting period 24 (2/1/19 – 1/31/20), 43 cases were reviewed where this item was relevant. Thirty of those, or 69.7%, were rated a strength.

As discussed in Oregon’s CFSP, the Department is working with OHA to align the timeliness measures for the initial assessment. The coordinated care organizations (CCOs) receive financial incentives to meet particular timeliness deadlines, but those measures are not aligned with DHS’s guidelines for the initial assessment of a child. Please see the Health Care Oversight and Coordination Plan on pp. 97-102 for a complete discussion of the initiatives the Department is taking to address the physical health needs of children. The plan also outlines the various barriers the Department is facing, particularly due to COVID-19.

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

This is not a PIP-monitored item. For consistency, the data presented is from PIP Reporting Period (RP) 24 (2/2019 – 1/2020). Of the 162 applicable cases, 61.7% (100) were rated as a strength.

Please see the Health Care Oversight and Coordination Plan on pp. 97-102 for the Department’s efforts in coordination with the Oregon Health Authority (OHA) and coordinated care organizations (CCOs) to ensure timely mental health assessments for children in the Department’s care.

Increase in BRS Capacity Across the State

Over the past two years, the Department has worked with providers across the state to increase the capacity of BRS placements. Child Welfare collaborated with the Department’s Office of Research, Reporting, Analysis, and Implementation (ORRAI) to assess capacity and needs in Oregon and then provided financial and technical support to programs that were willing to expand, and to new programs willing to onboard to our system. From a low capacity of 392 beds across the BRS care spectrum in

February 2017, bed capacity has increased to a current level of 488. Intensive residential care has seen capacity increase the most.

Implementation of Qualified Residential Treatment Program (QRTP) Provisions of the FFPSA

The Department has been working in close collaboration with treatment providers across the state as well as with the Juvenile Court Improvement Program (JCIP) and the Department of Justice to implement the QRTP provisions of the Family First Prevention Services Act (FFPSA) and the corresponding changes to Oregon law that were passed as Senate Bill 171 in 2019. The originally planned implementation date for Oregon is July 1, 2020. As a result of the impact of the COVID-19 pandemic, the implementation of SB 171 will be delayed to December 2020.

The Department worked closely with providers, the Oregon Health Authority (OHA) and the Oregon Youth Authority (OYA) to revise the shared set of Oregon Administrative Rules that govern BRS and other child-caring institutions. A major part of this collaboration was working to change the BRS rate structure to account for the need for providers to maintain capacity. Three areas were identified as barriers within the current rate structure:

1. The rate is informed by outdated Oregon Wage Index information;
2. The rate must be adapted to account for additional costs incurred to achieve requirements outlined in the FFPSA; and
3. Current rates fund only when a child is placed there, which does not account for the costs that providers incur to maintain staffing levels necessary to be able to take a child in at any given time.

It serves children's well-being for providers to be able to maintain capacity as it reduces the need for interim or temporary placements for the child moving to the new level of care. Unfortunately, due to the premature end of the legislative session, these rate changes did not get passed in February 2020 as expected. Due to COVID-19 budgetary impacts, the Governor's Office created a new protocol for DHS in which a COVID Advisory Group was assembled to review any new agency budgetary need. A rate request was submitted and reviewed by the group, but only one of the three barriers were addressed: adapting for costs to implement the FFPSA requirements. Although this does provide some relief and will help ensure statutory requirements are fulfilled, funding is a continued barrier to providers being able to afford to maintain program capacity.

In anticipation of implementing the QRTP and SB 171 requirements, the Department provided grants of up to \$50,000 to every interested and willing congregate care provider to aid them in becoming QRTP accredited. The Department has also provided extensive technical support, working with the providers to ensure understanding of the new guidelines and planning for sustainable compliance. The Department engaged providers in some of the many workgroups associated with QRTP and SB 171, joined provider meetings every other month to provide updates, and for the past several months have facilitated calls every other week exclusively addressing any provider questions or issues on QRTP.

The Department is in close weekly (and sometimes daily) contact with providers throughout the COVID-19 pandemic to ensure that they have all the resources they need to continue to provide quality services to children and to keep children and staff safe. Providers on track to become QRTPs have had their accreditation site visits put on hold by the accrediting bodies as a result of the pandemic. Many of these have now been rescheduled for later in the year.

The Department is exploring an assessment tool to assist in determining if a QRTP placement is appropriate for a child. The plan for the required Qualified Individual (QI) is to consider the CANS with the developed tool result, the child's other mental health and behavioral records, the input of the child's family and permanency team members, and any other relevant information to make a recommendation regarding QRTP placement. The Department is working on developing a partnership with an organization for the QI role.

The Department has partnered with JCIP to educate courts and other legal parties about the requirements of QRTP placement and SB 171. Child Welfare has developed training resources and has provided training to DOJ as well as materials to JCIP to provide trainings, remotely for the time being. See, for example, the QRTP Placement Process Overview. (Attachment 9)

Child Welfare has also worked to design and implement changes to the OR-Kids system to enable accurate tracking of the timelines associated with QRTP placement (time to assessment, time to court approval, time to move the child if the assessment or court disapproves) and the types of placements that are exempt or not QRTP-certified and the associated rules for time limitations on stays and claiming federal funds. Administrative Rules for Treatment Services, Title IV-E, and December 1, 2020, timeline.

Integrating Mental Health Supports into BRS Settings

The Department is working on a demonstration program for integrating mental health supports into Behavior Rehabilitation Services (BRS) placement settings. Progress has been affected by COVID-19 in two major ways. The first is that mental health providers are not willing to provide services in person in congregate care settings at this time due to safety concerns. The second is that Oregon is facing a substantial drop in revenue due to the economic impacts of the pandemic, and substantial budget cuts are on the horizon. The Department does not bear the bulk of the cost of this program, but it does bear the approximately 15 to 20% of the overall cost.

The sites have been identified: Sachiko, New Avenues for Youth – Robinswood, and Boys and Girls Aid (BGAID) – Seneca House. The program is ready to launch upon the confirmation of budget funding. The Department will evaluate at 90 days whether access to mental health supports was improved for children in the programs, measured against access to mental health assessments and treatment timelines before the program. The Department is hoping to see assessments occurring within hours or days of placement rather than within a month. The quality of the integrated services will be more difficult to measure given the variety of factors that can impact services provided in congregate care settings, but it will be a consideration of the Department. The goal is to provide children in these placement settings with more coordinated, timely, and integrated care.

Statewide Information System

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

Oregon's statewide information system is called OR-Kids. It is a SACWIS system, although Oregon is working to make it CCWIS compliant (see discussion on p. 54). During the last year, Oregon's Secretary of State performed an audit of OR-Kids and found that it does perform the necessary functions and track

the necessary information, but that it is not user-friendly and complicates the work of screeners and caseworkers.

The Department is addressing the issues raised in the audit. There is an active OR-Kids User Group composed of around thirty caseworkers from different disciplines. There are also change requests underway to make the OR-Kids file cabinet more manageable and to allow casework activity to be commenced from the Utility Search module (rather than having to go out to the dashboard after a case has been found). The Department plans to begin an effort between OR-Kids Program and the Training Program to identify the skills one needs to be proficient in OR-Kids to better support caseworkers and other users.

The OR-Kids team collaborates regularly with the Department's Imaging and Records Management Service (IRMS) to transition all documentation to electronic files. Meetings occur every two weeks to ensure processes remain aligned. The OR-Kids team also has a representative on Oregon's MMIS (Medicaid provider portal) Information Systems Management Council, which meets monthly.

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?

This was identified as an area needing improvement in the Round 3 CFSR in 2016. As described in the 2020-2024 CFSP and elsewhere in this APSR, the Department has developed a new Family Report to address both technical barriers and the need for adaptive change to improve performance on this systemic factor. The Family Report consolidates the three documents that were used before and eliminates substantial redundancy in that process. Its creation in OR-Kids will not be tied to the completion of other case documents, which was a technical barrier in the past. Previously, the safety assessment and safety plan had to be completed and approved prior to creation of the case plan in OR-Kids, which was a technical barrier to timely completion of the first case plan. Finally, the Family Plan was designed with input from partners, including the Parent Advisory Council, to require meaningful engagement with the family in order to write the plan. The Family Report is in pilot currently and should be fully integrated into OR-Kids and ready to roll out statewide in summer 2020.

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

The 2016 CFSR rated this as a strength in Oregon, in large part due to Oregon's Citizen Review Boards (CRBs), which track all children in foster care and ensure they receive a periodic review every 6 months by either the CRB or the court. Oregon also benefits from a culture of substantial court oversight in most districts, resulting in frequent reviews of cases.

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

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

- For cases that held a permanency hearing in 2019, the number is 89%
- For cases that filed a dependency petition between 11/1/17 and 10/31/19 (the “looking back” measure), the number is 93%

For ongoing/subsequent permanency hearings, JCIP tracks whether the hearing was held within 365 days of the last permanency hearing. JCIP tracks simply by looking at subsequent permanency hearings held in 2019. Ninety-two percent of subsequent permanency hearings in 2019 were held within a year 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?

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

JCIP does track the timeliness of filing of TPR petitions, but measures days from when the current dependency case opened. This is not an exact measure for the Department’s purposes, as it does not cover cases where children had been in foster care in a prior episode within the last 22 months. Similarly, it would assume cases were “late” to TPR where they were not if, for example, a child had spent some significant period of time in a trial reunification.

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

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

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

Quality Assurance System

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

The Department has quality assurance systems built into many of its programs in addition to the CFSR team. Please refer to the Quality Assurance section on pp. 54-55 for an in-depth discussion of the CFSR process in Oregon. What follows is a description of Child Welfare's internal QA systems.

Treatment Services

The Department reviews congregate care providers on a regularly scheduled basis. Each provider is reviewed at least once per biennium. A review consists of a comprehensive two- to three-day onsite review of the file that considers compliance with the Oregon Administrative Rules governing BRS providers. If the provider is not meeting requirements, the provider has ten days to create a compliance plan for implementation within 120 days. The Department continues engagement and considers itself a partner in ensuring compliance. The Department will provide training, tools, and technical assistance, as well as coaching to assist providers in achieving their plan. The Department formally checks in with the provider at 90 and 120 days. If at 120 days the provider is still not in compliance, then the Department notifies them of specific items that must be completed at 150 days or the BRS provider risks losing their Medicaid funding. This is a strong incentive for the BRS provider, as a loss of Medicaid funding cuts the rates they receive for services in half. Please see the attached review tool for more detail about the process. (Attachment 10)

ORCAH

ORCAH has dedicated 4 FTE (five positions) to their ongoing QA program. They pull a randomized sampling of screening reports each month and the sample up until March 2020 included one to two samples per screener. As of April 2020, ORCAH was able to take the sample up to three per screener per month, which better supports statistical relevancy. Each screener gets a report about their own performance, and the data is examined at more macro levels (unit, ORCAH-wide) to evaluate overall performance. Inter-rater reliability is managed through weekly calibration sessions where all the QA Specialists, as well as a supervisor and an ORCAH consultant review the same report and discuss any areas of disagreement. The tool is adjusted a bit each month to reflect practice changes. Inter-rater reliability scores (using Kappa calculation) has consistently been substantial to almost perfect.

ORCAH is also developing a QA review for calls in progress. At this time, they are training supervisors and QA Specialists to evaluate calls in progress using recorded calls provided by Action for Child Protection for training purposes. ORCAH anticipates being able to go live once the technology is worked out for reviewing calls that are occurring remotely. Each screener will have three calls reviewed per month, and calibration will be broken into teams as twenty supervisors will be joining the QA Specialists in evaluating live calls.

Data from the QA process is utilized within ORCAH by the program manager in charge of both QA and training. The QA data is fully integrated into the training program, which is all internal to ORCAH. Quarterly reports are provided to DHS leadership.

Permanency

Permanency Program performs two fidelity reviews per branch per year. One of these is timed to coincide with the CFSR, and the second is six months later, which provides for natural follow-up with action plans developed by the branch to address priority areas that were identified in the review. The information from the fidelity reviews is also used in quarterly debriefs. Each district is provided a quarterly debrief that addresses CFSR data, ROM data, information from the fidelity review, and a look at statewide and national data for context, like the recent debrief provided to D4. (Attachment 11)

Safety

Safety Program recently modified their fidelity review tool and the program is in its third round of using it. Reviews are occurring virtually at present due to COVID-19. The program is also collaborating with Tribal Affairs and the CFSR team to ensure that there is not duplication of efforts in the QA process.

Foster Home Certification

Please refer to Item 33 on pp. 45-46 for an in-depth discussion of the internal QA process for ensuring ongoing fidelity to the SAFE home study model and to federal safety requirements for foster homes.

Staff and Provider Training

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

Caseworkers, Supervisors, and SSAs

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

Orientation and onboarding procedures are developed at the branch level due to variation in staff, geography, resources, and communities across the state. At the January PIP On-Site, Marion County staff talked about their specialized training units that workers are first assigned to when they are hired. Once they complete Essential Elements, they are given one case at a time and supervisors assess their individual ability to take on more, easing them into a full caseload. In the CPS training unit, a supervisor goes out with new workers over the first six weeks and gives them no more than one assessment per week for the first three weeks. Marion County took this approach to ensure that all caseworkers were getting consistent and thorough assistance as they onboarded. All SSAs, SSS1s (caseworkers), and PEM-Cs (supervisors) are required to complete an on-ramp checklist as a component of their initial training. The on-ramp consists of a six step process to be conducted in order to learn, practice, and demonstrate proficiency in eight key tasks identified from their respective position descriptions.

Trainings Provided by PSU in 2019

In 2019, PSU provided 111 training events (80 in the classroom and 31 via distance learning). PSU has trained 2,127 Child Welfare staff in 2019, as well as 333 caregivers and 267 other guests.

Distance Training for SSS1s

- Secondary Traumatic Stress CBT – 413 staff

- Child Welfare Ethics and DHS Values CBT – 407 staff
- CANS CBT – 168 staff
- Multi-Ethnic Placement Act CBT – 110 staff

Essential Elements of Child Welfare Practice

This new worker training is 97.5 hours. It is a classroom training with a 25-participant capacity. It was offered nine times in 2019 and 201 staff participated.

Family Conditions

This new worker training is 19.5 hours. It is a classroom training and has a capacity of 60 participants in person and 40 participants when live-streamed. Sixty-nine staff took this training in 2019.

Well-Being Needs of Children and Young Adults

This new worker training includes a distance training called Advocating for Educational Services, which was provided to 158 staff in 2019. There is also a 26-hour classroom training with a 30-participant capacity. It was offered four times in 2019 and trained 67 staff.

Trauma-Informed Practice Strategies

This new worker training is 13 hours in a classroom. It can accommodate 25 participants per class. It was offered six times in 2019 and trained 77 staff.

Preparing and Presenting for Success in Court

This new worker training is 32.5 hours in a classroom. It has a 30-participant capacity. In 2019 it was offered four times and trained 74 staff.

Certification and Adoption Worker Training

This is a classroom course that runs 61.5 hours. It was offered once in 2019 and trained 13 staff and three other guests.

SAFE Home Study

This is a classroom training that runs 13 hours with a capacity of up to 30. It was offered twice in 2019 and trained 45 staff.

Social Services Assistant Training

This training for new SSAs is 39 hours with a 25-participant capacity. It was offered once in 2019 and trained 16 SSAs.

Supervisory Training

This training for new supervisors is 68.25 hours with a capacity of 25 participants. It was offered once during 2019 and trained 20 new supervisors.

Supervising SAFE Training

This classroom training is 61.5 hours with a 10-participant capacity. It was offered twice in 2019 and trained ten supervisors.

Child Welfare Education Program

The Department also currently partners with PSU to provide enriched social work education for current and potential employees in BSW and MSW programs. Currently the program includes 19 DHS Child Welfare employees and five recruits.

Adaptation due to COVID-19

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

ORCAH

Training for hotline screeners (also SSS1s by classification) is now separate from the training provided to caseworkers. It is done in-house by the screening program within ORCAH. Prior to this, screeners received the same training as caseworkers, although a minimal amount of training was specific to screening. Much of their screening specific training was done by their direct supervisors or peers. Training at ORCAH has been fully implemented and consists of 56 hours of training both in the classroom and at the computer. It covers all of the ins and outs of screening, including how to collect and analyze information, as well as the technical component, including using OR-Kids and the other technology that screeners rely on (Openscape, OVERS, Accurint, eCourts, DHR, etc.). Prior to participating in the training, each screener spends two weeks onboarding, shadowing and working with lead screeners. That is repeated for two weeks after the training, with lead screeners coaching the new screener and providing feedback. This amounts to eight weeks of total training, after which screeners graduate into their shift. An analysis of the evaluation data for the first ten cohorts suggests that the training overall was rated good, very good, or excellent 97% of the time.

Adaptation due to COVID-19

All training and onboarding activities for ORCAH have been adapted to be provided remotely. Cohort 11, which will begin on July 6, 2020, will be trained and onboarded fully remotely.

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

Oregon does not have statutory or administrative rule requirements for advanced practice or annual/bi-annual training hours for case management staff after one year of employment with DHS. The Department is planning to re-establish the Training Advisory Council and eventually to codify minimum training requirements for each position, including annual ongoing training. The timeline for this will depend on resources, which will not be determined until the budget impacts of COVID-19 are clear.

Recognizing the importance of ongoing professional development, despite the lack of a requirement, DHS organized a series of regional training days that gave caseworkers an opportunity to attend training close to them. These were multiple-day training opportunities with workshops specifically directed towards the topics and areas of interest that caseworkers want to know about. These occurred in 6 areas around the state and started in May of 2019.

New courses have been implemented through ODHS' partnership with PSU to provide offerings for ongoing professional development. Recently added trainings include: Managing Difficult Conversations When the Stakes are High; Caring for Sexual and Gender Minority Youth: What Caseworkers Need to Know; and Trust Based Relational Intervention (TBRI).

Child Welfare has also been working to create trainings for caseworkers to address the change in law, rule, policy, and procedure related to QRTP placements (a portion of the Family First Prevention Services Act and requirement of Oregon Senate Bill 171), which may go into effect on July 1, 2020. Due to COVID-19 restrictions, the plan had to be altered as in-person trainings were cancelled. The computer-based training has been completed and released.

The Department has also collaborated to create training content for topics of chronic neglect, safe sleep, and historical considerations of ICWA. The chronic neglect trainings are currently on hold because they were planned for in-person delivery by consultants. The Tribal Affairs team is putting together the ICWA content and will utilize the Training Program for technical assistance in creating a computer-based training (CBT). Safe sleep was created as a CBT and was just delivered to iLearn in early May.

Adaptations due to COVID-19

The Training Program is managing internal and external websites for COVID-19 guidance, ensuring that all guidance from the various program areas is up to date without redundancy, and providing additional training and tips for telecommuting.

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?

Training Redesign

Oregon is working diligently on a complete overhaul of foster parent training. This process, which is a PIP-monitored goal, has taken more time than anticipated. In spring 2019, one of our partners from the Caregiver Training Advisory Board asked that a racial equity lens be a part of the redesign, so we integrated a racial equity tool into the process beginning in June 2019. The training redesign has the potential to have an enormous impact not just on our current foster parents, but on the pool of potential foster parents as well.

The curriculum redesign process is divided into phases as follows:

Phase One: In July 2019, the Department developed a series of subject matter expert (SME) groups to help inform content for the training. The group included representatives from the Department, the community, foster parents, and involvement of the Oregon Foster Youth and Connection. The group was divided by the five modules of training content in the redesign and worked together through November 2019 to determine what the learning objectives and resources should be for the curriculum. The learning objectives were then posted publicly and reviewed for input through December 2019.

Phase Two: Curriculum development began in February 2020 but was put on hold due to COVID-19. Once the curriculum has been developed, it will go through vetting with the advisory group.

Phase Three: The training will pilot for a couple of months.

Phase Four: Statewide was originally planned for July 2021. However, it is highly likely that delays due to COVID-19 will delay planned timelines.

Another consideration with the training redesign is delivery and reporting. The plan is for fully half of the training to be online modules to support training accessibility. The current platform for these trainings is iLearn, which has problems in terms of ease of access for foster parents. Discussions are underway regarding different learning management platforms if there are resources available.

KEEP

The Department has successfully piloted KEEP, which is a training and mentorship cohort program for foster parents. Foster parents participating go through their training together as a cohort and form a natural support for each other, both in processing the varied stresses of fostering, as well as in more practical terms such as providing respite care for one another and sharing other resources. Please see the KEEP Oregon Implementation Report for the April 2020 update on implementation. (Attachment 12).

Adaptations due to COVID-19

The Foundations curriculum has been fully moved to an online course. There is a pool of trainers who are offering the series through iLearn to foster parents, and they are proving popular—filling up and getting to waitlists despite many offerings. The classes are between 30-34 people in a Skype training, which is an adjustment for trainers who are used to providing this class in person. The class is also available as a recorded series on iLearn, however, it is expected to be used minimally due to the importance of interpersonal interaction of the training. The Department is not able to close the recorded version to all but the select population, however, so there are some concerns about the potential overuse of that method to complete training at this time. It is intended for use by families who have been certified for 10 months or more and need to complete the training before the end of their first year as foster parents, and also in cases with unique permanency-related issues. There is a facilitator guide for certification staff to use in discussing with foster parents using the recorded version to check for comprehension and engagement with the curriculum before signing off on the requirement.

Service Array and Resource Development

Item 29: How well is the service array and resource development system functioning to ensure that the following array of services is accessible in all political jurisdictions covered by the CFSP? In the process of preparing a Prevention Plan, the Department preliminarily evaluated Strengthening, Reunifying, and Preserving Families (SPRF) services, as well as obtained a list of potential evidence-based practices around the state. Service coverage across the state is broader than previously thought, and the Service Array Workgroup for the Prevention Plan will continue work to develop prevention services that are available across the state.

Please see the Service Description section, pp. 55-61 for a thorough description of services available to Oregon families.

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?

Oregon is addressing individualization of services through PIP Goal 2, activities A.1-3. Please see the Q5 Progress Report for an update on these activities. (Attachment 2)

The Department is working to ensure that all our families have access to services that meet their needs and are culturally sensitive. To that end, the Department has recently contracted with some providers in District 2 (Multnomah County) to provide culturally specific parent mentor services to African American parents. That service should go live in summer 2020.

Agency Responsiveness to the Community

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

Oregon values the ongoing participation and input of our many partners, including Oregon Tribes, parents and children, service providers, foster parents, the juvenile courts and JCIP, and our other community partners. In the past, Oregon has relied on the use of the various statewide advisory councils to facilitate an ongoing discussion of practice and policy, including goals related to the CFSP and the PIP.

During the last 12 months, the Department has renewed its commitment to transparent engagement with our communities and partners. Much of the work planned in the CFSP has included input from our partners. The following are some examples discussed in other sections of this APSR:

- Collaboration with BRS providers to increase capacity
- Assistance to providers to attain QRTP status
- Collaboration with OHA to align incentive measures
- Collaboration with the Parent Advisory Council on the new statewide transfer protocol and family engagement meetings
- Collaboration with Oregon Tribes regarding services, ICWA compliance, and IV-E agreements.
- Collaboration with JCIP and DOJ regarding implementing QRTP requirements per Family First and Oregon Senate Bill 171
- Collaboration with OYA, the Oregon Council on Developmental Disabilities, JCIP, Oregon Foster Parent Association, Oregon Foster Youth Connection, Office of Developmental Disabilities, and service providers on the foster parent training redesign

Oregon is planning a significant revision to its state plan this year to incorporate the vision for transformation and direction from the new director. The Department had planned to host a series of planning sessions to include our partners and representation from across both Child Welfare Central Office and field staff, to collaborate on creating a new State Plan to carry us through the next four years. Before these sessions, COVID-19 broke out and Oregon issued a stay-at-home order. As is discussed throughout this APSR, both the Department and all of our community partners and clients have been stretched thin in terms of continuing vital operations to maintain the safety and well-being of children in our care, continue to respond to and investigate reports of abuse and neglect, and move cases forward toward permanency. Convening for the collaboration sessions became impossible given both the restrictions on gatherings and the lack of bandwidth of the Child Welfare Program and our partners during the pandemic.

Oregon plans to reconvene these collaborative sessions during the summer of 2020 to engage all our partners in a meaningful discussion and to set our goals for the coming four years.

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?

Community-Based Child Abuse Prevention (CBCAP) Grant

ODHS Self-Sufficiency Program (SSP) administers Oregon’s Community-Based Child Abuse Prevention (CBCAP) grant, which partially funds the Family Support & Connections Program (FS&C). This program targets prevention services to families who are eligible for federal TANF benefits and who are at risk of becoming involved with Child Welfare. The risks are divided into priority 1 (e.g., prior Child Welfare history, current domestic violence, substance abuse, etc.) and priority 2 (e.g., teen parents, unsanitary home, family management issues).

FS&C currently operates in all 16 districts across the state and directly contracts with service providers to improve parents’ protective factors. SSP family coaches who are already working with the family make most referrals into the program, although there is a self-referral avenue as well. Once a referral is made, the SSP family coach works with the family to examine the overall dynamic (including social, emotional, and financial factors), and connects the family with community-based, local resources to address areas of need. These services are individualized and tailored interventions, and case planning is shared between the family, the CBCAP contracted worker, the TANF case manager, and other community resources involved with the family. FS&C is strength-based, and pre- and post-validated surveys examine the development and/or increase of protective factors throughout the family’s involvement in the program. The CBCAP grant funds approximately 13% of the full FS&C program, and approximately 80% of the state-wide CBCAP funds go to evidence-informed and best practice programs.

There have not been major program changes in the last year. Some additional partners have joined, providing evidence-based parenting education programs. The following are the data points regarding program involvement and use during the past year. The data covers FFY 2019.

Total Referrals	Assigned to Program	Number of Children	Parents with a Disability	Children with a Disability	Direct Contact hours	Concrete support totals
2,806	2,121	3,241	284	276	25,668	\$56,823.22

Concrete support totals describe the funds spent on helping families access tangible goods and services to help families cope with stress particularly in times of crisis or intensified need.

Adaptation due to COVID-19

Oregon continues to serve families, while also following appropriate physical distancing and other restrictions imposed by the Governor to protect Oregonians from the pandemic. Program providers and community partners have been very proactive in their approaches to continue to reach out and stay engaged with their families, giving new depth of meaning to the program’s name: Family Support & Connections. The following are some examples from the front lines of this work.

"I wanted to share a little about a new client that I'm working with, [Jane]. [Jane] has been living at [a domestic violence shelter] with her two young children. When we first met (over the phone) she expressed that she's had a history of trauma and abuse not only in her relationship with her

husband but also in her family of origin. She is wary of repeating patterns with her children and is vigilant about it, but I could hear in her voice when she spoke to the children that she was overwhelmed. As the children are not able to attend school and she has them all of the time, I wanted to make sure that she's supported as much as possible. I gathered some toys, art supplies and books and delivered them, maintaining social distance, of course. At our next phone appointment, [Jane] sounded much more relaxed. She shared that she has been watching movies with the children and sleeping when the kids sleep and that it's been nice to slow down. The children loved the remote control car that I brought for them out of our donated items. She expressed that she wanted to create a schedule for herself and the children that includes yoga and self-care so I printed some activity cards for the children and an idea for a self-care daily journal. While she is supported by the staff at [the shelter] and has a recovery community, she shared that she really appreciates the extra assistance that she is receiving from the Family Support and Connections program."

"We quickly started to transition into working from home. I informed everyone that I was working from home and would not be able to meet with anyone at the office or in their home. I told them I would contact them at least once a week and that they could call me anytime. Many of my clients did call. They wanted to talk about things they were doing and things they were working on. They said they were spending more time with their children, reading books, putting puzzles together talking to them more and were really enjoying the time they were getting to spend with their children. They were also helping them with their homework. They were now the teacher and they accepted that role. When I talked to them, they were upbeat and didn't complain about their situation they just took in stride. The only thing they said was that the children were a little anxious to get things back to normal but they also were handling it well.

My clients were also talking about things they wanted to do even while they were at home. They talked about going back to school, looking for a job, upgrading their housing situation all the things they were doing before all of this happened. They are staying positive, looking toward the future and making the best of the situation we are all in at this time."

"Our Nurturing Father's class has been going so well. We have a great group of very committed fathers who show up and are open to the process. This month we were only able to offer one class at the beginning of March, and have had to postpone the rest of our classes due to Covid-19. During this time of uncertainty I have seen some of the men really put themselves out there and offer support to their peers in the class. One dad reached out to me and said that he has been really thinking about another dad, who is a single dad of 3 girls, and asked if he could do anything to help him. I reached out to all of the participants and asked if I could make a phone contact list to share so they could reach out to one another, and they all agreed this would be nice to have."

"I believe that the services provided by Family Support and Connections are needed more than ever, while we may not be able to meet in person, support has been given through emails, texts, phone calls and soon we will try to connect via video when able. While this is a hard time for many, I want to focus on the positives that I have heard from the families during this time. The majority of the families that I work with are taking this time to grow their relationships with their

children, family, and themselves. There is a theme between all the families and it is that they are grateful for the resources and services that they are able to receive during these times. For some families the pandemic has brought more resilience and motivation to come out of this a better person for themselves personally but also for their families. This pandemic while it has brought upon many changes that could negatively impact our families it has also brought a sense of community and togetherness that I had not noticed as much before this time. The families have not only tried to help themselves but also those in need around them. The changes and or effects during this time do not have to be negative as shown by the resilience of our families that we work with.”

Oregon Health Authority (OHA)

Over the past couple of years, the Department has collaborated with the Oregon Health Authority (OHA) to align the incentive payments coordinated care organizations (CCOs) receive for assessments and services with the measures that the American Academy of Pediatricians (AAP) and DHS use. Please see the Health Care Coordination and Oversight Plan on pp. 97-102 for a detailed update on that effort.

Early Learning Division (ELD)

The nascent Prevention Program in the Department anticipates collaborating with the Early Learning Division to potentially make some funds available to families who are not working. Currently, their Child Care and Development Funds (CCDF) are focused on the Employment-Related Day Care (ERDC) program. This does leave a gap for parents who need childcare but are not working. This can be a critical support for families who are economically on the edge.

Permanency Collaboration for Youth Transition

The Permanency Program has staff investigating whether we can design a different way of handling cases with older youth and young adults, particularly those who are anticipating transitioning out of foster care into adulthood. Currently, in these types of cases, the case planning requirements are very focused on maintaining and managing safety rather than facilitating a transition to independence. The Department is hoping that, in partnership with the Self-Sufficiency Program, Vocational Rehabilitation, and the Office of Developmental Disabilities, programs, we can design a better case management system that is tailored to the needs of these teens and young adults and can assist them in obtaining supports for a smoother transition to independence. Before COVID-19, the Department was prepared to implement a pilot for using an Admin Only status for Family Support Services (FSS) ILP-Only cases. Per the feedback from former and current foster youth, these cases would come through Central Office and be referred to ILP providers for case management, which would relieve some casework burden from the Department. As a result of COVID-19, this has been scaled back for the moment to a small test with youth age 20-23 who are requesting to use a COVID-19 specific funding stream for supportive services.

Foster and Adoptive Parent Licensing, Recruitment, and Retention

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

In March of 2016, ODHS Child Welfare began a quality assurance process for the work of certification. The QA review tool does not capture all the work of certification but focuses on two components: adherence to the SAFE home study model and adherence to specific certification requirements in Oregon Administrative Rule, including items required for Title IV-E compliance. The SAFE home study

model has been utilized by the Department since 2009. Before 2016, there were attempts at quality assurance reviews for SAFE home studies, however, those were not established as an ongoing practice.

Quality Assurance reviews are done in coordination with the CFSR team and follow their schedule, ensuring all branches are reviewed. All types of providers are reviewed, and each district's sample is random. A statewide summary report was written in March 2018 documenting data collected from the previous year's quality assurance reviews. Following this report, the review team enhanced the review tool to include more narration and detail. The review team was also expanded to include more Foster Care Coordinators and Certification Supervisors. The new process calls for reviewing 3% of all families with a bi-annual certificate in each branch/district, as well as measures to increase inter-rater reliability by teaming up newer reviewers with experienced reviewers as an effort to ensure accuracy. Unfortunately, due to workload issues, there are not double reviews occurring to ensure inter-rater reliability. However, outliers are checked and reviewed when necessary. Included is the 2019 SAFE QA Report (Attachment 13).

The Department is considering revamping the QA process because it is incredibly cumbersome for reviewers and it is not clear that the process is equating to better data. The Department will consider a new tool with a focus on providing data that is helpful to branches, supervisors, and workers in improving their practice.

Adaptation due to COVID-19

Reviews are completed based on the OR-Kids file cabinet, so there has been no impact on the actual reviews occurring due to COVID-19. However, the debriefs with branches after the review has not occurred in March or April. A phone or Skype debrief is being offered, but the two branches who have been affected have not taken up the offer, likely due to a lack of bandwidth related to dealing with the pandemic.

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?

The Department's Background Check Unit (BCU) processes out of state background checks for foster parent applicants, out-of-state child abuse and neglect checks, and is the conduit for in-state fingerprint-based background checks for foster parents. Before COVID-19, BCU worked on some opportunities to make the process more efficient. Currently, the certifier meets with a potential foster parent, and then it may be up to 60 days before BCU gets the form to begin the background check. Then, the prospective foster parent typically takes 60-90 days to get their fingerprints submitted. In all the other checks that BCU performs for the Department, the timeframe from request to fingerprints taken is 21 days rather than 60-90. BCU is collaborating with the Foster Care Program to tighten up the timeline to 21 days. About 60% of the work for this change was done when COVID-19 hit, and it is now on hold.

Adaptations due to COVID-19

The biggest change in Oregon is that, depending on geography, it is either very difficult or impossible to get fingerprinted right now. Many law enforcement agencies and Fieldprint offices have opted to stop all fingerprinting not related to criminal cases, especially given that social distancing is not possible when taking an individual's prints. In the Salem area, for example, two locations are doing limited

fingerprinting, but they are scheduling two to three weeks out. Based on the Stafford Act guidance, Child Welfare is allowing foster parents to become temporarily certified without fingerprints if they have completed all other certification requirements. Name and date of birth checks are still being run for Oregon criminal history and child welfare registry checks continue. Potential foster parents do have the option to get their fingerprints taken now if they are able and willing to. Once restrictions are lifted, they will be required to have their fingerprint checks completed.

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?

This systemic factor continues to be an area needing improvement. Oregon is addressing this through the PIP, under Goal 2, activities E.1-5.

Every Child has rebranded and shifted their focus on targeting diverse populations, particularly African American and Tribal communities, in their recruitment efforts. They are also highlighting the need for LGBTQ-affirming families. Every Child has hired a diverse staff to lead those recruitment efforts. They are collecting some data in this area, but it is not yet available.

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?

Over the past year, the Interstate Compact for Placement of Children (ICPC) has undergone staffing changes, resulting in some months of vacancies and increased workload for the rest of the field and Central Office staff. Over the year, the timeframe for completing a new request has been between two weeks to two months. Before the State of Emergency caused by the pandemic, ICPC was caught up and processing new requests within two weeks.

Adaptations due to COVID-19

The ICPC Program was uniquely burdened by the sudden change to work from home. Up until mid-March, the program was very anchored to paper. A big driver of this is that only about half of states transmit information, home studies, and applications electronically, this paper has to be used frequently to do the work. Now, for the most part, states are transmitting electronically, at least temporarily. Central Office staff are working 100% remotely except for one staff person who comes in once weekly to get the mail, scan, and fax. The transition to electronic files has been a bit rocky, especially given that the equipment staff have at home is generally inferior to that at the office (e.g., going from two large monitors to a single laptop screen). Another issue is that none of the Central Office staff beyond the Program Manager have work cell phones. Trouble-shooting complex ICPC issues with caseworkers is often best done over the phone rather than email, but staff have been instructed not to use their personal devices for work, especially when discussing cases. The Acting Program Manager is devoting a lot of her time to facilitate these types of calls through her work cell phone, or simply having the conversation with the caseworker herself, which is a bit unwieldy. All these adaptations slowed the program down in terms of processing applications and the current time is about four weeks. However, Oregon is seeing a lower volume of correspondence (requests, placement documentation, completed

home studies, and supervision reports) given systemic reactions to COVID-19 by child welfare agencies across the country.

Overall, the ICPC certifiers (12 Central Office SSS1s deployed across the state to conduct ICPC home studies for relative children in the jurisdiction of other states' child welfare agencies) have continued to do their certification work during this challenging time. One full-time certifier has taken a 12-week leave of absence, another half-time certifier is retiring and another half-time certifier is not yet fully SAFE and certification trained. The remaining certifiers have been flexible to travel outside their regions to cover home study requests and to provide support to their team members to continue to move the work forward. Certifiers have gotten creative using video platforms for virtual interviews and social distancing practices as possible for home safety evaluations and necessary -face-to-face contact.

Update to Plan for Enacting Oregon's Vision

Revisions to Goals, Objectives, and Interventions

The Department has worked hard over the past year to take advantage of the assistance and consultation provided by the Governor's executive order and Alvarez & Marsal, as well as the new focus and drive provided by new leadership. Through this year of change, the Department, in conjunction with our partners outside Child Welfare, has developed a Vision for Transformation and associated Fundamental Map that will guide and drive our work going forward. (Attachments 42 and 43).

The Department has revised its plan, which is now fully represented by the Vision for Transformation and the Fundamental Map. The Fundamental Map, in concert with the Vision for Transformation, identifies the Key Performance Measures and Outcome Measures Oregon will use to evaluate progress. It also identifies Process Measures that are in development to further assess performance. The Child Welfare Project Management Office is in the process of determining prioritization and developing specific timelines for the strategic projects and initiatives identified in the Vision for Transformation.

Last year, Oregon submitted a CFSP that included a five-year plan centered on four key areas: engagement, workforce, prevention, and continuous quality improvement (CQI). These four areas have informed our work this year in developing the more robust and focused presented in the Vision for Transformation and the Fundamental Map. Each area from the original CFSP has played into the development of many of the six key goals of the Fundamental Map, as discussed below.

Engagement

This area focused on improving engagement throughout all levels of the Department by adapting the clinical supervision model, as well as providing additional resources and enhanced tools to the field to support engagement with families, children, and foster families. Cultural change will organically improve engagement for our families, but it also requires a revitalization of the Department's relationships with community and governmental partners. Engagement is a key factor across all of the guiding principles. It is necessary to enhance our staff and infrastructure. It will help drive the CQI culture that is necessary to create a highly effective and efficient organization. Engagement is key in our goal of supporting families and promoting prevention. Engagement helps us to learn what each family's unique needs are, which supports providing equitable and culturally appropriate services.

Workforce

The Department has hired a Deputy Director of Workforce Development and Equity. The Fundamental Map has focused this category to the guiding principle of “Enhancing our Staff and Infrastructure.”

Prevention

The Department has been working to develop a Prevention Program that utilizes a cross-system and collaborative decision-making structure. The overall goal is to empower and strengthen families and communities, and to ensure that children remain safely with their families. This fits neatly under our guiding principle of supporting families and promoting prevention.

CQI

This goal was focused on the development of a structured, systematic process for creating organization-wide participation in planning and implementing continuous improvement in the quality of our practice. A key element of this is the successful implementation of CQI feedback loops throughout all programs, and another key factor is the engagement and collaboration with our partners and families to incorporate their knowledge and expertise into our practice.

Vision for Transformation & Fundamental Map

These are the three guiding principles the Department will be moving forward over the next four years of this CFSP cycle.

1. Supporting Families and Promoting Prevention
2. Enhancing our Staff and Infrastructure
3. Utilizing Data with Continuous Quality Improvement Systems

The Department had planned several collaborative meetings with our partners for the spring, to review the Department’s goals for the coming four years. However, COVID-19 made those meetings impossible in the time frame planned (April and May 2020), and due to the restrictions on in-person gatherings. The Department and our partners had to make swift and necessary decisions and revisions to policy and procedure, then communicate those changes, to address the myriad of issues that COVID-19 and its effects have had on our families. From figuring out how to continue visitation safely to getting BRS staff to work when public transportation was affected to moving all staff who could to telecommuting to meeting families’ increased economic needs and ensuring no children lose medical coverage. This is just a small sample of the problems that needed our full attention during the last several months, and we could not in good faith ask our already stretched partners to engage in the kind of rich collaboration we hoped to see in developing our state’s plan for moving forward.

Instead, we reached out to our partners, including the Parent Advisory Council, ADA Steering Committee, Child Welfare Advisory Council, who provided input and feedback on the Child Welfare Vision for Transformation and Fundamental Map. The following are updates to the plan that was submitted and approved as part of Oregon’s 2020-2024 CFSP.

Implementation and Program Supports

Update to Implementation Supports

Efforts began in summer of 2020 to vision what an implementation support structure will look like within Child Welfare. The Training and Workforce Development team is working on a strategic plan that outlines the implementation supports needed to create:

- Infrastructure
- Alignment
- Initiatives related to staff recruitment, selection, retention and onboarding
- A training request and advisory structure that aims to establish statewide training priorities in collaboration with the field and partners
- A training CQI and evaluation structure
- Processes that will support the use of data-driven decision making in design and delivery of training and workforce development supports

Other OCWP and statewide implementation infrastructure building efforts are underway related to deepening our engagement with internal, community, Tribal, and cross-system partners in the design and delivery of key initiatives. This is being accomplished through the development of clear roles and functions of partner members on steering and advisory committees; the development of linked teaming structures across those advisory and steering committees; and the establishment of charters and communication protocols that outline decision-making authority and relationship with other committees and the larger ODHS agency.

Additionally, Child Welfare leadership in Central Office has started basic training around building implementation capacity and is working with national experts in implementation science to create capacity-building opportunities for Child Welfare leaders across the state.

Training and Technical Assistance Provided

The Department has provided technical assistance to our partners, particularly in preparation for complying with the Qualified Residential Treatment Program (QRTP) portions of the Family First Act and the Oregon legislation addressing QRTPs, Senate Bill 171. Please see pp. 31-33 (Item 18) for a thorough discussion of this assistance.

Technical Assistance Provided to Oregon Tribes

The Tribal Affairs Unit is collaborating with Child Welfare to engage and integrate tribal voice into Family First planning and implementation. In May, Child Welfare solicited tribal participation for the Family First prevention workgroups. Child Welfare will continue consulting with Oregon tribes on Family First planning and implementation.

Additionally, through the Federal Policy and Resources Unit, the Department provides ongoing technical support to the Oregon tribes. This includes individual and group trainings for new casework staff, financial personnel, management, and occasionally judges and tribal leaders. Technical assistance encompasses reporting and documentation requirements of Title IV-E, Title IV-E safety requirements and certification standards, and the reporting and documentation requirements of SSBG, SOC and Title IV-B, subpart 2, funding streams. Eleven on-site training and/or technical assistance visits were conducted in 2019, and technical assistance is available to all Oregon tribes daily.

Over the next year, the Department will be collaborating with each of the Oregon tribes to develop a prevention plan, and then to update their IV-E Agreements accordingly. These plans will be informed by the collaboration with ORRAI, further discussed on pp. 89-90.

Technical Assistance and Capacity Building Needed in FY 2021

Safety Program

Safety Program will continue focus efforts on overdue assessments.

Prevention Program

As described in greater detail in the Update on Progress to Improve Outcomes section (pp. 53-54), the Department will continue to collaborate to create and implement the Prevention Program.

Treatment Services

Our Treatment Services Program Manager is a member of the Family-Focused Treatment Association (FFTA) and receives national information about how proctor foster care and congregate care can be used to effectively meet a child's needs. She has attended virtual conferences through the FFTA and received input on the therapeutic foster care initiative. Support from the FFTA is ongoing.

Permanency

The Permanency Program is currently working on a case-mapping project that has two workstreams, and that work will continue this year. The first workstream is adoption and mapping that process. The other is mapping the general flow of a child welfare case (Journey of a Family) and is begin done along with other Child Welfare program areas. The goal is to look at program and process assessments and potential areas for improvement.

The Department is also participating in the National Adoption Call to Action, including the two national summits and regional conference calls and webinars on adoption planning. The Department has been collaborating with JCIP and ORPARC in these efforts.

ORCAH

The Department is planning to do some peer to peer site visits with states that have Review, Evaluate, Decide (RED) teams for addressing screening decisions and disputes. Oregon has had RED teams in the past for hotlines that implemented Differential Response. With the new centralized system, ORCAH and Child Safety Program is hoping to develop this into a programmatic process.

OR-Kids

The Department is working to identify reporting rules for OR-Kids reports and clean up the data and reporting elements. Currently, three organizations are tasked with some responsibility for OR-Kids data reporting. The Department also recently put out an RFP and selected a contractor to do a CCWIS feasibility study, but due to budgetary concerns connected to COVID-19, that contract is not yet finalized.

Research, Evaluation, and Management Information Systems Work

The Department's Office of Reporting, Research, Analytics, and Implementation (ORRAI) is coordinating the following Child Welfare related research projects that support the goals and objectives of this plan.

- Screening Predictive Risk Models
 - Status – Currently running live at ORCAH for more than a year
 - Overview – Using OR-Kids administrative data, machine learning algorithms were developed which estimate the risk of future adverse events for all children named on an allegation of abuse/neglect reported to ORCAH. The subsequent risk scores, which have been corrected to mitigate algorithmic unfairness across race and ethnicity, are

provided to the report screeners to inform their decision to either close-at-screening or assign-for-investigation the current report. This is only used for children who are living in-home or with a primary caretaker. It is not designed to be used for reports of abuse or neglect that occur in a foster home or other placement settings.

- Reunification Predictive Risk Model
 - Status – In initial implementation in districts 4 and 12, as well as with the CP3 project in Marion County. Statewide implementation has been slowed by COVID-19.
 - Overview – Using OR-Kids administrative data, a machine learning algorithm has been developed which estimates the likelihood of a successful reunification for any child currently in foster care (i.e., substitute care). This risk score, which has been corrected to mitigate algorithmic unfairness across race and ethnicity, is updated each day a child is in foster care and can be accessed by qualified staff (e.g., permanency supervisors) to inform permanency-related decisions surrounding the child.

- Child Protective Services Predictive Risk Model
 - Status – In the scoping phase of development to determine at what point in time the algorithm can be used to best effect and to determine what specific information it can deliver accurately and consistently.
 - Overview – Using OR-Kids administrative data, a machine learning algorithm will be developed which estimates the risk of future adverse events for children named on an allegation of abuse/neglect that was assigned for CPS investigation. The corresponding risk score, which will be corrected to mitigate algorithmic unfairness across race and ethnicity, will be provided to relevant staff to inform the decision to either place or not place the child in foster care.

- Foster Care Placement/Provider Matching
 - Status – Entering the development phase in late spring 2020. The scope of this project is being determined with the idea that it will be coupled with service matching.
 - Overview – Two separate, but tiered, machine learning algorithms will be developed to identify the most appropriate available option for a child in need of foster care placement. The first algorithm will identify the optimal placement setting type (e.g., family foster care, BRS, etc.) for the child, while the second algorithm will identify the optimal available provider for the child within the specified setting type. Both algorithms will utilize OR-Kids administrative data and be corrected to mitigate algorithmic unfairness across race and ethnicity.

- Longitudinal Database
 - Status – Under exploration. COVID-19 has slowed the progress of this project, and budget issues related to COVID-19 may affect funding, although there may be some opportunities to partner with private organizations with access to other funding sources. The plan was to have a proof of concept by December 2020, but that will likely be delayed. One of the major challenges with this project has been getting the

necessary data (and working through many different data use agreements), as well as the cost associated with matching the data from different agencies so it is usable.

- *Overview* – This database provides the opportunity for at least two striking innovations over our traditional analyses. First, multi-year trajectories of those who touch the Child Welfare system, even before or after their formal involvement with the system, can be described. Inflection points in these trajectories, where one group of clients seems poised for positive outcomes and another for negative outcomes, can then be identified, potentially allowing for designed interventions to sit at such inflection points. Second, relationships between the decisions, services, and activities within Child Welfare, and events in systems outside of Child Welfare, can be discovered. Such discoveries could, for example, reveal particular medical events, or certain educational or juvenile justice outcomes as potential precursors to a founded maltreatment allegation or participation in Child Welfare services.

Update on Progress Made to Improve Outcomes

Note: these are updates on the specific strategies outlined in the 2020-2024 CFSP. These do not reflect the revision of the Department’s goals to the Vision of Transformation and Fundamental Map.

Engagement

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

As planned in the CFSP, the Department did create a CFSP/APSR workgroup to meet quarterly to discuss progress and updates to the CFSP/APSR goals and strategies. The group met in September 2019, December 2019, and March 2020. Please see the group charter for details about the group’s purpose and goals. (Attachment 14). This group includes our Tribal Affairs partners, as well as representation from JCIP and the Department of Justice. Due to the format (meeting in person during the workday for three hours), we have not been able to secure representation by parents or youth at this time.

CW Executive Leadership is in the process of working with our Child Welfare Advisory Council and other advisory groups to track, map, create charters for and increase robust engagement of our advisory, steering, and partnership structures. Specifically, leadership is asking key questions related to level and decision-making; diverse representation; needed cross-system linkages; roles and functions of participants, and communication protocols in the coming year. The desired outcome of these efforts to have a clear and transparent advisory structure that becomes institutionalized.

Workforce Development

Strategy 1: Foster parent retention

Please see the Foster Care Program Strategic Plan for a detailed description of our progress and goals regarding foster parent retention.

Prevention

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

Oregon has developed a collaborative governance structure for developing and implementing a comprehensive prevention plan in Oregon (Attachment 15). The workgroups include community partners who will be part of the workgroup teams.

Strategy 2: Implement Prevention Program in phases, beginning in July 2020.

The Department had hoped to have a completed Prevention Plan by July 2020 and begin implementing it at that time. That goal was put on pause when the new Child Welfare Director was hired, now the timeline has been reset for a completed Prevention Plan and the beginning of implementation in October 2020. Please see the attached detailed timeline for completing this work, laid out by the workgroup (Attachment 16).

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

See discussion of the Kinship Navigator program on pp. 66.

CQI

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

Quarterly PIP progress reports complete with data analysis and recommendations for continual improvement have continued.

Across ODHS, there has been a management systems steering committee working toward quarterly target reviews. The current plan is for these to begin in June 2020. These will take the place of the Quarterly Business Reviews (QBRs) that Child Welfare was doing.

The Department is in the preliminary stages of determining which data is most comparable and develop the data collection and analysis process. The goal is to have a collaboration across all the various data-gathering and QA sources in Child Welfare (and those outside Child Welfare that inform our practice, like ORRAI and CFSR), to put all the data together in a way that allows the user to see the big picture and then also drill down to more micro-level data to see how and where practice is affecting performance. Ideally, this would be used by a group that is consistently examining the data over time so connections between programs, initiatives, barriers, and other factors become apparent.

Last year the Department had plans to create a QA/CQI Unit. The requested positions went to the legislature in February 2020 but were not acted on at that time. This plan may face revisions due to COVID-19-related budgetary issues.

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

The Department has added a project manager for CCWIS compliance who has created a roadmap for the effort moving forward. This project has experienced some delays. Additionally, due to COVID-19, some members are taking leave, which is slowing the work down. See the CCWIS Technology Road Map for details about the current timelines (Attachment 17). As discussed in the Technical Assistance section on pp. 51, the Department had initiated a contract for a CCWIS feasibility study, but finalizing that contract is now on hold due to concerns about looming budget cuts.

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

This work began as part of the workstreams facilitated by Alvarez & Marsal, the consulting firm that worked with the Department in 2019. ORRAI has taken over that effort and is working to create dashboards on a platform that is both sustainable over the long term and usable over different device platforms. The Child Welfare dashboard has been created and is in testing now to ensure the data is accurate and it meets the users' needs.

Quality Assurance Program

Progress in Planned Enhancements to CQI/QA System

Please see the State Plan Update section on CQI on pp. 53-54.

Oregon's Current Case Review Instrument

Oregon uses the federal onsite review instrument with an ICWA Addendum that was created in Oregon. The CFSR team continues to collaborate with the ICWA Advisory Council. The Quality Control Manager and Team Lead of the CFSR team attend the quarterly Advisory Council meetings and present CFSR data and data from the ICWA Addendum. The ICWA Addendum (Attachment 18) was created in partnership with the Advisory Council and captures ICWA specific information which is not included in the CFSR tool. The CFSR team completes five additional case reviews each month that are ICWA cases managed by the Department. The additional case data is used to identify patterns and areas of practice that need attention, and the Advisory Council uses the data to discuss potential practice initiatives. The CFSR team has also met (or offered to meet) with almost all of the federally recognized Tribes in Oregon. Due to COVID-19, these meetings have been put on hold. During those meetings, Tribe-specific CFSR data is shared, in addition to general information about the CFSR process and tool. Additionally, if the CFSR team reviews an ICWA case where the target child or a family member is a member of an Oregon Tribe, the team schedules an individual debrief to bring together the Tribal worker, caseworker, and supervisor to go over the results.

Sustaining a State Case Review Process for CFSR Purposes

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

Update on the Service Description

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

Services

Oregon provides the following services under Title IV-B, subpart 1:

- Family Support Teams – Addiction Recovery Team (ART) services
- System of Care contracts– communication services, parent training, counseling, and non-school activities and fees
- Foster Care Prevention – basic needs (clothing, food, supplies), safety, household necessities, home repair
- Training – child welfare training on wraparound services

IV-B Part 1 - Child Welfare Services

Service Areas	Program	FFY18 Expenditures		
		GF	FF	TF
Program	Family Support Teams	\$ 816,252	\$ 2,323,176	\$ 3,139,427
	System of Care	144,848	411,761	556,609
	Foster Care Prevention	214,960	611,812	826,772
	FOCUS	725	2,063	2,788
	Client Transportation	4,960	14,116	19,076
Program Total		1,181,744	3,362,929	4,544,673
Admin	DHS Shared Services	133	377	509
	CW Program Design / Admin	5,759	16,890	22,649
Admin Total		5,892	17,267	23,158
GRAND TOTAL		\$ 1,187,636	\$ 3,380,196	\$ 4,567,831

Services Included Above	
Family Support Teams	Addiction Recovery Team services
System of Care	Communication services, parent training, counseling, non-school activities/fees
FC Prevention	Basic needs (clothing, food, supplies), housing, household necessities, etc.
FOCUS	Respite-overnight care, youth mentoring
Client Transportation	Transport for visits (parent/other, child)

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

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

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

Reducing Length of Time in Foster Care without a Permanent Family

In addition to the services to help identify and address a child's developmental needs and help the Department to plan with parents, the following services and case management strategies impact timeliness to permanency for children under the age of five.

- Permanency consultants provide expertise and creative problem solving for cases at key decision points and guides a case by case basis when requested by caseworkers or supervisors.
- Group supervision provides an opportunity to review fidelity to the practice model, case planning decisions, conditions for return, and engage in creative group case planning to address the individualized issues in a case that may be barriers to permanency.
- The statewide transfer protocol strengthens cooperation and collaboration between the protective services and permanency caseworkers and has improved each worker's understanding of the practice model. Early and frequent collaboration ensures that case planning and engagement continues to move forward through the transfer process and that the family and workers are all clear on the safety threats, conditions for return, and expected outcomes.
- The new Family Report focuses on case planning on engagement with parents, primary caregivers, and children, where appropriate.

Addressing Developmental Needs

- Child and Adolescent Needs and Strengths (CANS) Assessment – this is being used as a case planning tool. In 2019 1,158 CANS assessments were provided to children ages 0-5.
- DHS Child Welfare Comprehensive Intake Nursing Assessment – these occur shortly after a child comes into foster care and identifies children in need of personal care services quickly. In 2019, 1,532 Comprehensive Intake Nursing Assessments were completed on children under five. Of these, 311 were identified as substance-affected infants.
- DHS Child Welfare In-home Nursing Assessment – DHS field nurses provide comprehensive nursing assessments to children in trial home reunification. They not only assess, but also provide ACEs education and a trauma-informed wellness toolkit to each family, as well as referrals to relevant community services and home nursing programs. In 2019, 502 assessments were done for children age five and under.
- DHS Child Welfare Personal Care Services – 242 Personal Care assessments were completed for children under five. When appropriate and where available, these children are referred to the community health nursing program at CaCoon.
- In-Home Support Services – seven medically fragile children under the age of five received these services in 2019.
- Psychotropic Medication Review – three children under the age of five received a review in 2019. Seven children under the age of five had new psychotropic medications approved in 2019.
- Screening for Early Intervention Services – the Department refers to all children under age three for screening for early intervention services. Districts have inter-departmental agreements outlining the referral process for their Educational Service District (ESD). Infants and toddlers who are eligible for early intervention services receive services individualized to the child's specific needs and may include:
 - Assistive technology
 - Audiology or hearing services
 - Speech and language services
 - Counseling and family training
 - Medical services
 - Nursing services

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

Efforts to Track and Prevent Child Maltreatment Deaths

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

- Child Abuse reports from mandatory and voluntary reporters
- Child Protective Services Assessment (including interviews of parents, children, and others familiar with the family as well as observations)
- Child Protective Services history
- Law Enforcement Investigations (collaboration and reports)
- Medical Examiner reports
- Medical documentation if related doctor or hospital visit
- Oregon Health Authority, Division of Public Health (Vital Statistics is within Public Health, but the information gathering is from multiple sources within the Division)
- State Child Fatality Review Team (a multi-disciplinary team including state-level representation)
- Local Child Fatality Review Teams (a multi-disciplinary team including local representation from the community where the death occurred)
- Child Death Review Data System

Oregon developed a comprehensive, statewide plan to prevent child fatalities, which was submitted in the 2020-2024 CFSP. In February 2020, Oregon restructured how Critical Incident Response Team (CIRT) is managed within Child Welfare by creating the Child Fatality Prevention and Review Program, led by Tami Kane-Suleiman, who previously managed this workload under the umbrella of the Safety program. This team devotes a separate program manager and program coordinators to the Critical Incident Response Team (CIRT) as detailed in the Oregon statute, as well as fatality prevention efforts.

The following are updates to the statewide plan submitted in 2019.

Chronic Neglect

Introduction

Child neglect is the most frequently identified type of maltreatment in substantiated reports of child abuse. On average, child neglect has contributed to just under 75% of abuse-related fatalities in Oregon and nationwide over the last five years.

Oregon's in-depth review of child fatalities in families with recent Child Welfare history (an open case, CPS assessment, or closed at screening report in the last twelve months) shows in many of these cases, there have been multiple maltreatment reports on the deceased child or the child's siblings over the years, suggesting a pervasive pattern of neglect. The ability of Child Welfare and system partners to understand and intervene in cases of chronic neglect is a systemic issue that contributes to child fatalities in Oregon.

Overview

Oregon Child Welfare has efforts to engage staff and the community around the problem of child neglect, particularly chronic neglect. These efforts involve staff training and development, adjustments to rule, establishing expectations regarding the supervision of caseworkers, and developing partnerships

with programs centered around prevention. Judicial partners will also be engaged in the efforts. Please note that both Suicide Prevention and Safe Sleep, though broken out individually in the five-year plan, also fall under the umbrella of neglect.

Training

Enhanced training around child neglect is occurring at two levels in Child Welfare. The first level provides a 90-minute overview of chronic neglect, the impacts on children, and intervention strategies with families. This training was successfully delivered to casework staff at Regional Training Days through May, June, and July 2019. Several local offices requested sessions of the training be offered in-house, so Safety and Permanency consultants facilitated additional sessions. The Department planned to offer training additional training but was delayed as a result of the COVID-19 pandemic. The training will target all ORCAH screeners and supervisors in 2020. Then the maintenance phase of this training will commence, and it will be delivered by Safety and Permanency consultants in coordination with MAPS for caseworkers in their first year of service.

The second level of training is a two-day advanced course for assessing patterns and behaviors of neglect. This training was developed in partnership with the Butler Institute for Families, out of the University of Denver Graduate School of Social Work. Safety and Permanency Consultants, along with other champions were trained as trainers in the advanced curriculum during summer and fall of 2019. Sessions for program managers, supervisors, MAPS, and active efforts specialists began in November 2019 and wrapped up in March 2020.

Based on feedback from the supervisor sessions, the curriculum is being modified slightly for the caseworker rollout. Partnership with The Butler Institute continued through a final workgroup regarding these modifications in February 2020.

Due to the advanced nature of the curriculum and the two-day length of the course, a decision was made to offer the training to caseworkers with two or more years of experience. Participants in the sessions must have enough experience in the field to be able to apply the concepts more broadly and think critically about the material. Planning is well underway and sessions for caseworkers with 2+ years of experience will begin in May 2020. Sessions will be scheduled for over 18 months to cover the current workforce (53 sessions in total). Once the initial round of caseworker sessions is complete, the course will enter a sustainability phase and will likely be offered quarterly around the state for staff achieving 2+ years of service.

Additionally, two ORCAH Consultants have attended the two-day supervisor session and a decision has been made to offer the course to screeners and supervisors, likely beginning in 2021. Tribal partners will also be invited to participate in upcoming sessions.

As this course has rolled out, suggestions and requests have come in regarding expanding the audience to SSAs, Case Aides and Self Sufficiency Family Coaches, and Family Engagement Specialists. Conversations are underway regarding modification and rollout to additional staff within the Department as a Phase 3 effort.

Throughout the implementation of the advanced neglect curriculum, feedback has also been consistent regarding a need to support caseworkers in documenting safety threats associated with neglect convincingly to judicial partners. Along with this comes a need to gather feedback from these partners

and ensure they are operating with the same information about the impacts associated with neglect and can make decisions based on the most current research. With internal training efforts well underway, exploration of the most effective approach with judicial partners has begun. This will include inquiry regarding format and preferred location for conversations and/or training about the role judicial partners play in interrupting neglect. In late April 2020, the CFPR manager and Safe Systems Coordinator presented, in virtual format, an overview of neglect to 70 Assistant Attorneys General (who represent the Department in court).

Supervision Expectations

The Department continues to work toward consistency in supervision across program areas. The training curriculum for supervisors included sections specific to coaching and group supervision to build capacity for supervisors in neglect cases. Work will be done to promote continued learning and application by way of spaced education/learning bulletins through the Supervisor Trainers as well as identification of supervisor champions who will become trained as course facilitators. While this is not specific to neglect fatalities, it is specific to supporting comprehensive assessments and adequate case planning, which in turn will improve Child Welfare responses to families at highest risk.

Partnerships

The Children's Trust Fund Alliance offers a toolkit (CTFalliance.org/preventing-child-neglect/#Training) to enhance conversations about neglect prevention in local communities. This toolkit is intended to enhance understanding within communities about neglect - the indicators and impacts - as well as the role protective factors play in long-term safety and well-being and the prevention of maltreatment. The project lead has contacted the coordinator for Multi-Disciplinary Teams across the state to explore the best method for engaging critical community partners in these conversations about neglect. There is some possible opportunity to organize the information and tools into virtual offerings spaced out over time with select cohorts. The state MDT coordinator has agreed to assist with advertisement and communication with communities who are potential candidates for the offering. If approved, this virtual cohort model will be piloted in one to two selected districts with identified community members and contracted providers as participants. Once complete, feedback will be gathered, and the Child Fatality Prevention and Review team will discuss options for expansion or identify alternative approaches to enhance understanding and partnership in local communities.

In addition, the Child Fatality Prevention & Review Program recognizes the importance of bolstering protective factors for all of Oregon's families. Protective factors are conditions or attributes of individuals, families, communities, or the larger society that reduce risk and promote healthy development and well-being of children and families*. Beginning in the fall of 2020, the Child Fatality Prevention & Review Program will be reaching out to community organizations to gather information about how they may be embedding the protective factors framework into their approaches with families. Understanding how the protective factors are cultivated across communities in Oregon can help the Child Welfare Program form more meaningful and successful partnerships on behalf of children and families, perhaps even before families come to the attention of Child Welfare. This outreach will result in the development of a prevention resource guide specific to Oregon families.

**The Children's Bureau uses a protective factors framework adapted from the Strengthening Families framework developed by the Center for the Study of Social Policy, with the addition of a sixth factor, nurturing and attachment.*

In 2019 Child Welfare entered a partnership with Safe Families, a volunteer-driven, nonprofit organization. Safe Families offers support and stabilization to families in crisis, as an alternative to foster care. The supports can be accessed with or without an open Child Welfare case and serve to bolster protective factors for families and prevent child abuse. Nationwide, Safe Families sees a target population of children age 4-7, and that was their expectation when they came to Oregon. However, Oregon's children who need this service most are age 12-17. Safe Families had to look differently at their recruitment of volunteers and host families based on this substantial difference. The Safe Families Conference in April 2020 was the kick-off event for the program's collaboration with the Department in Oregon.

Suicide Prevention

In 2019, the Department developed the following five-year plan to address the national issue of suicide awareness and prevention. Suicide awareness and prevention is a national crisis. Oregon Child Welfare Program realized there were a high number of child fatalities as a result of suicide during their Critical Incident Review Process and identified this as a systemic issue. Over the last year, the work has grown to include the entire Department of Human Services; the Occupational Health, Safety and Emergency Management Unit; and the development of a new program within Child Welfare called the Child Fatality Prevention and Review Team. The Child Fatality and Prevention Review team has been granted a Suicide Prevention Coordinator who will oversee the Child Welfare efforts related to suicide prevention and awareness.

Identification of Suicide Prevention Experts

Each branch/district will identify a Suicide Awareness for Everyone (SAFE) champion.

- SAFE champions will be offered additional training/more comprehensive training through ASIST and/or safe Talk
- They will coordinate a list of community-based suicide intervention services
- SAFE champions will also become certified to provide QPR training to DHS staff as well as community providers
- SAFE champions will offer case consultation for families dealing with the issue of suicide.
- SAFE champions will organize trauma response efforts related to suicide

Each district was asked to identify a SAFE Champion who would be willing to lead local efforts for suicide prevention. Worker caseloads, attrition of staff, and other demands limited branch resources. Child Welfare is partnering with the Occupational Health, Safety and Emergency Management Unit designed to lead Trauma-Informed Care and Suicide Prevention Awareness efforts. Currently, DHS field nurses also conduct depression and suicide screenings every time they work with a child over the age of ten.

Working with External Partners

The Fatality Prevention and Review team will work with external DHS partners in community efforts for Suicide Awareness.

- Work has begun regarding the creation of a suicide intervention protocol specific to local MDTs. This protocol will include what cases are appropriate to bring to an MDT forum and actions taken by the MDT.

- Collaboration with the Zero Suicide coordinator through OHA for continued improvements in suicide intervention.
- Development/creation of statewide resource list for suicide awareness
- State Fatality Committee participation to discuss trends and systemic issues
- Outreach with public education/health and mental health systems to coordinate postvention services
- Development of postvention plan for Child Welfare to include trauma response for employees
- Continued research of methods and national intervention plans associated with youth suicide
- Enhance current MOUs and contracts with mental health providers serving children in DHS custody to require specific training around suicide prevention and awareness

Child Welfare's collaborative efforts with the Oregon Health Authority (OHA) has been positively received and opened the following opportunities for both agencies:

- The Department was granted the Garrett Lee Smith (GLS) Suicide Prevention Grant. The Department was awarded \$96,905 to be dispersed over a five-year period. This grant will be utilized to fund several large-scale training efforts including the purchase of a computer-based training from the QPR Institute. QPR stands for Question Persuade and Refer and is an evidence-based suicide prevention and awareness training. This training will be offered not only to Child Welfare staff but to all DHS employees. The computer-based training will be offered by December of 2020.
- OHA has taken an active role as members of the Critical Incident Response Team (CIRT). As members of the CIRT, OHA can offer recommendations as well as provide information on larger system issues which may impact suicidality amongst families receiving services from Child Welfare.
- Child Welfare is also receiving some national attention as the CIRT website which listed current suicide prevention efforts has drawn interest from the CDC. OHA is currently communicating our collaborative efforts to create a success story to be posted to the CDC's website. In sharing our success, we hope other states will also replicate our efforts.
- Child Welfare partnered with Oregon Health Authority, and Occupational Health, Safety and Emergency Management Unit, to collaborate with QPR Institute in creating a computer-based suicide prevention training. This training is being offered to community partners statewide including members of the MDT. Additionally, over 100 Child Welfare staff have been trained as QPR trainers and are encouraged to provide in-person trainings to community members including medical providers at child advocacy centers and local Law enforcement agencies.

The development of postvention services for Child Welfare staff will be completed in collaboration with the Occupational Health, Safety, and Emergency Management Unit by the Suicide Prevention Coordinator. This unit has been tasked with leading the efforts for trauma-informed care and suicide prevention/awareness for staff and is aware of this five-year plan.

As a part of the GLS grant, Portland State University will be partnering with the Child Fatality Review and Prevention team to develop metrics specific to the GLS grant requirements. Additional collaboration continues with Michigan State University and the Suicide Prevention Coordinator. This relationship initially developed after learning Michigan State's Child Welfare program is the only other state who is offering larger-scale training efforts for their staff which were developed by Michigan State University.

The University of Oregon has also offered to provide a graduate student to look at national research strategies.

Safe Sleep

Too many of Oregon's infants die in sleep-related deaths, some of which are preventable. Educating and engaging the infant's parents and caregivers effectively requires a community response. Child Welfare is a critical part of the child safety community and the safe sleep training, procedures, and checklist are intended to prepare Child Welfare professionals for this role. The implementation of safe sleep training, procedures, rules, and forms will have multiple parts/phases.

Required Training

Safe Sleep for Oregon's Infants self-study training is in iLearn. The training, including a ten-question quiz, takes approximately an hour to complete and can be done independently. This training must be completed before July 4, 2020, and is required for CPS workers, permanency workers, their supervisors, MAPS, and others who work closely with CPS and permanency in a role that requires a detailed understanding of CPS and permanency work.

Procedure

New requirements for CPS and permanency caseworkers are now in procedure. These include safe sleep materials for workers to bring with them when assessing or working with families, requirements to assess the safe sleep environment when infants are in the home, and supporting families in developing a safe sleep environment if they do not have one.

Implementation

- Additional self-study trainings and computer-based trainings are rolling out for Child Welfare professionals in Child Protective Services and Permanency, along with a Safe Sleep Checklist (Attachment 19) for use in documenting conversations with families.
- Additional self-study trainings and computer-based trainings for other Child Welfare professionals are coming. The next training will be specifically for certifiers and adoption workers.
- An opportunity to practice having safe sleep conversations with parents and caregivers will be forthcoming. This opportunity will include those community partners who can support Child Welfare in educating and engaging families on safe sleep.
- Caseworkers can expect their Child Safety and Permanency consultants to facilitate conversations about the training content to further their learning.
- Procedures implemented today are basic and will be more robust over time as feedback comes in to inform refinement of policy and procedure.
- Rules are being developed at a pace that allows for feedback from those Child Welfare professionals who have had these conversations with families and can speak to the application of the requirements.
- Currently, DHS field nurses also conduct safe sleep evaluations when they encounter a child under the age of one.
- New discussions are underway to provide Safe Sleep training and examples of policies and procedures for residential treatment staff.
- The Child Fatality Prevention and Review Program Manager is a member of Oregon's Public Health Safe Sleep workgroup. While membership recruitment is still underway, current agencies

involved include Oregon Department of Human Services, Early Learning Division, and Oregon Department of Education. The purpose of this workgroup is to develop recommendations for a coordinated statewide effort to reduce safe sleep-related deaths in Oregon. Recommendations from this workgroup will be provided to Raise Up Oregon Learning Council whose members are appointed by the Governor.

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

Services

Recovering Family Mutual Homes

This program serves women coming out of residential alcohol and drug treatment with no community-based housing. This program does permit parents to have their children reside with them in the program. The program provides up to one year of monitoring, alcohol and drug-free housing, and also tracks both parent and child participation in other programs and services that will support their reintegration into the community (services like A&D counseling, mental health counseling, 12-step attendance, and completion of other formal plans through DHS and/or corrections). There are two remaining homes, one in Clackamas (The Inn Home) and one in Lane County (St. Vincent DePaul). Local child welfare Addiction Recovery Teams (ART) work with the programs for referral and tracking processes.

Adoption Promotion and Support Services

These are provided through contractual agreements with the Boys and Girls Aid Society (BGAID), the Northwest Resource Associates (NWRA), the Youth Villages Intercept Program, and a training project agreement with Portland State University.

Boys and Girls Aid Society (BGAID)

The following services are provided through BGAID and are available throughout Oregon.

- **Child Specific Recruitment and Permanency Preparedness:** Child-specific recruitment services for finding permanent families for children also include permanency preparedness work using Darla Henry & Associates 3-5-7 Model. This model is a promising practice that supports the work of children, youth, and families in grieving their losses and rebuilding their relationships towards the goals of well-being, safety, and permanency. It is a relational practice that explores with children and youth their feelings about the events of their lives and empowers the children and youth to engage in grieving and integrating significant relationships. It is not a clinical model but supports clinical work around issues of separation and loss, identity formation, attachment and relationship building and creating feelings of belongingness.
- **Training:** BGAID provides Foundations (Oregon's foster and adoptive curriculum) training throughout the year
- **Special Needs Adoption Coalition (SNAC) Training/Meetings:** 11 private adoption agencies in Oregon contract with the Department to provide home studies and supervision services for families who wish to adopt from the Child Welfare system but have chosen to have their services provided by a private agency rather than the Department. The SNAC agencies are required to receive monthly training, and this training is organized and provided by BGAID under

the contract. The Department contracts with SNAC agencies to provide post-placement supervision.

Northwest Resource Associates – Oregon Post-Adoption Resource Center (ORPARC)

Northwest Resource Associates operates the Oregon Post Adoption Resource Center. ORPARC provides services to adoptive and guardianship families who provide permanent homes for DHS children. These services enhance the stability and functioning of Oregon adoptive and guardianship families and their children through the provision of a support network that includes information and referral services, consultation, advocacy, response to imminent family crises, support groups, and training.

Youth Villages Intercept Program

The Department uses Title IV-E adoption applicable child savings for the contract with Youth Village's Intercept program. The program is available to pre- and post-adoptive and guardianship families in specific areas of the state. Using the Collaborative Problem-Solving model, Intercept is a program that provides intensive in-home services to youth and their families who are experiencing crises. A comprehensive treatment approach includes family treatment, parenting skills education, educational interventions, development of positive peer groups, and extensive help for families and children in accessing community resources and long-term, ongoing support. Families referred to Intercept receive a minimum of three in-home contacts per week, 24-hour crisis intervention, and small caseload attention from family specialists who are trained therapists and carry a maximum of four cases at a time. The average length of service is five to six months. Enhancing family functioning and diverting youth from out of home placements by helping their families safely maintain them in the home and community is the primary goal of Intercept. Eligible families are those that live within one hour of the four Intercept offices located in the greater metropolitan area, Salem, and Central Oregon.

Early Learning Division

Please see the 2019 report produced by the Early Learning Division. (Attachment 20)

Portland State University (PSU) Training Agreement

The training project agreement with Portland State University provides an Advanced Training in Therapy with Adoptive and Foster Families certificate. This program is a series of advanced evidence-based courses on specialized theories and practices for treating adopted and foster children and their families. The purpose is to increase effective, accessible, and affordable mental health support by preparing clinicians and other professionals with strategies for the emotional, behavioral, and mental health issues of children with histories of abuse, trauma, and neglect.

DHS provides full scholarships for therapists with a priority for those billing Medicaid and those in rural areas of the state. Up to 63 therapists per session have access to the scholarships for the full Certificate program. A directory of all clinicians in the state who have received the Certificate are disseminated to branches and ORPARC helps families connect with therapy resources in their area.

Service Decision-Making Process for Family Support Services

Agencies are selected through the analysis of service gaps in the local service array, as well as analysis of the service needs for the local population of families and children served. The Family Support & Connections program (partially funded through Oregon's CBCAP grant) has a full-time statewide coordinator whose duties include technical assistance and consultation with local service providers around the state. The FS&C program coordinator provides program direction through site visits,

meetings, and training with service providers. The coordinator also maintains an inventory of program’s in each of the Department’s districts to ensure service gaps are identified and addressed. FS&C program services are community-based, contracted services local to individual districts.

The following table outlines spending under Title IV-B subpart 2 for FFY 2019 (October 1, 2018 – September 30, 2019).

IV-B Part 2 - Promoting Safe and Stable Families

Service Areas	Program	FFY19 Expenditures		
		GF	FF	TF
Family Support	Early Learning Division & Tribes	\$ 364,162	\$1,092,486	\$1,456,648
Family Support Total		364,162	1,092,486	1,456,648
Family Preservation	Foster Care Prevention	39,907	119,724	159,631
	Early Learning Division	253,061	759,184	1,012,246
Family Preservation Total		292,968	878,908	1,171,876
Time Ltd Family Reunif	Recovering Fam Mutual Care	33,765	101,296	135,061
	Client Transportation	24,929	74,787	99,716
	System of Care	223,627	670,875	894,502
Time Ltd Fam Reunif Total		282,321	846,958	1,129,279
Adopt Promo/Support	Contract Adoption Services	143,504	430,513	574,017
	Post Adoption Services	192,572	577,714	770,286
Adoptions Total		336,076	1,008,227	1,344,303
GRAND TOTAL		\$1,275,527	\$3,826,579	\$5,102,106

Program	Services Included Above
Early Learning Division	Family engagement, parent classes, home visiting programs, respite care
Tribes	Supports and services for families, including foster family homes
FC Prevention	Utility assistance
Rec Families Mutual Homes	Drug-free transitional housing
Client Transportation	Transport for visits (parent/other, child)
System of Care	Assessment, evaluation; counseling; parent training/mentoring, tutoring, etc.
Contracted Adopt Svcs	District Attorney services to free children for adoption, adoptive parent recruitment
Post Adoption Services	Adoption services from placement to finalization

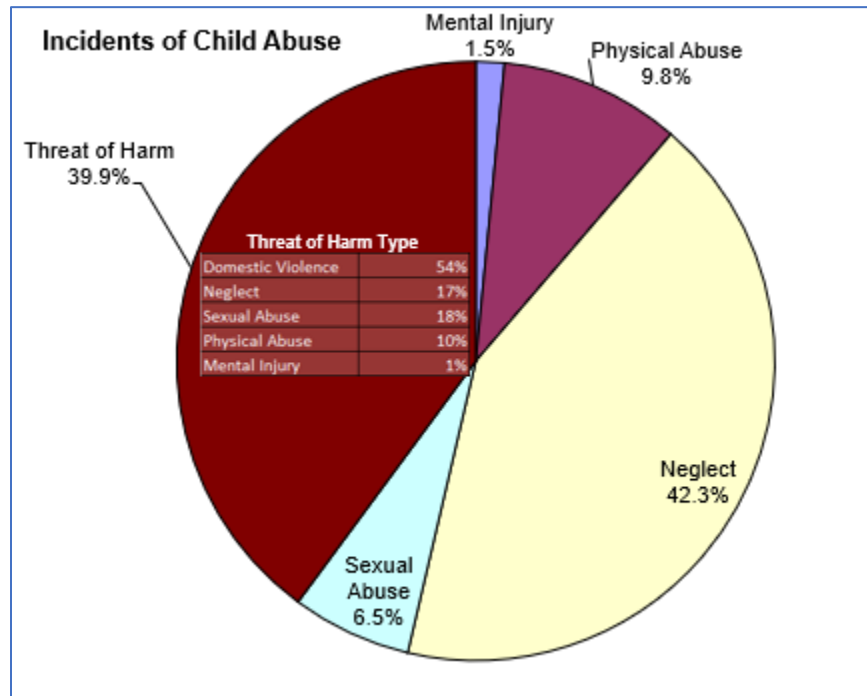
Percentage of Title IV-B, subpart 2 Funds Oregon will Expend on Service Delivery
Please see Attachment B, CFS 101, for details on fund expenditures and persons served.

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

Each type of abuse experienced by a victim in a founded CPS assessment counts as an incident of child abuse. The number of incidents is larger than the number of victims because victims may have suffered

more than one type of abuse or may have been involved in more than one founded CPS assessment. Between FFY 2018 and FFY 2019, the total number of incidents of child abuse increased by 8.4 percent.

Neglect is the largest category of child abuse at 42.3%, followed by the threat of harm, at 39.9% of all incidents of abuse. Threat of harm is defined in Oregon Administrative Rule as “including all activities, conditions, and circumstances that place the child at threat of severe harm of physical abuse, sexual abuse, neglect, mental injury, or other child abuse.” It encompasses threatened harm to a child, which means subjecting a child to a substantial risk of harm to the child’s health or welfare.



While most types of abuse increased from the previous year, two types increased the most, sexual abuse by 17.8% and physical abuse by 16.2%. This data is affected by the work done to reduce the amount of overdue assessments over the past two years (down from approximately 14,000 to approximately 3,500 currently). The jumps in the data, as shown in the table below, are not necessarily reflective of current trends. The Child Safety Program is working now to clean up the data, and is utilizing the CPS Fidelity Reviews to look at current cases, evaluate practice and practice trends, and evaluate current risk of maltreatment to determine areas of concern, and where there are statewide trends regarding safety management.

FFY 2019 Incidents of Child Abuse

Abuse Type	Number	Percent Change From
Mental Injury	272	2.6%
Physical Abuse	1,728	16.2%
Neglect	7,483	5.9%
Sexual Abuse	1,144	17.8%
Threat of Harm	7,046	8.2%
Total Incidents	17,673	8.4%

The first layer of identifying those at greatest risk of maltreatment is in the screening process at ORCAH, where screeners utilize the data analytics tool to inform their assignment process. That tool considers and scores the risk of maltreatment and risk of placement, which informs the decision the screener makes regarding assignment. This risk score is not passed along to CPS workers, to avoid bias in the assessment process.

Neglect and threat of harm form the vast majority of maltreatment cases in Oregon. As discussed in this APSR, Oregon has implemented chronic neglect training in partnership with the Butler Institute to better equip our workers in understanding the severe impacts that victims of neglect, particularly chronic neglect, have. Oregon has also partnered to train workers regarding safe sleep, particularly addressing those families with infants and other risk factors (e.g., substance use).

Oregon is working to create and implement a prevention plan pursuant to the Family First Prevention Services Act, which will address providing services to children at risk of entering foster care.

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

Please see the [Kinship Navigator Project Overview](#) and the [Phase III Overview](#) (Attachments 21 and 22)

[Monthly Caseworker Visit Formula Grants and Standards for Caseworker Visits](#)

Oregon requires monthly face-to-face contact with a child or young adult be completed by the primary caseworker, the caseworker's supervisor, or a designee of the supervisor. During the contact, the caseworker must ensure the safety, permanency, and well-being needs of the child or young adult are being met, address issues pertinent to case planning and service delivery, notify a supervisor if they determine that additional action is required to ensure safety, and notify a certifier when the well-being needs of a child or young adult are not being met. The contact must be documented in OR-Kids. Every other month, the contact must occur in the child or young adult's placement setting. Please see Item 14 on pp. 26-28 for an in-depth discussion of actions Oregon is taking to improve the quality of face-to-face visits.

The Department has not yet spent the Monthly Caseworker Visit Formula Grants for this fiscal year. Now that the Department is facing certain budget cuts due to the economic effects of COVID-19, the Department is waiting to allocate the grant until it is clear where the cuts will be made. It is likely the grant will be used either to fill in caseworker training (if there are cuts) or to fund training on the All About Me toolkit by Richard Rose on transitions.

Additional Services Information

Adoption and Legal Guardianship Incentive Payments

Oregon spent \$1,184,884 in Adoption Incentive Grant money during FFY 2019.

The award continues to be utilized on extending contracts with mediation vendors to establish post-guardianship communication agreements between guardians and birth parents. Anticipated outcomes for the use of the grant award include increasing the number of cases achieving permanency, increasing timeliness to permanency, and, most importantly, minimizing the child's loss of relationships and connections to their family, history, and culture. The award is also utilized to support the Intercept program, which offers services and support to post-adoption families.

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

Finally, this grant was also used to support Independent Living Services, specifically in the area of Chafee ETV Grants. Oregon had a sudden uptick in applications that were not anticipated, and the policy at the time was to award grants to all applicants. See also the discussion of ETV Grants awarded on pp. 82-85.

The Child Permanency Program Manager, with input from Program Managers in other areas of practice, has been overseeing the expenditures of this grant. She was promoted to Deputy Director this past year, and currently continues to oversee the grant.

Adoption Savings

Services Provided Using Adoption Savings

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

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

States may spend the additional 70% of Adoption Savings for any service allowable under IV-B or IV-E. The Department uses these funds to provide reimbursement to certified foster parents and relative

caregivers for childcare. The reimbursement is currently limited to \$375 per child per month. Initially, the reimbursement was for foster parents for children ages 0 through age 5. Beginning August 2019, DHS expanded the reimbursement support to foster parents for children over the age of 5. In addition, DHS began reimbursing foster parents for supervision needs outside of traditional work or school due to work and school changes during the COVID-19 crisis.

Oregon expects to provide the same services next year using Adoption Savings.

Spending Unused Savings

Previously, the Department projected that by the 2023-25 biennium we would no longer have an unexpended savings balance. That projection included a level of childcare for foster parent spending that has not been realized. In the next year, we will revise our projection and consider whether to make any program changes.

Challenges in Accessing or Spending the Funds

The Adoption Applicable Child Savings Fund, established by the 2011 Oregon Legislature, allows the Department to carryover unspent Adoption Savings to the following biennium, rather than having the General Fund dollars revert back to the State. That means the Adoption Savings are available for spending.

Any significant program expansion using the Adoption Savings must follow the usual process for approval by the Department of Administrative Services and the Legislature. The only challenge is that it can be difficult to scale new programs to the exact amount of the Savings.

Methodology Changes

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

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

Collaboration

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

- Tuesday Calls – were implemented in April to help inform ILP Providers and youth of the steps being taken to support transition-aged youth during the COVID pandemic. Calls had been occurring weekly. However, as of June 9, 2020, the calls shifted to bi-weekly.
- Youth survey – 160 youth responded to a COVID needs survey, advising the Department on needs during the pandemic.
- PSU review of program effectiveness – the review was shared with ILP Program Managers and emailed to the ILP Listserve.
- Oregon ILP (Facebook page)- several notices have been posted with opportunities, information, or resources during the past year, including a request for youth to participate in the COVID Survey and the Tuesday Calls.
- Quarterly Calls with the Oregon Foster Youth Connection (OFYC) – the Foster Care and Youth Transitions Manager provided updates to OFYC during quarterly calls.

- Oregon Criminal Defense Lawyers Association – presented training regarding Chafee program services and eligibility criteria at the Annual Juvenile Law Conference. Provide education, materials, and support to Juvenile Attorneys on needs/services for specific youth.

See Attachment 23 for additional Chafee-ILP collaborations.

Services and Aligning with Oregon’s Vision

The Chafee tiered model of contracted services to be provided was not implemented as planned. DHS Policy Option Package (POP) 142 and Senate Bill 745 were not approved by the legislature during the short session. Therefore, the ILP and youth transition services available to current and former foster youth remain the same as prior years and are listed below. The primary change to Chafee services is related to COVID-19. The Chafee Housing Program has been temporarily extended to 21 and 22-year-olds.

- Contracted Life Skills Training – There was a turnover of four ILP Contractors effective in July, as a result of the Request for Proposals (RFP) conducted.
- Independent Living Housing Subsidy – with the approved definition for a Supervised Independent Living placement obtained last year, the Department is beginning to claim IV-E reimbursement of the IL Housing Subsidy placements and Transitional Living Programs.
- Chafee Housing – to address needs during COVID-19, the Department has waived the \$700 maximum amount a youth may access, increased the maximum amount available to \$1,000 per month, and extended services to 21 and 22-year-olds through September 2020.
- Credit Reports – no change
- ILP Discretionary Funds – no change
- Driver’s Education Course Fees – no change
- Chafee ETV –award rate remains at \$2,500 for academic years 2019-2020 and 2020-2021
- Tuition and Fee Waiver – no change
- Summer ILP Events – The ILP continues to sponsor the Annual Teen Retreat, DREAM Conference, and Native Teen Gathering. However, events are most likely occurring virtually this year due to the COVID-19 pandemic. OFYC, using other DHS contracted funds, will also host the Policy Summit virtually this summer.

Chafee Services & Oregon PIP Goals

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

Goal 3 – Improving Child Well-Being

Well-Being Outcome 1:

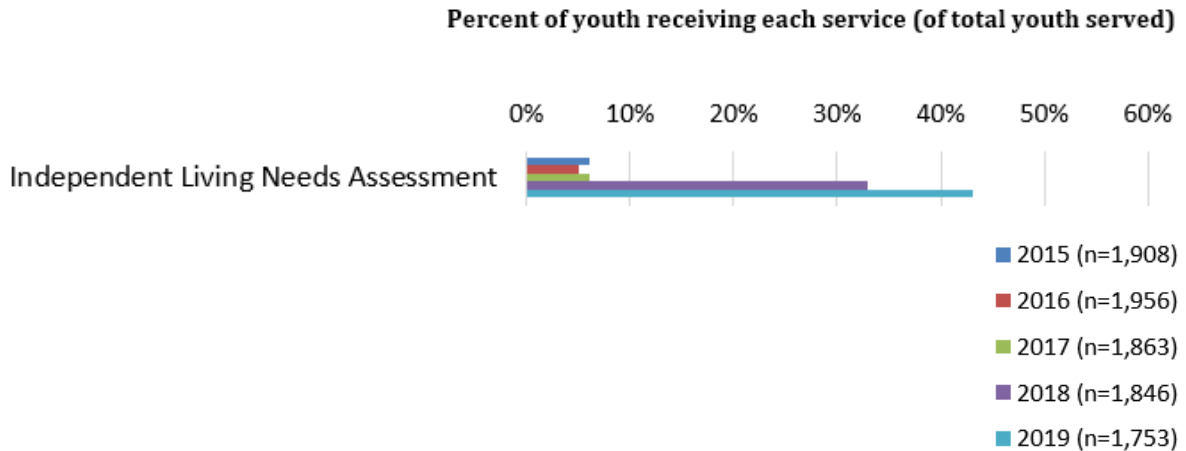
Item 12A: Needs assessment and services to children. (Current rating: 71% Strength)

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

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

Benchmark 1: 80%, the current baseline of 43% was set using the FFY2019 NYTD Data Snapshot for Oregon (see Attachment 24).

Type of services received (FY 19)



Based on the FFY2019 NYTD Data Snapshot, Oregon has continued to make substantial gains in providing foster youth with life skills assessments. The Department anticipates continued improvements as the new Family Plan is finalized and implemented in OR-Kids. Child Welfare Program Managers were sent links to the two computer-based trainings (CBT) as a reminder to have all new staff complete the CBTs (Transition Planning and ILP Services).

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

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

Benchmark 2a: (as reported by the Oregon NYTD Data Snapshot – Attachment 24)

Foster Youth: 75%, Baseline is currently 69.5% served (progress)

Former Foster Youth: 40%, Baseline is currently 15.4% served. (retrogress)

The following is a breakdown of the ILP eligible and served populations as reported in the NYTD Oregon Data Snapshot FY 2015-2019 and the OR-Kids BU-8013-D, ILP Eligibility History report:

Eligible versus Served; All “IL Type” Services

Population Type	Eligible (ages 14 - 23)	Served	% of Population Served
In Foster Care	2145	1490	69.5%
Out of Foster Care	1709*	263	15.47%
Total	3854	1753	45.5%

Eligible versus Served; Contracted ILP Services Only

Population Type	Eligible (ages 16-20)	Served	% of Population Served
In Foster Care	1704	1130	66.3%
Out of Foster Care	1208*	156	12.9%
Total	2912	1286	44.2%

** To be consider eligible for ILP services as a former foster youth, youth must exit substitute care at age 16 or older, with at least 180 days of substitute care after 14th birthday.*

The above data adds some clarity to the NYTD Oregon Data Snapshot. The Data Snapshot indicates, of the youth who received at least one “IL Type” service 85% are youth in foster care. However, when we take a closer look at Oregon’s overall eligible population (3,854 youth, ages 14 – 23), of those youth who received at least one “IL Type” service, only 68.9% are youth in foster care. The Snapshot also does not track, as a subset, those youth eligible to be served by an ILP Contractor (2,912 youth, ages 16 – 20). Per the above chart, ILP Contractors served 1,130 (66.3%) of the eligible youth in foster care, and 156 (12.9%) eligible former foster youth.

The following data shows the total Chafee population for youth still in DHS care:

Age Range	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019	5-year + / -	5-Year % of Change
14 - 15	692	603	815	783	762	70	10.12%
16 - 17	761	727	766	745	721	-40	-5.26%
18 - 20	729	613	496	505	492	-237	-32.51%
Totals	2182	1943	2077	2033	1975	-207	-27.65%

Comparison of past 5 years data on Children eligible for a Youth Transitions Plan FFY2019 by Age Group

As reported previously, the above data of youth in care by age group continues to reflect a pattern of decreasing older teens (-5.26%)/young adults (-32.51%) remaining in foster care. Meanwhile, youth ages 14 – 15 years old have increased 10.12 percent over the past five years. The rate of decline of the teens and young adults in foster care is notable considering the overall rate of decline of children in foster care is only 4.9%.

Youth Exiting Foster Care on/after Turning 18, by Age					
Federal Fiscal Year	Age 18	Age 19	Age 20	Age 21	Total
FFY 2015	190	95	53	64	402
FFY 2016	148	78	43	59	328
FFY 2017	145	59	65	67	336
FFY 2018	136	66	54	57	313
FFY 2019	131	45	43	75	294
Total 5 year Change	-59	-50	-10	11	-108

Source: ROM OR07 Youth Exiting Foster Care on/after Turning 18, data pulled 4/29/20

Of the young adult population (18 – 21 year-olds), 18-year-olds continue to reflect the largest number of youth who exit care each year at 44.5% during FFY 2019. However, the 19-year-olds have the largest percentage of decline at 53% (50 youth) since 2015 (31.8% fewer 19 year-olds exited foster care in FFY2019 than the prior year). The 21 –year olds are showing a 17.2% increase in exits since 2015 (31.6% increase in exits than the prior year). This trend appears to indicate that of the young adults who remain in care at age 18, more are choosing to remain in foster care until they must exit foster care at age 21. The extension of the IL Housing Subsidy Program to 30 months could be a factor, as well as the Transitional Living Programs. It appears the Department is providing more appropriate housing options for young adults, thereby resulting in more young adults being willing to remain in foster care to access age and developmentally appropriate supports.

FFY 2019 Youth Served in ILP by Race

Primary Race Label	Number	Percent	% of Change
African American	124	9.6%	-3.1%
Asian/Pacific Islander	25	1.9%	25%
Caucasian	844	65.6%	-6.1%
Hispanic (Any Race)	212	16.5%	4.4%
Native American	72	5.6%	-5.3%

FFY 2019 Total Children Served in Foster Care by race

Primary Race Label	Number	Percent	% of Change
African American	621	5.7%	-6.9%
Asian/ Pacific Islander	178	1.6%	11.3%
Caucasian	7,276	66.8%	-5.6%
Hispanic (any race)	1,918	17.6%	3.6
Native American	492	4.5%	-9.6

Unable to Determine	9	0.7%	-40%
Total	1286	100.0%	4.1%

Unable to determine	402	3.7%	-21.6
Total	10,887	100.0%	-4.9%

When reviewing youth served by race, ILP Contractors appeared to serve 4.1% less youth as FFY2019. The decline is partly related to the clean-up efforts of the Youth Transitions team, as described below. As of July 1, 2019, service opening and closings, along with invoice validation for all ILP services and ILP Providers are handled by the Youth Transitions (YT) team. The YT team has worked to close ILP services opened in error, as the youth was not receiving services from an ILP Provider. The other reason for a decline in youth served is the shrinking population of teens in foster care. The largest shifts in population occurred with Caucasian youth with a decrease of 6.1% (or 55 fewer Caucasian youth) served by ILP Providers and a decrease for Native American youth served of 5.3% (or 4 youth). The ILP still served Native American youth at a slightly higher rate than all Native American children in foster care. Asian/Pacific Islanders served increased by 25% or 5 youth.

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

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

Children Age 14 and over Receiving Mentoring Services	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Children in Foster Care age 14 or older at start of FFY period and served by one or more Mentoring Services during the period	154	182	188	284	340
Total Children in Foster Care age 14 or older at start of FFY period	2,416	2,341	2,350	2,304	2,240
Percent of Children in Foster Care age 14 or older at start of FFY period and served by one or more Mentoring Services during the period	6.4%	7.8%	8.0%	12.3%	15.2%

FFY2015 to FFY2018 Data downloaded 4/8/2019, FFY2019 Data downloaded 4/22/2020

While the number of youth obtaining mentoring has more than doubled since 2015, and Oregon did see a 3.1% increase over last year, we are still not at our goal of 25 percent. Without funding to implement the tiered ILP model, we anticipate any gains over the next year to be minimal.

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

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

Subsidy Housing Service	2015 Count of Children	2016 Count of Children	2017 Count of Children	2018 Count of Children	2019 Count of Children	5 year % of Change	2019 Amount Expended	Total amount Expended
One-time Housing - Subsidy	7	1	5	6	10	42.8%	\$ 9,827.38	
Subsidy Emergency/Start-Up	42	47	59	59	60	42.8%	\$ 53,157.73	
Youth on Housing Subsidy - Monthly Payment	116	106	126	134	171	47.4%	\$ 699,927.59	\$762,912.70

The IL Subsidy Housing program serves current foster youth in the Department’s custody. This population is separate from those served by the Chafee Housing funds, who must have exited foster care and/or had their wardship terminated at age 18 or older (former foster youth). The Subsidy Housing program is funded primarily with state General Funds, supplemented with some TANF and other funding sources. The Subsidy Housing program saw a 27.6% increase over the last year and a 47.4% increase over the past five years. The extension of months allowed on the Subsidy (up to 30 months) and the approved Supervised Independent Living definition has allowed DHS to serve more foster youth through the Subsidy Program. Youth are also continuing to access the transitional living programs. As work continues to expand the housing array available to foster youth (Measure 2e), the rate of youth accessing the Subsidy Program and TLPs should continue to increase.

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

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

Chafee Housing Service	2015 Count of Children	2016 Count of Children	2017 Count of Children	2018 Count of Children	2019 Count of Children	5 year % of Change	2019 Amount Expended	Total Chafee amount Expended
Chafee Housing - Monthly	48	54	37	23	26	- 58%	\$ 58,728	
CHAFEE Housing Emergency/Start-Up	11	8	5	10	9	-9%	\$ 6,783	
One-time Housing - Chafee	5	5	10	1	3	-80%	\$ 2,341.91	\$ 67,807.91

Access for Chafee Housing has had a slight increase over the past year of 16.7 percent. With the expansion of eligibility through age 22, due to the COVID pandemic, Oregon anticipates an increase in youth served in FFY 2020.

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

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

Community partners in Medford, Klamath Falls, and Oregon City continue to be interested in partnering with DHS to expand the availability of transitional living programs (TLP) in Oregon. However, due to budget constraints, no additional TLPs were able to be implemented.

The Grants Program Manager has been the lead at Child Welfare for the Foster Youth Independence (FYI) Voucher Program. The Grants Program Manager has partnered with the local PHAs and Child Welfare Districts to accomplish the following: development of a Memorandum of Understanding between Public Housing and DHS Child Welfare; development of a local referral process for someone identified; and building partnerships with the regional Department of Housing and Urban Development (HUD) staff. The counties in the process of accessing FYI vouchers (as of early March 2020) include:

1. Clackamas PHA has proceeded through the process and received 7 vouchers in December. They are now working with young adults to find apartments to lease.
2. Washington PHA has proceeded through the process and received approval for one voucher that HUD has not yet released.
3. Marion PHA is in the exploration and evaluation phase and actively engaged with DHS Child Welfare
4. Lincoln PHA is in the exploration and evaluation phase and actively engaged with DHS Child Welfare
5. Jackson PHA is in the exploration and evaluation phase and actively engaged with DHS Child Welfare
6. Josephine PHA is in the exploration and evaluation phase and actively engaged with DHS Child Welfare
7. Klamath PHA has proceeded through the process and received approval for two voucher that HUD has not yet released (as of March).
8. Lane PHA put this initiative on hold as they applied for the larger FUP in December. If they are awarded a FUP they are not eligible for the FYI. The intention is if they are denied FUP they will re-engage around FYI.

A challenge still being addressed is the need for on-going housing supportive services. This is a challenging component, as some of the young people's support needs are beyond that of public systems and may require other community supports. Young adults under age 21 can be served by the local ILP Provider. ODHS is looking at the Self-Sufficiency Program family coaches as a possible support for young adults age 21 and older.

The Grants Program Manager is also working closely with counties that are receiving the Family Unity Program (FUP) Youth Vouchers. In Multnomah County, Home Forward received a new award in addition to their previous awards for the FUP. They were awarded an additional 56 slots and have allocated 25% or 14 slots for foster youth. They currently have a waiting list of 20 youth, so they will not be recruiting more youth until they screen through the current list.

DHS has been collaborating with HUD's Office of Field Policy and Management to monitor progress on the FYI voucher program and create tools for staff and community partners supporting former foster youth. One such tool is a resource map created by Kirsten Ray, HUD Program Analyst at the Oregon

Field Office. The following link provides a list of the housing authorities in Oregon, along with the contact person at the local Public Housing Authority for that county/area, as well as whether the PHA has FUP-Y vouchers or FYI vouchers, or which voucher the location is eligible to access: <https://arcg.is/1CGTqm>. We are working on synthesizing Child Welfare contacts assigned to this program currently.

While parties involved have been pulled away from this focus during the initial COVID-19 statewide response, plans are underway to reconvene the DHS staff who have been working to implement the FYI vouchers (DHS Director’s Office Policy & Systems Integration Advisor, Grants Program Manager, Youth Transitions Program Manager, Chafee IL Program Coordinator, and the Self Sufficiency Programs – Runaway and Homeless Youth Program Coordinator). Details on progress will be provided next year.

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

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

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

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

Comparison of last three years data on Children In Foster Care with Completed Youth Transitions on the Permanency Plan					
Age on Last Day of FFY	FFY 2017	FFY 2018	FFY 2019	Three-year Increase or Decrease	Three-year Percent of Change
Age 14-15	815	783	762	-53	-6.5%
Age 16-17	766	745	721	-45	-5.9%
Age 18-20	496	505	492	-4	-0.8%
Total	2,077	2,033	1,975	-102	-4.9%

Data Source: OR-Kids and Administrative Data. FFY 2019 data downloaded 4/28/20. FFY 2017 through FFY 2018 data downloaded 4/12/19.

Children with Completed Youth Transitions on the Permanency Plan by Federal Fiscal Year

	FFY 2013	FFY 2014	FFY 2015	FFY 2016	FFY 2017	FFY 2018	FFY 2019
Number of children in foster care age 14 or over on last day of FFY	1,933	2,814	2,687	2,613	2,382	2,033	1,975
Number of children in foster care age 14 or over on last day of FFY with at least one entry on the Youth Transitions tab of their Permanency Plan	1,486	1,729	1,500	1,263	964	716	657
Percent of children with at least one entry on Youth Transitions tab	76.9%	61.4%	55.8%	48.3%	40.5%	35.2%	33.3%

Data Source: OR-Kids and Administrative Data. FFY 2019 data downloaded 4/28/20. FFY 2014 through FFY 2018 data downloaded 4/12/19. FFY 2013 data downloaded 6/8/15.

The transition plan completion rates in OR-Kids continue to show a decline each year. However, the query used to pull the data requires updating. When the data is pulled using the Youth Engagement Services (YES) payments to ILP Providers, the count increases to 862 youth in FFY 2019 had both a life skills assessment and youth transition plan completed, or 43.6% of youth had completed a transition plan. This reflects a 20.4% increase when compared to FFY 2018.

Well-Being Outcome 2

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

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

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

Benchmark 1a (Academic supports): 70%, the current baseline of 43% was set using the FFY2019 NYTD Data Snapshot for Oregon (see Attachment 24).

Benchmark 1b (Career Preparation): 65%, the current baseline of 45% was set using the FFY2019 NYTD Data Snapshot for Oregon (see Attachment 24).

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

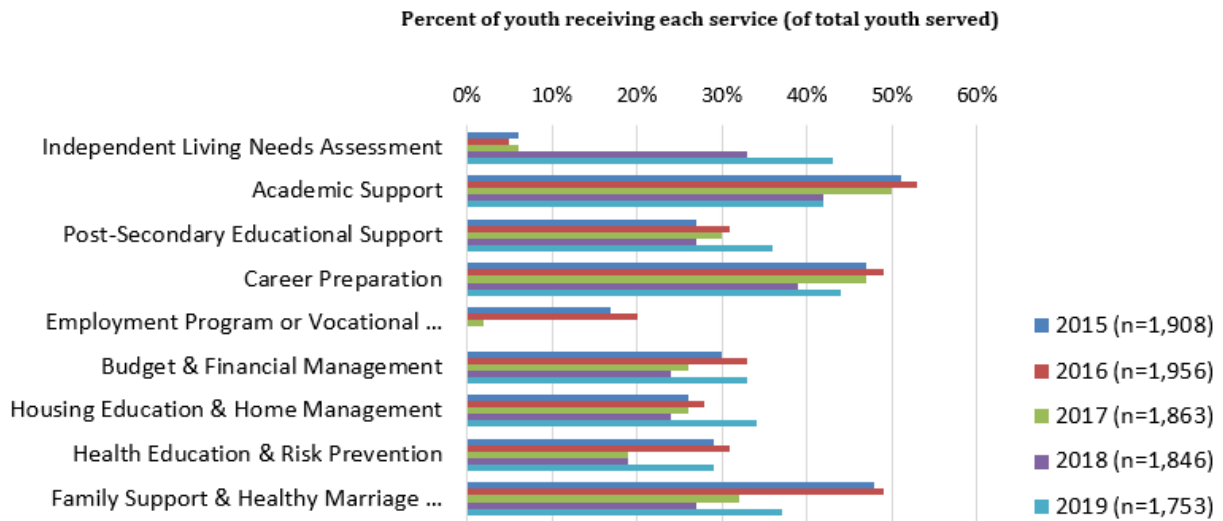
Benchmark 2: 40% The current baseline is 27% for the 17 year-olds

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

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

Intervention 1, Measure 1:

Type of services received (FY 19)



Academic Supports: The NYTD Oregon Snapshot for FFY2019 indicates no change in the number of youth receiving services in the past year for secondary academic supports. With the Coronavirus concerns lingering into the summer months, the ability to host the DREAM Conference is being significantly hampered. While conversations regarding a virtual event are being considered, it is uncertain if the DREAM Conference will occur this year. Efforts will be made to ensure ILP Providers and DHS caseworkers are informing youth of the resources available to assist them with academic success.

Career Preparation: There has been an increase of approximately 5% over the prior year, according to Oregon’s NYTD Data Snapshot. Unfortunately, due to increased rates of unemployment because of the COVID-19 pandemic, this number is expected to show a decrease during FFY2020.

Intervention 1, Measure 2 Increase youth in paid employment

NYTD Reported Employment (Full or Part-time) Rates

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

During FFY2019, the NYTD Data Snapshot reflects an increase in employment for the Cohort 3 Baseline Population (17 year-olds) of 16% over Cohort 1 (over six years). However, the percentage of 19 year-old youth who were employed reflects a continued decrease (-25% over six years). Several factors play into the data. First, Cohort 1 was a relatively small Cohort with only 116 youth surveyed at baseline. The Cohort 2 baseline had 240 youth, more than double Cohort 1 and Cohort 3 baseline had 203 youth (a 15.4% decrease from Cohort 2 baseline). Another factor that may have lead to the

Cohort 2: 19 year olds and the Cohort 3: 17-year-olds in the summer jobs program the ILP was able to provide those two years (FY2016/2017). Again, with the decrease of available employment due to the COVID-19 pandemic, this number is expected to show a decrease during FFY2020.

Systemic Factors

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

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

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

Benchmark: 200, the current baseline is 147 people per FFY 2019 training data.

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

Progress and Activities Planned:

ILP Services						
Training Year (Calendar Year)	2015	2016	2017	2018	2019	5-Year Outcome
Participants	37	34	19	23	17	-37.8%

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

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

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

Benchmark: 200 staff, current baseline is 76 staff based on FFY2019 data **(new benchmark set)**

While the anticipated ILP and Youth Transitions 200 level trainings were not yet created during FY2019, a total of 71 people were provided Youth Thrive training (36 were DHS staff). In addition, 76 staff completed training regarding Understanding Adolescent Development & Encouraging Resiliency in Adolescents. An ACES & Resiliency training was conducted for District 15 staff and 58 staff attended that training. We are unable to confirm the staff trained are not duplicated in the counts. Therefore, we have opted to use the highest number of unduplicated staff trained as the benchmark.

Conversations are being held with the new Training Manager to determine a timeline for when the additional CBTs may be created. Progress will be reported next year.

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

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

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

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

A new RAC process has been implemented. It is unclear how many RACs have involved youth. Clarification will be obtained and a determination made as to who will track the data for this measure.

General Services and Progress

In addition to these specific interventions and measures to ensure appropriate services are available to youth, the Department also provides the following, on a statewide basis. These services are also intended to provide age or developmentally appropriate activities:

- ILP Discretionary Funds – \$100,000 has been allocated to the Districts and Tribes to allow youth to access items or participate in activities.
- Driver’s Education Course fees – up to \$50,000 (\$25,000 annually) is available through an Oregon Department of Transportation grant. The ILP has also set aside \$25,000 per year for youth who do not meet the ODOT eligibility criteria (age 18+).
- Oregon Foster Youth Connection (OFYC) – DHS has completed a \$225,000 contract agreement with Children First for Oregon/OFYC through June 30, 2021. The contract includes the following activities:
 - Youth Engagement (\$25,000)
 - Outreach (\$7,500)
 - Training (\$22,500)
 - Youth Representation on Youth groups (\$10,000)
 - Organizational Support and Development (\$160,000)

Number of Youth Who Obtained Credit Reports

Age Group of Youth	FFY2015	FFY2016	FFY2017	FFY2018	FFY2019	5-year +/- Percentages
14-15 years old	55	170	595	528	560	918%
16-17 years old	697	204	616	576	604	-13%
18-20 years old	105	46	148	106	120	14%
Individual Request	180	66	10	15	90	-50%

Progress Made Toward Program Goals

Improvements lead by the Youth Transitions as follows:

- Interim Youth Transitions Program Manager – this is a new position, filled by the veteran Chafee IL Program Coordinator in August 2019

- Chafee IL Program Coordinator – the position was vacant for four months and filled in December 2019 by a seasoned caseworker with extensive experience serving teens/young adults, and most recently as an ICWA caseworker.
- Postsecondary Education and Fiscal Analyst –filled in October 2019.

The transition of staff has impacted the implementation of workgroups and planned improvements to the program. Over the past year, there was forward progress on several baseline measures, as described previously in the Chafee section.

Update on Collection and Integration of NYTD Data

DHS continues to share the National Youth in Transition Database (NYTD) data broadly. Most recently, the NYTD data was presented to ILP Providers and Youth during the “Tuesday calls” hosted by the Youth Transitions Team. Additional participants on the calls include select DHS staff/teen workers, FosterClub, Oregon Foster Youth Connection (OFYC), Safeguard Youth, and foster parents. The NYTD Data Snapshot is a key data source for monitoring the Chafee goals listed above. The NYTD Data Snapshot is also shared via an email blast annually to DHS staff, community partners, foster parents, ILP Providers, Tribes, CRB, CASA, FosterClub, and JCIP members. The Data Snapshots are posted on the DHS-ILP website at: <https://www.oregon.gov/DHS/CHILDREN/FOSTERCARE/ILP/Pages/nytd.aspx>

DHS has steadily improved NYTD survey completion rates and data accuracy. One area continuing to need improvement is Element 18, Educational Level. While data reported has been within the 90% accuracy rate required for compliance, it has recently fallen to 92% from 98% previously. The work being done to replace the OR-Kids Permanency Page with the Family Report has been delayed. As mentioned last year, the new report will increase caseworker updates to a child’s education status. The Youth Transitions team does review the education tab for every youth requesting housing services or applying for an Education and Training Voucher (ETV). If the page does not reflect the grade/education information which has been submitted in the youth’s housing packet or ETV, an email is sent to the worker advising them to update the Education Tab in OR-Kids. Reporting of Life Skills Assessments has shown improvement. We anticipate the new Family Report to further streamline updates for caseworkers, resulting in improved reporting for all youth (not just youth receiving ILP services).

The Youth Transitions Program Manager is working with Portland State University (PSU) to assist with analyzing the NYTD data. A summary of initial findings using the FFY 2019 NYTD data is provided in Attachment 25. PSU is currently conducting a longitudinal review of the NYTD Data. Progress will be reported in next year’s report. The Youth Transitions Program Manager will continue to advocate for internal implementation of the following processes and reports:

1. Monitor response rate for timely follow-up populations.
2. Create an annual report that displays the youth served per year by service type and basic demographics.
3. For survey responses
 - a. Create survey response report for the Cohorts reported to NYTD
 - b. Create an Interim management report using the same survey data collected for the non-mandated population.
4. Use survey responses to inform about needed outreach and training to IL providers, caseworkers, foster parents, and community partners (i.e. if youth

don't understand they are covered by Medicaid, we need to help them know they do have health insurance.)

5. Research how services provided to youth are related to better youth outcomes, based on the Follow-up Populations.
6. Research relationship between the Permanent Connections survey responses of youth to performance in Education or Employment.

In consultation with youth and other stakeholders, the Youth Transitions team is using the NYTD data and other available data to improve service delivery and refine program goals.

Coordinating Services with Other Programs for Youth

Federal and State Programs

The Department has collaborated with the following Oregon agencies to coordinate services and resources for children and young adults experiencing foster care.

- Self-Sufficiency (including SNAP, Navigators, and TANF)
- Vocational Rehabilitation
- Homeless Youth Programs
- Behavioral Rehabilitation Services
- State Homeless Youth Advisory Council
- Oregon CFSR team to coordinate CQI information gathered related to ILP services and eligible youth
- DREAM Conference College/Career Fair in summer 2019

The Department has collaborated as follows with our federal partners regarding Chafee services.

- Planning committee for Annual Chafee Program Alliance Meeting (Washington DC)
- Federal, Tribe, and Chafee peer-to-peer phone calls related to COVID-19 to share steps Oregon has been making to support youth and learn what other states and tribes are doing that is successful
- Continued monitoring of messages from other states and tribes to stay aware of best practices
- Continued monitoring of federal guidelines, laws, expectations, and recommendations regarding practice

The Youth Transitions Program has participated in the following groups to provide perspective on the unique needs of transitioning youth.

- Homeless/Runaway Youth Workgroup – working on policy, service, and language changes
- Mentor Substitute Care Providers Workgroup
- Administrative Only Family Support Services – Voluntary ILP Case Workgroup
- FosterClub youth event coordination for DREAM and Teen Retreat
- PRIDE DHS Employee Resource Group – to continue gaining knowledge and collaboration regarding how to ensure IL programs and services are LGBTQ+ inclusive. This led to including inclusive language in the DREAM RFP and contract.

The Department has also responded to national inquiries. A former foster youth from Texas found herself homeless in Oregon, and the Department collaborated with Texas to support her. The

Department has also fielded questions from agencies, adoptive parents, guardians, and young adults from California, Kentucky, Alaska, Illinois, Washington, Tennessee, and Texas regarding services available in Oregon or to arrange services for Oregon foster youth residing in those states.

The Department provided logistical support to current and former foster youth who were visiting Oregon from Japan through the International Foster Care Alliance. Part of the support included site visits to New Avenues for Youth and to the Oregon Foster Youth Connection.

FYI Vouchers

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

Public and Private Sector Involvement in Youth Independence

The Department has met with the directors of the following community-based programs to discuss independent living (IL) services and programs and to determine what resources are available to children and young adults eligible for IL services.

- Empowerment and Leadership for Youth Program (ELY)
- Baker Technical Institute
- Project Lemonade
- Parenting with Intent
- FosterClub – to locate and connect with youth for NYTD surveys and State All-Star selection and planning of the Teen Retreat and DREAM Conference
- The Contingent – My NeighbOR – this is a program developed in response to the COVID-19 pandemic to invite and coordinate community assistance for foster parents and children, particularly those families that were unable during the Stay Home, Stay Safe order to obtain supplies. At launch, and at the request of the Department, eligibility of the service was extended to any young person who had previously experienced foster care.

Education and Training Vouchers (ETV) Program

Services Provided

There have not been any changes to the administration or process Oregon uses to manage the ETV program. Oregon partners with the Higher Education Coordination Commission's (HECC) Office Student Access and Completion (OSAC) to ensure the total amount of educational assistance to a youth under this and any other federal assistance program does not exceed the total cost of attendance. The partnership with OSAC also ensures Oregon does not duplicate benefits under this and any other federal or federally assisted benefit program. The OSAC Portal allows the four entities (the youth/student, DHS, OSAC, and the postsecondary institutions) involved in the application and awarding process to communicate using the same instrument. The electronic Chafee ETV application a student completes is the initial step to entering data in the OSAC Portal. ODHS is then able to access the Portal to obtain the students' identifying information and validate the eligibility of the applicant on the Portal. The Portal is then accessed by the postsecondary institutions who determine the award amount, as a component of the overall financial aid package for the student. The Portal provides the postsecondary institutions with the number of terms a student anticipates attending during the academic year, their FAFSA status, and other necessary information needed to compute an award. OSAC is then able to provide a funds transfer to the schools for distribution to the youth as part of the youth's financial aid package. For the unduplicated number of youth served, see Federal ETV attachment D.

OSAC is assisting DHS with ensuring the total number of years/terms a student may access ETV does not exceed five years. The award amount for the 2020-2021 academic year remains at \$2,500. The below measures have been addressed previously in the Chafee section of this report. However, additional postsecondary related information on activities and progress specific to Measure 1, including details on awards issued during the past four federal fiscal years are listed below. Also listed are any changes or additions in services or program design for FY 2021 and how the services assisted or will assist in establishing, expanding, or strengthening program goals (45 CFR 1357.16(a)(4)).

Well-Being Outcome 2

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

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

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

Benchmark 1a (Academic supports): 70%, the current baseline of 43% was set using the FFY2019 NYTD Data Snapshot for Oregon (see Attachment 24).

Benchmark 1b (Career Preparation): 65%, the current baseline of 45% was set using the FFY2019 NYTD Data Snapshot for Oregon (see Attachment 24).

Total payments of services that had a transaction date and service date between 10/1/2017 and 9/30/2018

Service Type	FFY2015 Total count of Children	FFY2016 Total count of Children	FFY2017 Total count of Children	FFY2018 Total count of Children	TOTAL Amount Funded
Chafee Ed/Training Voucher	125	98	103	54	17,737.72
Chafee ETV Grant - OSAC	247	202	172	239	\$769,115.00
Chafee ETV OSAC admin fee					\$183,887.71
Total Funds Issued					\$970,740.43

*As reported last year, FFY 2018 had a spike in applicants that was not anticipated. To meet the need, Adoption Incentive funds were accessed to balance expenditures. The chart below identifies the number of awards issued during FFY 2019 by funding source. The number is not an unduplicated count.

Service Type	Total count of Children	TOTAL Amount Funded
Chafee ED/TRAINING Grant OSAC AI	236	\$ 590,088.00
Chafee ED/TRAINING Grant OSAC ETV	185	\$ 266,099.00

Chafee Ed/Training Voucher	19	\$ 3,988.24
OSAC Admin Fees - AI		\$82,240.67
OSAC Admin Fees - ETV		\$45,714.88
TOTAL: AI & ETV funds issued	236	\$988,130.79

Total payments of services that had a transaction date and service date between 10/1/2018 and 9/30/2019

Academic Year (July to June each year)	2014- 2015	2015- 2016	2016- 2017	2017- 2018	2018- 2019	5-Year change
Total ETVs Awarded	247	229	203	229	232	- 3.2%
# of "First Time" ETV Recipients	133	126	107	131	122	- 8.3%

Over the past five years, the number of new ETV recipients has declined by 8.3% and the overall number of youth accessing Chafee ETV awards has declined by 3.2 percent. However, the number of youth continuing their education has begun to increase over the past two years. This is most likely a result of expanding the age to 25 (ends on 26th birthday) and the increase in awards to \$5,000 during those years. The award amount was lowered for the current academic year (2019-2020) and will continue at the \$2,500 rate through the 2020-2021 academic year. As reported last year, new flexible funding has allowed youth who had an adoption or guardianship finalized, at age 13 or older on or after September 1, 2015, to receive an equivalent amount of financial aid as the Chafee ETV youth. This new population is also adding to the number of former foster youth receiving an award.

The number of first time ETV recipients' completion rates continue to fluctuate. The year with the highest rate of completions was the 2006-2007 academic year, at 27.18 percent. The year with the lowest rate of completions was the 2012-2013 academic year, at 3.14 percent. That is a range in completion rates of almost 25 percent. It is difficult to pinpoint exactly what was occurring during each year there was a variance. For a full report of completion rates, see Attachment 26. Progress will be reported in next year's report.

Changes to Administration

There have been no changes to the administration of ETVs.

ETVs Awarded

See the above charts and Federal Attachment D, Annual Reporting of Education and Training Vouchers Awarded. The initial data for the academic year 2019-2020 does show a significant decline in awardees and new participants. This could be the result of a good economy and the ability for young people to find employment paying a living wage without the need for additional education or training certificates. The COVID-19 pandemic may continue the decline into the next year due to the uncertainty of dorm safety/sanitation and the need to attend courses virtually in the 2020-2021 academic year. We do know many youth moved out of dorms, had their hours cut back at work, and lost their work-study jobs due to the pandemic. Many youth who had applied and were awarded never showed up to obtain their award,

or “stopped out” early due to the pandemic. The Department has seen an increase in the number of laptops being requested for both secondary and post-secondary students. The Youth Transitions Program will continue to monitor the needs and supports students are requesting to assist with their academic success.

Chafee Training

The Department provided an ILP training to ILP providers Looking Glass and Youth Villages, and has continued to provide support and coaching regarding services to all ILP providers, particularly the housing programs. The Department provided a presentation on IL eligibility criteria, services, and accessibility for the Annual Juvenile Law Conference (held by the Oregon Criminal Defense Lawyers Association). The Department provides ongoing education, materials, and support to juvenile attorneys on the services for specific youth. Additional training details are listed above under the Chafee Systemic Factors, Item 26.

Consultation with Tribes

Consultation with Indian tribes in Oregon happens on both an individual and collective level. The Department holds monthly ICWA calls and holds quarterly ICWA Advisory Council meetings. The Youth Transitions team participates in these calls (when invited) to ask for opinions, solicit participation, and report on the status of programs and services.

In addition, each Indian tribe in Oregon has been provided an update to the NYTD Data. Of the 1,286 youth served by the ILP Contractors during FFY 2019, 72 (5.6%) of youth were Native American. The Independent Living Program is serving Native American youth at a slightly higher rate (1.1%) than the overall rate of Native American children in foster care. The ILP continues to support the Native Teen Gathering. Last year was the first year for the Native Teen Gathering which did not have one of the Tribes co-hosted the event. The event was hosted solely by the Native Wellness Institute. There were 17 youth in attendance and they represented 3 of the 9 federally recognized Tribes in Oregon and several non-Oregon Tribes. A barrier this year was supervision; nearly 10 youth had to cancel at the last minute due to a lack of supervision (each Tribe, ILP, or DHS office is to assist with supervision of youth from their area). The Department collaborates with the Native Wellness Institute to plan for and participate in the Native Teen Gathering. The Gathering is an area the Tribes are wanting more participation from ODHS to assist teens attending and with supervision of Native American youth custody during the event. Due to the COVID-19 pandemic, the Native Teen Gathering will be virtual or delayed. We are hopeful that we can incorporate smaller, in-person groups (perhaps three regionally) into the virtual event.

The Youth Transitions Program has reached out to the Central Office ICWA Unit to promote a conversation with The Contingent and a new program they are working to implement for incarcerated parents, to provide them with more connections to their children in foster care. The hope is to also provide more opportunities for visits to speed up the reunification process. While The Contingent initially reached out to the Youth Transitions Program regarding African American youth/parents, the Chafee IL Program Coordinator ask if they were planning to include Native American youth/parents in their project. The Contingent was very interested in serving this marginalized population as well. Progress will be reported in next year’s report.

The Youth Transitions Program staff continue to provide technical assistance to the tribes regarding service eligibility, accessing ILP Discretionary funds, the Native Teen Gathering, and supports for Native

American youth in DHS Custody. As mentioned earlier in the report, due to staff rotations and turn-over, progress was minimal on several goal areas. The staff changes and COVID-19 also limited progress on the following recommendations for improvements:

- Improved data and outcomes tracking:
 - Is it possible to track outcomes by race/ethnicity?
 - Is it possible to track the number of out-of-state Native American youth served?
 - Is it possible to add a requirement to the CFSR for DHS to help Native American children and young adults to attend a cultural event?
- Native Teen Gathering and other ILP summer events:
 - What is the plan to increase participation and engagement of Native American youth at the various summer events?
 - Can we open the Gathering to non-foster youth (prevention youth or guardianship youth)?
- ILP Services/Providers:
 - Is it possible to have an online referral process?
 - What type of training do ILP Providers receive related to cultural competencies?
Is it possible to provide Chemawa Indian School with an ILP Contract for all eligible youth?

The ILP does serve Native American youth at a slightly higher rate than all Native American youth in foster care.

Given the current budget constraints, any item requiring additional funds will need to be placed on hold until the state fiscal outlook improves. This would include serving non-ILP eligible youth (prevention or guardianship youth), as well as a new contract at Chemawa Indian School. The Chafee IL Program Coordinator will work with ILP Providers to identify ways to increase cultural competencies. Progress on these and other recommendations will be reported next year.

Consultation and Coordination with Oregon's Nine Federally Recognized Tribes

Tribal Engagement

The Department partners with Oregon's Nine Tribes to prevent unwarranted removals and reduce the number of Native American children placed into state custody. The Nine Tribes engage with DHS through the Tribal/State Advisory Council, which meets quarterly and holds an annual conference. The working relationship between DHS and Oregon tribes are outlined within each Tribal/State agreement. The Oregon ICWA Advisory Council receives invitations in person and email to review and contribute to the APSR each year at the ICWA Advisory Council. Standing agenda items are federal reporting updates and federal policy information sharing. The Department posts the final approved APSR on a public website at <https://www.oregon.gov/dhs/children/Pages/data-publications.aspx> each year. The Department will share its APSR with Tribes electronically and ensure the link is provided to the Tribes in October of each year. The Department will require the Tribes to provide the Department with a copy of their APSRs in October of each year.

The Nine Tribes and DHS are actively engaged in strengthening and improving DHS Indian Child Welfare practice that includes revising Child Welfare policy, practice, and procedure-specific to ICWA case management. Oregon DHS has an established Tribal Affairs Unit including a full-time staff person assigned as its Tribal Affairs Director, Senior ICWA Manager (to be hired), two ICWA Consultants, and an Executive Assistant. The Tribal Affairs Unit, specifically ICWA Consultants and Active Efforts Specialists, conduct statewide ICWA trainings and capacity building focused on ensuring ICWA is appropriately followed and implemented in Oregon while honoring the government to government relationship with the child's tribe throughout the case.

Tribal Representatives

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Confederated Tribes of Coos, Lower Umpqua and Siuslaw

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Confederated Tribes of Grand Ronde

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Cow Creek Band of Umpqua Indians

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Confederated Tribes of Siletz Indians

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Confederated Tribes of Umatilla Indian Reservation

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Consultation and Guidance: 2018 Oregon ICWA conference host tribe

Confederated Tribes of Warm Springs

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Consultation and Guidance: ICWA Conference host 2016

Consultation and Guidance: ICWA procedures

Plan for Ongoing Coordination and Collaboration

Over the past year, the Department has gained more stability in leadership, vision, and guidance moving forward. With this development, Tribal Affairs has experienced increased collaboration and inclusiveness that is supporting a variety of coordinated efforts. Using this momentum Tribal Affairs plans to create a tribal consultation policy that will further lead the Department in its work with Tribal Affairs and tribal partners. The anticipation is to complete the policy by Fall 2020.

Update on Provision of Child Welfare Services for Tribal Children

Tribal Affairs continues to work with Child Welfare and its leadership in assessing and evaluating areas where Child Welfare can either improve, strengthen or redesign policy, practice, and procedures to increase positive outcomes for tribal children and families. With the planning and implementation of the Family First Act, Child Welfare will be taking on a preventative approach that will better align and serve our tribal partners. With the ongoing planning, the intention is to integrate as much tribal best practice into service provision so that it meets the needs of tribal children and families.

In Oregon, two Tribes, the Burns Paiute and the Confederated Tribes of Warm Springs, have exclusive jurisdiction over the children on their reservations. The other seven Tribes partners share concurrent jurisdiction and collaborate with Oregon DHS to serve their children and families. All Oregon Tribes provide services to their families that can occur before the family's involvement with Child Welfare, or during the family's involvement with Child Welfare. Families often have the option to receive services from their Tribe, from the state, or both at the same time. The goal is to collaborate in co-case management (with those Tribes who do not have exclusive jurisdiction) to wrap services around the families to meet their specific needs. Tribal services delivered on the reservation and/or tribal areas are often culturally specific to meet the family's situation and cultural needs.

The state has access and utilizes a broad array of services that is also available to meet family needs. Oregon DHS continues to work with the tribes about how funding is prioritized and allocated to meet

active efforts and service delivery needs of the families. In addition to the services that Oregon DHS provides, Child Welfare has entered into several types of Government-to-Government agreements with each of Oregon’s nine tribes to pass through federal and state funding to support their ability to provide the necessary services to families. The following tables show how much each of the nine tribes received in Title IV-E Foster Care, Title IV-B Part 2, Social Services Block Grant, and System Of Care funding in FFY 2019.

The DHS has Title IV-E agreements with seven of the nine Oregon tribes, however only five of them are active. The following table show how much each of the five tribes with active Title IV-E agreements received in Title IV-E in FFY2019

Tribe	Title IV-E Funding Received	Clients Served
The Burns Paiute Tribe	None	
Coquille Indian Tribe	None	
The Confederated Tribes of Grand Ronde	\$370,132 Admin \$ 54,915 FC Main	17
The Klamath Tribes	\$107,008 Admin	44
The Confederated Tribes of Siletz	\$131,264 Admin	32
The Confederated Tribes of Umatilla	\$253,224 Admin \$ 61,668 FC Main	20
The Confederated Tribes of Warm Springs	\$ 375,321 Admin \$ 785,563 FC Main	132

The following table show how much each of the nine tribes received in Title IV-B Part 2 funding in FFY 2019. The DHS has passthrough agreements with each of the nine tribes to allocate a portion of the States Title IV-B part 2 funding.

Tribe	Title IV-B Part 2 Funding Received	Clients Served
The Burns Paiute Tribe	\$8,600.00	26
Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians	\$8,600.00	203
Coquille Indian Tribe	\$8,600.00	24
Cow Creek Band of Umpqua Tribe of Indians	\$8,600.00	60
The Confederated Tribes of Grand Ronde	\$8,600.00	30
The Klamath Tribes	\$8,600.00	181
The Confederated Tribes of Siletz	\$8,600.00	
The Confederated Tribes of Umatilla	\$8,600.00	68
The Confederated Tribes of Warm Springs	\$8,600.00	

The following table show how much each of the nine tribes received in Title XX – Social Services Block Grant funding in FFY 2019. The DHS has passthrough agreements with each of the nine tribes to allocate a portion of the States SSBG funding.

Tribe	Title XX - SSBG Funding Received	Clients Served
The Burns Paiute Tribe	\$ 2,223	55
Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians	\$ 8,131	46
Coquille Indian Tribe	\$ 7,798	12
Cow Creek Band of Umpqua Tribe of Indians	\$14,948	110
The Confederated Tribes of Grand Ronde	\$29,543	100
The Klamath Tribes	\$25,024	145
The Confederated Tribes of Siletz	\$32,470	143
The Confederated Tribes of Umatilla	\$19,256	98
The Confederated Tribes of Warm Springs	\$35,007	310

The following table show how much each of the nine tribes received in System of Care (SOC) funding in FFY 2019. SOC funding is part of the Child Welfare’s General Fund budget and DHS has passthrough agreements with each of the nine tribes to allocate a portion of the States SOC funding.

Tribe	System Of Care (SOC) Funding Received	Clients Served
The Burns Paiute Tribe	\$ 5,706	14
Confederated Tribes of Coos, Lower Umpqua & Siuslaw Indians	\$ 9,340	45
Coquille Indian Tribe	\$ 9,080	20
Cow Creek Band of Umpqua Tribe of Indians	\$14,195	41
The Confederated Tribes of Grand Ronde	\$27,784	97
The Klamath Tribes	\$21,341	1
The Confederated Tribes of Siletz	\$28,868	19
The Confederated Tribes of Umatilla	\$23,891	130
The Confederated Tribes of Warm Springs	\$31,601	57

Complying with ICWA

ICWA Compliance Committee

The ICWA Compliance Committee is an initiative staffed and guided by the Oregon Nine Tribes focused on tracking and evaluating ICWA compliance across the State of Oregon. The committee continues to reevaluate ICWA training, practice, policy, and state legislative efforts. The committee’s overall goals are addressing disproportionality and improving the Department’s application of ICWA so the spirit of the act is embedded throughout practice. As we move forward, Tribal Affairs plans to replace the word compliance and focus more on a strengths-based philosophy.

The ICWA Compliance Committee is working on developing goals and metrics in all subcommittees and is taking action on the following initiatives:

ICWA Compliance Review and Cost Estimation

This initiative is in partnership with ORRAI to first identify the ICWA decision points in a case, and then to evaluate the compliance of a sample of cases in Oregon. Attached is the report that was recently completed on this project. (Attachment 27). The report will be shared at the May ICWA Advisory Council, where the Department will gather input and feedback from tribal partners about the report and determine the next steps. This is born of a collaboration with the Klamath Tribes to address disproportionality. The effort of the Klamath Tribes is multi-faceted. This includes collaborating with the Department to have a DHS-funded Self-Sufficiency family coach located at the tribal offices serving tribal families. Tribal courts are also working to eventually resume taking jurisdiction over their children when Child Welfare becomes involved with a family. The Department is collaborating with Klamath Tribes on all levels to support their children and families.

Statewide ICWA Search Protocol

As noted in the ICWA Compliance Review and Cost Estimation Report, one of the issues in determining and increasing compliance is at the early stages of the ICWA search. The Department has developed a search protocol that will establish a standardized protocol across the state which is nearing final form. Implementation has not been feasible during the ongoing state of emergency, but the Department will prepare for implementation to occur as soon as possible. The goal of this effort is to drive consistency in practice and to fulfill the spirit of ICWA, helping workers to identify ICWA cases early in the process.

Oregon ICWA

The Department, in collaboration with Oregon Tribes, has been working on Oregon ICWA state legislation that would codify ICWA into state law therefor enhancing protections for tribal families and children should the national ICWA ever be overturned or repealed. The legislation was made through the house at the short session in February, but momentum stalled after the legislature did not finish out the short session. The Oregon ICWA bill was offered again and passed in June 2020 (Attachment 41). The following are new reporting requirements quoted from the new law:

1. The number of Indian children involved in dependency proceedings during the prior two-year period.
2. The average duration of Indian children were in protective custody.
3. The ratio of Indian children to non-Indian children in protective custody.
4. Which tribes the Indian children in protective custody were members of or of which they were eligible for membership.
5. The number of Indian children in foster care who are in each of the placement preference categories described in section 23 of this 2020 special session Act and the number of those placements that have Indian parents in the home.
6. The number of Indian children placed in adoptive homes in each of the placement preference categories described in section 23 of this 2020 special session Act and the number of those placements that have Indian parents in the home.
7. The number of available placements and common barriers to recruitment and retention of appropriate placements.
8. The number of times the court determined that good cause existed to deviate from the statutory placement preferences under section 23 of this 2020 special session Act.
9. The number of cases that were transferred to tribal court under section 14 of this 2020 special session Act.

10. The number of times the court found good cause to decline to transfer jurisdiction of a case to tribal court upon request and the most common reasons the court found good cause to decline a transfer petition.
11. The efforts the Department of Human Services and the Judicial Department have taken to ensure compliance with the provisions of sections 1 to 23 of this 2020 special session Act and the amendments to statutes by sections 24 to 60 of this 2020 special session Act.

Training

The Department has worked in collaboration with the Tribes to create an ICWA curriculum for all new supervisors, which had not been previously established, as well as training for ORCAH supervisors and screeners. The ORCAH training for supervisors happened in December 2019 while the screener training is occurring in June 2020.

The Department is also working with the Foster Care Program to deliver training to certifiers via their tri-annual trainings. Those were slated to occur in May 2020 but are delayed to late summer/early fall due to COVID-19.

In cooperation with JCIP, the Department and Tribes are collaborating in planning for a virtual conference in August to address ICWA, including themes of active efforts and family engagement.

Current Policies for Compliance

The Department's policy to ensure compliance is described at length in the APSR approved in 2019. Currently, the Department is in the process of hiring a Senior ICWA manager, with an anticipated start date in July 2020. This individual will plan to supervise all Active Efforts Specialists in the field, bringing consistency to statewide practice and allowing Oregon to better organize and mobilize active efforts in ICWA cases.

Chafee & ETV Benefits for Tribal Youth

The Youth Transitions Program, which administers the Chafee and ETV programs, continues to be in contact with Tribes regarding benefits for their youth. As discussed on pp. 85-86, Oregon provides the Tribes with technical assistance for accessing ILP services for their teens. Both the Confederated Tribes of the Umatilla Indian Reservation (CTUIR) and the Confederated Tribes of Grand Ronde have accessed ILP discretionary funds. Oregon provided CTUIR with additional ILP discretionary funds at the end of June. Oregon continues to collaborate and support the tribes' youth, primarily through the Native Teen Gathering (discussed on pp. 85-86).

At this time, no Tribe has requested an agreement or additional funding to administer Chafee ILP or ETV.

Adaptations due to COVID-19

The Department is checking in with our Tribal partners consistently to find out what their needs are. Both ICWA Consultants from Central Office and Active Efforts Specialists in the field are engaging with tribes. We know Tribes are particularly affected by the economic impacts, particularly given that tourism, casinos, and hotels are large economic drivers in these communities. One area of concern is the communities of Tribal citizens who live along the Columbia River Gorge. They do not have access to reservation resources like other communities do, so the Department is working to assist and collaborate with the Self-Sufficiency Program to get applications out to people who need them, as well as

supporting organizations like One Community Health, which is doing COVID-19 testing and handing out personal protective equipment in the area.

The Department has developed guidance for maintaining active efforts during COVID-19. (Attachment 28). The Department has also created a webpage of resources for Tribal citizens of Oregon.

CAPTA State Plan Requirements and Updates

Changes

Substantive Changes to State Law Affecting CAPTA Eligibility

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

Significant Changes to Proposed Use of CAPTA Funds

No changes have been made to the existing CAPTA Plan.

Use of Funds since June 30, 2019

Oregon's CAPTA State Grant funds were used to fund two CAPTA positions and to support the CRB Review Panel.

CAPTA Child Protective Service Coordinator Positions

Child Protective Service (CPS) Coordinators play a critical role in the intake, assessment, screening, and investigation of reports of child abuse and neglect. They develop policies and procedures and provide training and consultation to program administration and staff to ensure consistent and appropriate CPS response in the field. This consultation and training extends to the public and community partners as well.

CPS Coordinators also participate in the design, development, and implementation of modifications and enhancements to OR-Kids (Oregon's SACWIS system, currently in process of upgrading to a CCWIS system).

These positions have previously worked in partnership and under the supervision and direction of the CPS Program Manager but were moved this year to the new Fatality Review and Prevention Program, a program that was moved out of the CPS Program this year.

The position responsibilities include:

- Provide statewide technical consultation to district managers, Child Welfare program managers, supervisors, caseworkers, and community partners on program and practice
- Evaluate effectiveness of policy, performance, service delivery, and outcomes
- Coordinate training with other state agencies
- Improve communication between Central Office program and local field offices
- Participate in the state's child welfare founded disposition review process
- Conduct quality assurance reviews of practice, procedures, and performance
- Provide technical consultation to community partners and the general public on sensitive, high profile, and high-risk family abuse situations

- Provide support and technical assistance to the program manager in research, policy and protocol development, and legislative tracking

Position One – Summary July 2019 – June 2020

- Coordinated training efforts for statewide Safe Families for Children (SFFC) collaboration with Child Welfare trainings.
- Assisted with SFFC trainings for staff throughout the state.
- Participated rule change process for integrating SFFC collaboration with Child Welfare
- Completed comprehensive case reviews for quality assurance as part CPS Fidelity Reviews.
- Completed comprehensive file reviews and redactions on child welfare cases that resulted in poor outcomes for children
- Completed a comprehensive Critical Incident Review Team (CIRT) review and presented findings to the CIRT committee
- Participated in the ongoing Founded Child Protective Services (CPS) Assessment Disposition Review Committee (appeal process).
- Coordinated workgroup regarding improving child welfare practice involving parents with disabilities
- Participated in Chronic Neglect training, and Chronic Neglect train the trainer program
- Participated in Safe and Together training regarding coaching caseworkers working with domestic violence dynamics
- Coordinated and facilitated training of Bias in Child Welfare regarding the assessment of parents with disabilities at supervisors' conferences.
- Provided ongoing consultation and support to the Safety Consultants statewide
- Analyzed impact of multiple legislative bills for review during legislative session
- Participated in ongoing workgroups/meetings regarding legislative changes to practice
- Completed CFSR reviewer training
- Conducted week-long CFSR reviews
- Assisted with review and collaboration with other program coordinators regarding fidelity reviews, instructions, and reports; and proposed procedure changes
- Completed file reviews for incidents of re-abuse, specifically re-abuse rates of children in care
- Provided support on file reviews for case-specific questions, concerns, or queries from the public
- Reviewed cases involving children with unexplained injuries where underlying medical issues may have been involved.
- Participated in meeting with community partners and parent advocates regarding underlying medical issues with physical abuse findings and presented on Karly's Law procedure
- Coordinated with specialized medical professionals regarding concerns about underlying medical issues in physical abuse findings
- Attended week-long Oregon Child Abuse Summit

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

- Worker Safety Planning Committee
- Release of Information identification and legal requirement team
- Central Office Founded Disposition Committee
- Coordinated and facilitated community partner workgroup on assessing parents with disabilities, which later led to coordinating ADA compliance

Position Two – Summary July 2019 – June 2020

- Provided technical advice and assistance to OCWP field managers, DHS and OCWP managers and executives in support of CPS.
- Educated and prepared CPS consultants on changes to practice to enable them to successfully support CPS staff in local offices.
- Evaluated CPS data and identified trends to enhance child abuse prevention and intervention efforts.
- Developed procedure manuals and guidelines to guide staff in operationalizing CPS program requirements in local offices and ensure statewide consistency.
- Prepared reports summarizing research and review findings for OCWP management and DHS executives.
- Reviewed and modified Portland State University curriculum to ensure training content was consistent with program direction.
- Drafted OAR and procedures to implement Oregon legislation changing the standard for taking protective custody, the definition of severe harm, the creation of a definition for reasonable cause, and the access to school records.
- Drafted OAR and procedures to implement the addition of the family engagement meeting.
- Drafted OAR and procedures to address third party abuse and collaborated with the Office of Training, Investigations and Safety to develop an approach to these investigations after the passing of legislation that required a response on all reports of abuse regardless of the response by law enforcement.
- Served on multiple legislative workgroups (1) to change legislation that was determined to be unconstitutional regarding the standard for taking children into protective custody without a court order (2) to identify and propose solutions for gaps in identifying, reporting, and intervening on child sexual abuse.
- Developed communications and training materials to support implementation of OAR and procedure changes including the implementation of the family engagement meeting, a more robust abbreviated assessment procedure, and the ability for CPS workers to obtain school records.
- Created a communication to all Department of Human Services employees from each division to clarify where to report and who investigates reports of young adults.
- Modified the fatality protocol to further enhance the Child Welfare response when a child dies.
- Represented Child Welfare in the development and implementation of a pilot for joint response to allegations of abuse involving a daycare provider/employee/setting. Further collaborated with partner agencies to implement a plan for abuse investigations in childcare to transition to the Office of Training, Investigations, and Safety.
- Analyzed and tracked state and federal legislation impacting or potentially impacting CPS to determine DHS' position, prepare response, and inform executive managers of any such impacts while advising on the next steps.
- Wrote descriptive, instructional, and explanatory CPS content for inclusion in publications and policy manuals from other organizations and state agencies including the Office of Child Care, Office of Training, Investigation and Safety, the Office of Developmental Disabilities, the Oregon Youth Authority, Public Health and various Child Caring Agencies.

- Applied sound, current social work practice to enhance program operations and mitigate operational risk.
- Created and revised forms and pamphlets, including the protective custody order, the protective custody affidavit, the pamphlet for informing State licensed childcare providers on what to expect if there is an allegation of abuse involving them, and the safe sleep checklist.
- Developed training on safe sleep for Oregon’s infants. The primary audience of the first phase of the training is CPS and permanency. Researched, drafted training, communication, and supporting materials and facilitated implementation.
- Served as DHS expert and point of contact for the CPS assessment disposition review process. This included:
 - Serving as senior policy expert for the review of CPS assessment dispositions to ensure OAR and ORS are adhered to statewide.
 - Overseeing and coordinating the central office review of CPS assessment dispositions.
 - Directing the local offices in the process of reviewing CPS assessment dispositions.
 - Ensuring the review process for perpetrators of child abuse meets or exceeds due process.
 - Enhancing the review process.
 - Developing and delivering trainings on CPS assessment dispositions.
- Served as DHS expert and point of contact for mandatory reporting requirements. This includes:
 - Serving as senior DHS expert on mandatory reporting of child abuse to ensure reporting laws are adhered to statewide.
 - Designing, implementing, and maintaining statutorily required mandatory reporting of child abuse training materials to ensure mandatory reporters understand their obligation.
 - Developing and maintaining a system for tracking, and reporting on, mandatory reporting of child abuse trainings.
 - Developing, reviewing, and approving trainings for and communications to DHS staff on mandatory reporting of child abuse.
 - Training OCWP field office mandatory reporting trainers to ensure consistency in the delivery of mandatory reporting training.
 - Training entities with statewide operations, including internal and external partners, on mandatory reporting of child abuse.
- Served as DHS expert and point of contact for the CPS assessment disposition review process. This includes:
 - Serving as senior policy expert for the review of CPS assessment dispositions to ensure OAR and ORS are adhered to statewide.
 - Overseeing and coordinating the central office review of CPS assessment dispositions.
 - Directing the local offices in the process of reviewing CPS assessment dispositions.
 - Ensuring the review process for perpetrators of child abuse meets or exceeds due process.
 - Developing the OARs, policies, and procedures for the review of CPS assessment dispositions.
 - Developing and delivering trainings on CPS assessment dispositions.
- Served as expert and point of contact on legal actions and lawsuits involving CPS. This includes:

- Representing DHS as the state CPS expert in trials and other legal proceedings and reviews.
- Providing court testimony and completing depositions on CPS requirements, best practice, and other relevant factors.
- Consulting with Oregon Department of Justice (DOJ) on legal approach and strategy for active and pending lawsuits.
- Reviewing and approving settlement offers based on multiple factors including case specifics, OARs, best practice, precedent, costs, risk, and potential consequences to children and families.
- Providing support to others representing ODHS and other state agencies in lawsuits when CPS information is a factor.
- Reviews, consults, and guides sensitive, high profile and or high-risk child abuse cases.
- Simplified complex policy material for non-specialists, such as citizens, community partners, non-CPS managers, and administrators from other state agencies, to ensure stakeholders and others have sufficient understanding of the material.
- Led multi-agency, statewide advisory committees to implement state and federal legislation.
- Responded to verbal and written concerns and requests for information from legislators, Governor's Advocacy Office, and constituents.
- Worked collaboratively across program areas, across divisions, and across agencies to ensure a child safety focus and quality and seamless provision of CPS and efforts to partner with the Permanency Program.
- Obtained input from staff, clients, and ODHS' partners, including county, state, and federal partners, in the development of OAR to ensure inclusion of perspectives from impacted parties.
- Served as DHS expert and point of contact on data for child fatalities resulting from abuse. This includes:
 - Maintaining a database of Oregon child fatality data.
 - Recommending improvements to the system for collecting and using DHS child fatality data.
 - Analyzing child fatality data to identify trends and opportunities for reducing child fatalities.
 - Gathering, documenting, and providing annual data for federal and state reports on child abuse and neglect fatalities in Oregon.
 - Providing data to assist in the fulfillment of records requests including from the media.
 - Deciding which fatalities meet the OAR definitions of abuse or neglect for inclusion in Oregon's child fatality statistics.
 - Serving as co-chair and ODHS representative, on statutorily required, multi-disciplinary State Child Fatality Review Team. Assisting State Child Fatality Review Team by reviewing and analyzing information on child fatalities related to injury prevention, suicide, and abuse and neglect to improve prevention of, and response to, child fatalities.
- Served as subject matter expert and point of contact for the Child Safety Program on the maintenance and improvement of Child Welfare's information system. This includes:
 - Working with CPS program stakeholders to identify user needs, and provide guidance and direction to IT staff during all stages of system development.
 - Reviewing and approving system requirements, design decisions, development guides, and business process guides.

- Completing system testing by identifying specification and system errors to ensure the system meets the needs of the program.
- Determining compliance of the system with the requirements to ensure outcomes are consistent with objectives.
- Identifying training needs, developing training, and collaborating on the development of business process guides to ensure consistent use of the system and better data.
- Served as lead for Child Welfare intranet and internet content on the DHS website.

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

- Administrative Rule Advisory Committees
- Rule writing workgroups
- CPS Assessment Disposition Review Committee
- Forms Committees
- Policy Councils
- State Child Fatality Review Teams
- Legislative meetings
- Cross Department Information Sharing meetings
- Office of Child Care and DHS communications meetings
- Child Caring Agency Oversight Committee
- Safe Sleep Workgroup

Annual Citizen Review Panel Report

The Annual Citizen Review Panel Report is attached (Attachment 29). The review was unique this year in that it did not review three different counties. Rather, it reviewed Marion County, Multnomah County, and did a statewide review. The statewide review was merged with the review of Multnomah County. There were no recommendations for the Department coming out of the Marion County review, although Marion County did confirm they plan to continue the visitation program (as requested in the report).

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

Plans to Use CAPTA Funding for Substance-Exposed Infants

The Department decided to use the funding for positions related to CARA and safe sleep and the approval for those positions went through the state budget process. Due to the premature end of the legislative short session in February 2020, the positions have not yet been approved for recruitment.

Changes to Policy or Practice & Lessons Learned from Implementation

The Department has implemented CARA but full practice implementation across systems continues to be stalled, partly because Oregon's public health system does not have law, rules, and procedure in place that requires the necessary reporting. See the next section for a discussion of collaborative efforts with the Oregon Health Authority (OHA) on this front.

Multi-Disciplinary Outreach, Consultation, or Coordination

The Department is collaborating with OHA to identify ways to move CARA implementation forward. This work has recently stalled due to COVID-19 and OHA's need to pivot operations to manage the pandemic. Under consideration is OHA putting forward a bill that would require Oregon medical professionals to

follow the federal law. A pilot program is also being considered. OHA and the Department would collaborate to choose a region and using some of Child Welfare's data, to pilot CARA carefully with the medical community, local CPS, and screeners, and then make adjustments as necessary.

Child Welfare is also working internally across programs to improve data collection and move that process into OR-Kids and automate it.

Current Monitoring Process of Plans of Care

Please see the attached excerpt from the Child Welfare Procedure Manual detailing the process and procedures for plans of care. (Attachment 30).

Site Visit Update

September 11-12, 2018, Oregon Child Welfare hosted a site visit to present on Oregon's implementation of the Comprehensive Addiction and Recovery Act (CARA). The efforts to implement were detailed and this included: definitions, the plan of care, related rules and procedures, SACWIS modifications, and the plan for gathering, analyzing, monitoring, and reporting data. Guest speakers spoke about other efforts, such as the Opioid Workgroup's efforts and the use of home visiting nurses. The site visit included a tour of the Oregon Child Abuse Hotline, a presentation of screening, CPS assessment and permanency case examples, and a meeting with the multi-disciplinary CARA advisory committee. The site visit concluded with a robust discussion of successes and ongoing challenges.

CAPTA State Liaison Officer

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Updates to Targeted Plans within the 2020-2024 CFSP

Foster and Adoptive Parent Diligent Recruitment Plan

Please see the DHS Child Welfare: Foster Care Program Statewide Strategic Plan 2020-2024. (Attachment 7).

Health Care Oversight and Coordination Plan

Health, Mental Health and Dental Care

Oregon DHS continues to partner with the Oregon Health Authority (OHA) and its contracted Coordinated Care Organizations (CCOs) to assure timely physical, dental, and mental health assessments are obtained for children in care. The OHA has included incentive measures in their contracts with CCOs to hold them accountable for providing timely assessments for children in foster care. The CCO incentive measure reports whether a child in foster care received the required assessments *within 60 days* of enrollment into the CCO. Performance in the last five years has risen, but the Department has not received data for 2019 from OHA at this time. That data is likely delayed due to OHA's focus on responding to COVID-19.

As discussed in the 2020-2024 CFSP, the incentive measure metrics do not align with the timelines established by DHS policy and the American Academy of Pediatrics (AAP). ODHS policy and AAP

guidelines require that all children entering foster care receive physical and dental assessments within 30 days of coming into care, and a mental health assessment within 60 days of entering foster care. This misalignment of incentives and timeliness measures has been a barrier in ensuring that all children receive assessments within DHS-required timelines.

Efforts are underway throughout the state to strengthen a collaborative relationship between DHS Child Welfare branches and local CCOs to ensure that all children are being seen for their assessments within the timelines established by DHS policy and the AAP. In 2018, Health and Wellness Services successfully petitioned the Oregon Health Authority Metrics and Scoring Committee to redefine the CCO incentive measure to better align with Child Welfare policy and procedure and AAP recommended timelines (30 days for physical and dental health assessments and 60 days for mental health assessments). In the CFSP, Oregon predicted that the measures would be aligned beginning in 2020. However, the process has proved more complex and difficult than anticipated. In early May 2020, the workgroup paused because of a systems barrier. The initiative was centered around the ability to provide a new daily report for CCOs, but the data warehouse critical to this daily report only updates weekly. The Department is engaged in a pilot of the initiative with four CCOs to determine whether it can move forward with a weekly report. Additionally, due to COVID-19 and other barriers at OHA, changing the incentive measures to align is at risk.

Dental assessment capacity is a potential challenge with the new incentive measure parameters. Historically, the CCOs have had the greatest challenge meeting this part of the OHA metric. The workgroup is exploring creative ways to address this challenge, as are some of the CCOs. For example, CCO 15 dispatches a mobile dental van to the local Child Welfare branch to see children on specific days of the month. Timely dental care will likely continue to be a challenge. The current performance remains at the same level reported in the 2020-2024 CFSP. The workgroup also concluded that training and education for the CCO providers regarding the importance of scheduling children in foster care as urgent appointments rather than the next available appointments would be beneficial. This has not moved forward in the past year.

New CCO incentive measures went into effect on January 1, 2020, positively impacting children and youth in foster care and aligning with current DHS policy to create a collaborative process to meet both the needs of DHS and CCO's. The new incentive measures are:

- Childhood Immunization Status-Percentage of children that turned 2 years old during the measurement year and had the Dtap, IPV, MMR, Hib, HepB, and VZV vaccines by their second birthday.
- Immunizations for Adolescents-Percentage of adolescents that turned 13 years old during the measurement year and had the meningococcal, Tdap, and HPV vaccines by their 13th birthday.
- Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life-Percentage of children ages 3 to 6 that had one or more well-child visits with a PCP during the measurement year.
- Preventive Dental Services, ages 1-5 and 6-14-Percentage of enrolled children ages 1-5 (kindergarten readiness) and 6-14 who received a preventive dental service during the measurement year.

Medication Oversight

Recent efforts to improve medication oversight have included:

- Updated medication log to include caseworker signature line for review
- Creating electronic version of medication log for ease of sending and receiving
- Nursing education on the importance of medication log provided to foster parents during intake assessment
- Adding a field for medication log review in the clinical supervision tool
- Evaluated the option to centralize the review of medication logs by a healthcare professional, but the project proved to be impractical
- Evaluated the option to shift the review of medication logs to the field nurses, but this proved to be an extremely costly change to make and will not move forward.

Health and Wellness Services continues to explore ways to improve this area. Currently, there are plans to create a monthly electronic campaign for caseworkers as a reminder to collect, review and sign medication logs – this was planned for implementation in March 2020 but is now delayed due to COVID-19. It was determined that caseworkers lack the necessary bandwidth to take on more than is necessary during this state of emergency.

As part of psychotropic medication oversight, Health and Wellness Services provides an extensive annual review process for every child in ODHS custody (age 0-20) who is prescribed any medication classified as a psychotropic medication. The review process involves a pharmacist, nurse consultant, and a team of child psychiatrists when needed. By policy, psychotropic medications require DHS approval prior to their administration. This approval had historically been provided by a field supervisor or branch program manager, who may or may not have consulted with a nurse consultant before approval.

To further improve psychotropic medication oversight, Health and Wellness Services will centralize the authorization of psychotropic medications so that each medication request is reviewed and approved by a registered nurse and a child psychiatrist when needed, rather than a caseworker and supervisor. It is fully centralized as of January 1, 2020. Per policy, the caseworker is still required to provide monthly review of medication logs and oversight of medications prescribed to children and youth on their caseload. The caseworker can also access the medication information via the Medicaid Management Information System (MMIS) claims data section in the child's OR-kids file for the most current information on an ongoing basis. The caseworker also continues to be required to provide all notifications to appropriate parties as per policy and communicate directly with health and mental health providers to provide and the most current child information and receive updated treatment plans.

Standardization and Oversight of Medical Foster Homes

While Oregon CCO's are required by statute and by OHA contract to provide Patient-Centered Primary Care Homes (PCPCH or medical homes) to their members to improve healthcare coordination and collaboration between disciplines, there is a gap identified for medically complex and medically fragile children in Oregon foster care. The PCPCH is often not involved in coordinating in-home services or providing oversight for the in-home care, and communication between the PCPCH and in-home service providers is inconsistent.

Currently, the Department does not have foster homes that are specifically certified as “medical homes” to care for our medically fragile/medically complex children in our care. We rely on foster parents who have volunteered to care for these children who have received some training from healthcare professionals with ODHS Field Nurses providing nursing delegation and supervision in the home. Certifiers decide where these children with medical needs are placed often without consultation with Health and Wellness services who can determine whether needed in-home services are available in the area to serve the needs of the child. In collaboration with the Foster Care Program, Health & Wellness Program will consider a structured process for foster parents to become a designated “medical foster home”. These homes will be screened to determine foster parent skill level, what level of medical needs the home can serve, available in-home support services available in the area, and additional or ongoing training needs. In 2018, Health and Wellness Services served 495 children with medical needs significant enough to require nursing intervention and supervision. The Foster Care Program Manager position is currently vacant, and this project will begin when it is filled.

[Health and Wellness Web Page](#)

Efforts are underway to modernize the way that Health and Wellness Services provides health-related information and resources the families and foster families we serve through the creation of a Health and Wellness specific webpage within the DHS website. The page will include information regarding Adverse Childhood Experiences (ACEs), healthy lifestyles, nutrition, resiliency tools, and links to national campaigns and other health-related topics. Medication logs and other needed forms will also be available to foster parents eliminating the need to ask for and wait to receive them from caseworkers and certifiers. ODHS field nurses would provide web page information to direct foster parents and youth to the site during in-home visits to find needed resources. Health and Wellness Services continues to work on this project, but there is not a formal timeline for completion.

[Ensuring appropriate diagnoses and placements for medically fragile children, and children with emotional or behavioral disorders.](#)

The state of Oregon does not operate medical group homes. Currently, all children who are medically fragile or medically involved are placed in a family foster home with caregivers trained to meet the specific needs of the child. All medically fragile and medically involved children are assessed by a DHS field nurse upon coming into care and at periodic intervals established by the nurse to provide ongoing training and supervision in the home, coordinate in-home services, and review any changes to care. Those assessments are then reviewed and approved by the Nurse Coordinator in Central Office to ensure the accuracy and appropriateness of the Service Care Plan.

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

The Nurse Coordinator must also approve all children entering into a Behavioral Rehabilitation Services (BRS) placement through Treatment Services. As part of the review and approval process, the nurse coordinator reviews all available medical and mental health records, medication logs, and case notes to ensure that the referral is appropriate. When necessary, consultation with the ODHS consulting psychiatrist occurs to determine the most appropriate and least restrictive placement required to meet the needs of the child.

Health Components of the Youth Transition Plan

Current policy requires that health matters be addressed as part of the transition plan for every youth. Included are:

- Agreement on the person with decision-making authority for health and mental health services for the child and identification of health, mental health, and dental providers for the child after the child reaches 18 years of age;
- Designating another individual to make health care treatment decisions on their behalf if they become unable to participate in such decisions and does not have or does not want a relative who is otherwise authorized under state law to make such decision; and the option to execute a health care power of attorney, health care proxy, or other similar document recognized under state law.
- Providing a copy of health and immunization records

As part of the Health and Wellness Services policy and rule review, additional requirements to provide instruction for how to continue healthcare coverage to age twenty-six will be added.

Expanding Nursing Services through Integration of DHS Field Nurses into CPS

Historically, ODHS field nurses have played a separate role from CPS in the identification, evaluation, and diagnosis of child maltreatment, and interventions with families served. Communication between CPS workers and ODHS field nurses has been limited to occasional discussions about concerns or findings during an Intake Nursing Assessment after a child has been brought into ODHS custody or regarding the medical needs of a child placed in foster home. ODHS Field Nurses have not been involved in investigations, interventions, or prevention work being done to keep families intact, safe and healthy but rather have primarily focused their efforts on children who have already entered foster care and those children returning home on trial reunification.

The DHS Field Nurses are trauma-informed pediatric nurses who are trained to recognize abuse and neglect and understand the unique health challenges of children and families involved with Child Welfare. In their role, the focus will be on families with children age five and under with an added safety lens (safe sleep) where a child under the age of one is in the home. The CPS nurse consultant scope of work will include:

1. Identifying child maltreatment and assessing safety as it relates to health/medical issues;
2. Advocating for the health care needs of children and families;
3. Educating CPS professionals, caregivers, and community partners about the unique health care needs of the child;
4. Participate in-home visits with child protection staff to assess the health status of children and to assist in assessing home, specific to medical needs and care provided;
5. Consult in the development of medical case planning and coordination of care, and ensure the child/youth has a primary care provider;
6. Assisting caregivers in obtaining needed physical and mental healthcare;
7. Facilitating referrals to community providers for medical services, home nurse visiting programs, early intervention providers, specialty providers, dentists, and other community programs;
8. Following children placed out of county to ensure access to needed services;
9. Provide relevant medical trainings individually or in groups for child protection staff, families, caregivers, and other community partners;

10. Review and interpret medical reports and other documentation;
11. Provide nursing assessments and medication reviews for children coming into foster care; and
12. Testify in court and provide reporting as necessary.

When completing a home visit, the CPS nurse consultant will be aware that trauma intersects in many different ways with culture, history, race, gender, location, and language. The CPS Nurse Consultant will work to bring cultural awareness, responsiveness, and understanding which are essential to increasing access and improving the standard of care for traumatized children, families, and communities across Oregon. Eliminating disparities in investigations and interventions requires culturally responsive involvement across service sectors, communities, organizations, neighborhoods, families, and individuals to reduce barriers, overcome stigma, address social adversities, and strengthen families.

As awareness increases about the long-term health effects of adverse childhood experiences (ACEs), it is increasingly important for DHS, and community medical and behavioral health providers to integrate their care and interventions for children and families, to better identify, prevent, and treat traumatic stress, and minimize re-traumatization. By implementing trauma-informed integrated investigation and intervention practices, DHS is better able to position ourselves to have the greatest positive holistic impact on the health of children, adolescents, families, and communities.

DHS Field Nurses will continue to conduct nursing assessments, medical case management, and nursing delegation to children in foster care and foster families during this expansion of services. Initial counties identified for the CPS Nurse Consultant program are Deschutes, Lane, and Polk counties with the pilot expected to begin mid-2020. A roll-out plan for the integration of additional counties will be developed by the end of 2020. Those counties will be identified through an evaluation process with statewide integration by the end of 2023.

Adaptation due to COVID-19

Essential health and wellness functions must continue despite the pandemic. Nursing assessments continue, but are being done virtually, except initial nursing delegation visits (as required by the Oregon State Board of Nursing). Personal care assessments, CANS assessments, and psychotropic medication authorizations all continue. The Central Office unit was prepared to be mobile and made an easy transition to telecommuting while continuing their essential support to the field. The Health & Wellness Program Manager and her team have been very busy managing field questions and providing infection control education and consultation throughout this global health pandemic.

Disaster Plan

Please see the Child Welfare Continuity of Operations Plan (COOP) (Attachment 31). Also included is the recently developed Oregon Child Abuse Hotline (ORCAH) COOP, developed to address ORCAH's specific operational needs, which differ from the overall COOP (which is largely focused on Central Office operations) (Attachment 32). Each district may have its own district-level emergency plan. These will be reviewed to determine whether revision is needed, likely using the ORCAH COOP as a starting place.

Oregon has experience managing safety for children and staff, as well as addressing continuity of services, in floods and fires, including tracking the location and safety of children placed out of state in areas where wildfires or other natural disasters were occurring. However, the pandemic is a novel experience for the Department. Oregon is learning a lot from our response to COVID-19 and continuing

services while ensuring the safety of children and staff, and those lessons will be incorporated in future disaster and continuity of operations planning.

Please see the compilation of COVID-19 Guidance Documents provided to the field in consultation and collaboration with our partners during this crisis (Attachment 33). This APSR is full of examples of how the Department's various programs have adapted to continue providing our essential services during the statewide shutdown, while putting in place necessary precautions to protect the health and well-being of our staff, children, parents, foster parents, and partners.

Training Plan

Please see the Child Welfare Training and Workforce Development Plan and the current training matrix. (Attachments 34 and 40)

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

- Initial Training Pre-requisites (Attachment 35)
- 12-Month Training Plan (Attachment 36)
- Pretraining Activities (Attachment 37)
- On-Ramp Guide (Attachment 38)
- On-Ramp Checklist (Attachment 39)

Attached is the Curriculum Analysis in effect since October 1, 2018, as approved by the Administration for Children and Families (Attachment 42).

Statistical and Supporting Information

CAPTA Annual State Data Report Items

Information on Child Protective Service Workforce

Education, Qualifications, and Training Requirements for CPS Professionals

Caseworkers (SSS1)

In 2019 a new law came into effect which repealed the 2011 legislation that required any new CPS worker (SSS1) to have a Bachelor's degree or higher.

The following are the minimum qualifications for an SSS1 in terms of education and experience.

- A Bachelor's degree in Social Work/Human Services or a closely related field; **OR**
- A Bachelor's degree in any field and either:
 - 1) One year of direct, full-time experience that prepares the incumbent for services to children and families, such as performing work in a social work, child welfare services, or family services setting, or a related field; **OR**
 - 2) Completion of coursework equivalent to a current certification in social work/human services or related field;

OR

- An Associate degree in any field and either:
 - 1) Two years of direct, full-time experience that prepares the incumbent for providing protective services to children, such as work in a social work, child welfare services, or family services setting, or in a related field; **OR**
 - 2) One year of social work-related experience and a current certification in a social work/human services related field, such as children’s services, social services, child development, early childhood education, counseling, or juvenile corrections.

Please see the training requirements for SSS1s attached. (Attachments 35-39)

Supervisors (PEM-C)

The following are the minimum qualifications for a PEM-C in terms of education and experience.

- Bachelor's or higher-level degree in Social Work/Human Services or a closely related field and two (2) years’ experience related to social or human services protective services; **OR**
- Bachelor's degree in a field not closely related to Social Work/Human Services and two (2) years of experience in supervision, staff technical, or professional-level social or human services related experience (i.e., experience, paid or non-paid, assisting individuals and groups with issues such as economically disadvantaged, employment, abuse and neglect, substance abuse, aging, disabilities, prevention, health, cultural competencies, inadequate housing). One year of this experience must have included program/project leader responsibility involving one or more of the following areas:
 - Development of program rules and policies
 - Development of long- and short-range goals and plans
 - Program evaluation and/or project evaluation, or
 - Monitoring and controlling or preparing a budget

Please see the training requirements for PEM-Cs attached. (Attachments 35-39)

Data on Education, Qualifications, and Training of CPS Personnel

The following table details the current education levels of all Child Welfare caseworkers (SSS1) and supervisors (PEM-C). The data reflects the highest degree reported by an employee in Workday.

Degree Type	Number of SSS1s	Number of PEM-Cs
Associate’s Degree	26	0
Bachelor’s Degree	925	163
Certificate Program	1	0
Doctoral Degree	16	3
High School Diploma or Equivalent	1	0
Master’s Degree	225	59
Unknown Degree	341	16

Demographic Information of CPS Personnel

The following table details the demographic information of all Child Welfare caseworkers (SSS1) and supervisors (PEM-C).

Race	Number of SSS1s	Number of PEM-Cs
American Indian or Alaskan Native	17	5
Asian	32	3
Black or African American	65	7
Hispanic or Latino	166	13
Native Hawaiian or other Pacific Islander	5	1
Two or more races	81	6
White	1118	205
Did not wish to answer	51	1

Gender	Number of SSS1s	Number of PEM-Cs
Female	1227	189
Male	308	52

*Note: this data is currently pulled from Workday, which does not presently have options for non-conforming gender identities.

Age Range	Number of SSS1s	Number of PEM-Cs
20-29	314	1
30-39	516	58
40-49	424	113
50-59	208	58
60-69	65	11
70+	8	0

Disability	Number of SSS1s	Number of PEM-Cs
Not Disabled	1513	239
Disabled	22	2

Caseload/Workload Requirements for CPS Personnel

Oregon does not have specific requirements for average and maximum number of cases per CPS worker or supervisor.

Juvenile Justice Transfers

In FFY 2019, 22 children were transferred to the custody of Oregon Youth Authority (OYA) from DHS. This data is derived from OR-Kids based on the discharge reason for the child exiting care, "Custody Transferred to OYA."

Education and Training Vouchers

Please refer to Federal Attachment F.

Inter-Country Adoptions

The Department does not provide services for inter-country adoptions or otherwise serve families who have adopted internationally.

Financial Information

1. Payment Limitations

A. Title IV-B, Subpart 1

- The amount of FY 2005 title IV-B, subpart 1 funds that the State expended for childcare, foster care maintenance and adoption assistance payments for comparison purposes. (p. 31)

Response: The amount expended in FY 2005 was \$2,737,077.

- The amount of non-federal funds the state expended for foster care maintenance payments and used as part of the title IV-B, subpart 1 state match for FY 2005. (p. 31)

Response: The amount of foster care maintenance payments applied as a match in FY 2005 was \$938,153.

- Estimated and actual expenditures for administrative costs.

Response: Administrative cost expenditures are reported on the CFS-101, Parts I, II, and III forms. They do not exceed 10% of title IV-B, subpart 1 federal funds spending.

B. Title IV-B, Subpart 2

- States are required to spend a significant portion of their title IV-B, subpart 2 PSSF grant for each of the four service categories of PSSF: family preservation, family support, family reunification, and adoption promotion and support services.

For each service category with a percentage of funds that does not approximate 20 percent of the grant total, the state must provide in the narrative portion of the CFSP a rationale for the disproportion. (p. 32)

Response: Actual and estimated spending in each service category is at least 20 percent of the title IV-B, subpart 2 grant total. Actual and estimated expenditures are reported on the CFS-101, Parts I, II, and III forms.

- Estimated and actual expenditures for administrative costs.

Response: Administrative cost expenditures are reported on the CFS-101, Parts I, II, and III forms. They do not exceed 10% of title IV-B, subpart 2 federal funds spending.

- Provide the FY 2018 state and local share expenditure amounts for the purposes of Title IV-B, subpart 2 for comparison with the state’s 1992 base year amount, as required to meet non-supplantation requirements in section 432(a)(7)(A) of the Act. (pp. 32)

Response: FY 1992 Child Welfare State Budget
\$ 59,196,600 GF
\$ 112,531,846 TF
\$ 3,283,022 Title IV-B

FY 2018 Child Welfare State Budget
\$ 300,560,573 GF
\$ 587,513,757 TF
\$ 3,826,579 Title IV-B, Subpart 2 expenditures

Additional Grant Money

The Department has not yet determined how it plans to use the funds received via the COVID - CARES Grant and the FFPSA Transition Grant.