



Oregon Child Welfare Review Assessment Findings Report

Report to: Markowitz Herbold
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1 Executive Summary

In 2016, Public Knowledge® (PK) was engaged by the State of Oregon to complete an independent review of the Oregon Department of Human Services (ODHS) delivery of child welfare services. Public Knowledge® presented findings and recommendations for improving Oregon’s child welfare system in the 2016 *Child Safety in Substitute Care Final Report*.

For this review, PK conducted a comprehensive independent assessment of ODHS’ child welfare policies, procedures, leadership, data, and improvement efforts made since 2016. The PK team collected and analyzed primary and secondary data on the Oregon Child Welfare System using findings from the 2016 *Child Safety in Substitute Care Final Report* and the Complaint as a baseline for the research questions. PK found that Oregon has made progress throughout the child welfare system since 2016. Children and families involved in the child welfare system are better off today than in 2016. Far from being deliberately indifferent, Child Welfare has consistently worked to meet the needs of children and young adults under its supervision, and is committed to continuously improving its service delivery.

Our overall finding is that Oregon CW has made progress for children, young adults, and families since 2016.

PK’s analysis concluded that CW has made progress for children, young adults, and families in many areas of practice since 2016. The supporting findings, outlined in the table below, demonstrate ODHS’s commitment to transforming child welfare in Oregon. This assessment was filtered through 11 research questions covering the various areas of child welfare practice in Oregon. In addition to the overarching progress finding, PK produced a finding for each research question. Section 4 of this report provides additional detail on the supporting evidence for each finding and illustrates the strategies and approaches CW took to improve services and outcomes. Of the 11 research areas, PK found that CW has made significant progress in four. The findings below reflect CW’s progress since 2016, while acknowledging there is more work to do in areas such as tracking the capacity of resource homes, placement stability, timeliness to permanence, statewide service provision, and staff training.



Table 1. Research Question Findings

Research Question Topic	Finding
<p>Safety for Children Under Child Welfare Supervision</p>	<p>Since 2016, Oregon made progress in this area by implementing multiple recommendations from the 2016 <i>Oregon Department of Human Services Child Safety in Substitute Care Independent Review</i>. CW also implemented the Vision for Transformation in 2020 with safety at the forefront. CW has made progress since 2016 in assessing safety through reporting and screening allegations, timeliness of assessments, in-home services, enhancing the safety of children in substitute care, and using data to improve safety.</p>
<p>Organizational Culture of Child Welfare</p> <div data-bbox="207 888 415 934" style="border: 1px solid black; padding: 2px; display: inline-block;"> SIGNIFICANT PROGRESS </div>	<p>Since 2016, Oregon has made significant progress in improving and prioritizing the agency culture led by the Vision for Transformation. The Executive Leadership Team infuses the Vision for Transformation’s guiding principles into each aspect of child welfare practice.</p>
<p>Data-Driven Decision-Making and Quality of Services Offered</p>	<p>Since 2016, Oregon has made consistent progress to improve data-driven decision-making and the quality of services. Building capacity to be data-driven has been a leadership priority, evidenced by regular technology upgrades and a solid financial investment. Data-driven decision-making is a priority for national child welfare practice, and CW’s focus is encouraging improvement.</p>
<p>Resource Parent Recruitment, Retention, and Support</p> <div data-bbox="207 1507 415 1554" style="border: 1px solid black; padding: 2px; display: inline-block;"> SIGNIFICANT PROGRESS </div>	<p>Since 2016, Oregon has significantly improved recruitment, training, and support to resource families. CW has implemented targeted recruitment to meet the needs of specific children and is collaborating across the child-serving system to increase capacity for resource homes. CW has increased service provision to resource families and improved the training based on feedback from resource parents and community members. While CW has yet to improve the ability to track the capacity of resource homes, this does not outweigh the significant progress in other areas. These improvements in practice have not yet resulted in better outcomes for children, as Oregon’s placement stability data has not improved.</p>



Table 1. Research Question Findings

Research Question Topic	Finding
<p>Permanence for Children in Substitute Care</p>	<p>Since 2016, Oregon Child Welfare has made progress in improving the prioritization of permanency for children in substitute care through the Vision for Transformation and its initiatives. Despite the improvements, the data shows that it has taken longer for children and young adults to reach permanence over the past two years, due in part to delays because of COVID-19.</p>
<p>Permanency Planning</p> <div data-bbox="212 764 418 810" style="border: 1px solid black; padding: 2px; margin-top: 10px;"> SIGNIFICANT PROGRESS </div>	<p>Child Welfare made significant progress to improve permanency planning during the identified timeframe. This progress is evidenced by a shift from compliance to engagement in the work with families, the appointment of a Deputy Director with a rich history in permanency practice, the convening of a Permanency Advisory Council, the use of the CANS assessment to create data-driven permanency plans, and more timely permanency hearings.</p>
<p>Individualized Assessments for Children and Families</p>	<p>Since 2016, CW has made progress by expanding the use of existing assessments and added new assessments and policies to gather information from children, young adults, and families. The scope of the assessments CW offers allows caseworkers and supervisors to gather a comprehensive picture of each family’s needs to tailor the services, permanency plan, and case plan appropriately.</p>
<p>Service Provision Based on Assessed Needs</p>	<p>Since 2016, CW has improved service provision that meets the assessed needs of children and families. It is an ongoing challenge for CW to provide the breadth and depth of services to meet the complex needs of children who are in out of home care, however, evidence from surveys, focus groups, and CFSR results indicates that there has been substantial improvement in the ability of CW to meet children’s mental health needs. CW has also expanded partnerships and collaboration to expand access to services, but there is still concern that service availability is uneven throughout the state.</p>



Table 1. Research Question Findings

Research Question Topic	Finding
Case Planning	Since 2016, CW has improved completion of case plans as well as including families and tribes in the process. CW has implemented tools such as quality assurance (QA), continuous quality improvement (CQI), and the Family Report to focus on case planning and ensuring the plans are inclusive.
Family and Community Connections for Children in Substitute Care	Since 2016, Oregon has made significant progress in this area, framed by the Vision for Transformation and multiple new efforts to connect children to their families and communities. The Vision for Transformation underscores the importance of these connections by stating: “We all know that infants, children, adolescents, and young adults do best growing up in a family that can provide love, support, life-long learning, shared values, and important memories.” ¹
Child Welfare Staffing Resources	Oregon made progress in improving staffing resources during the specified timeframe. CW has expanded the leadership team to prioritize equity, training, and workforce considerations and has started tracking caseload data to manage workloads. Even so, CW has had challenges in providing training for caseworkers despite increasing training and coaching resources.

SIGNIFICANT PROGRESS

One key aspect of CW’s commitment to progress and improvement is the **Vision for Transformation** which CW introduced in 2020. The Vision for Transformation outlines CW’s goal to transform the Child Welfare Division into one that “supports the individual needs of families and best serves Oregon’s children and young people.”² The Vision for Transformation is framed by three guiding principles demonstrating CW’s comprehensive commitment to improvement: supporting families and promoting prevention, enhancing staff and infrastructure, and enhancing the system’s structure by using data with continuous quality improvement. Since launching the Vision for Transformation, CW has changed practice across the state and engaged partners, staff, stakeholders, and those with lived experience to inform this transformation. CW also built a continuous quality

¹ Oregon Department of Human Services. (2020). *Oregon Child Welfare Division Vision for Transformation* – <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2445.pdf>

² About the Vision for Transformation. <https://www.oregon.gov/odhs/child-welfare-transformation/pages/default.aspx>



improvement (CQI) system to inform implementation, acknowledge strengths, and identify gaps from which to improve.

Along with the progress initiated by CW, the Oregon legislature has made significant investments over the past several years to improve CW outcomes. These investments include millions of dollars for new positions to recruit resource and respite families, development of a comprehensive child welfare information system (CCWIS), staffing the Oregon Child Abuse Hotline (ORCAH), development of a mentoring program, development and implementation of child welfare training, supporting the Independent Living Program, and designing Family Preservation Services. In addition to funding for staffing, ODHS and CW received funds for programs such as KEEP (Keeping Foster and Kin Parents Supported and Trained), therapeutic foster care, increases to rates for behavioral rehabilitation services, mental health services, independent living, respite care, transportation, in-home services, and support to families and providers during the COVID-19 pandemic.

The legislature also recently approved increases for rates paid to resource families, which will go into effect in July 2024. This financial support from the legislature prioritizes the work of CW and reinforces the progress ODHS and CW have made in recent years. Child welfare agencies across the country typically operate on limited budgets, and these investments from the legislature demonstrate confidence in the direction CW has been heading in the last several years.

This assessment was conducted with the lens of implementation science, which shows that progress and improvement should be slow and planful. As explained in the Guiding Principles below, planful implementation takes time and occurs in stages.⁴ The goal should be a commitment to continued improvement and a consistent evaluation of progress and continued needs. Oregon CW has made such a commitment by acknowledging their progress while simultaneously having plans in place to continue improving.

2 Assessment Scope

In April 2019, a federal class action lawsuit was filed against Oregon’s Governor Kate Brown and the Oregon Department of Human Services child welfare system and its leaders. The state contracted with PK to assess the progress that ODHS’ Child Welfare Division (CW) has made to improve the child welfare system since 2016. This assessment reviewed the policies, programs, and data for the Oregon Child Welfare System from September 2016 to present. The scope of this assessment includes all children under CW supervision, with a particular focus on children in substitute care and those in the subclasses included in the pleadings:

- Children living with high needs referred to as the “ADA sub-class” in the complaint.
- Older young adults referred to as the “aging out sub-class” in the complaint.
- Children or young adults who identify as LGBTQIA2S+ referred to as the “SGM sub-class” in the complaint.³

The scope of this assessment is broader than the 2016 *Child Safety in Substitute Care Final Report*. There are 11 areas of focus, represented by the 11 research questions, whereas in 2016 there were two. In 2016, the focus was on the capacity of substitute care placements to meet the needs, and CW’s responses to abuse in substitute care. In contrast, this assessment includes policy and program changes across the child welfare system, especially on child safety and meeting the needs of children and families. The 2016 assessment included only children in substitute care, but this assessment incorporates all children under ODHS supervision. Despite these differences, the two assessments address similar topics including appropriate and inappropriate placement decisions, determination of needs, preparation of resource parents, recruitment of resource parents, retention and support of resource parents, communication throughout the child welfare system, addressing bias in screening and placement, the capacity of and appropriate resource home resources, and determination of appropriate providers.

2.1 Guiding Principles

The following principles guided this assessment. They are based on the guiding principles that also guided the 2016 assessment, with some adjustments for the broader scope of this review.

³ Class Action Complaint, *Wyatt B. et al., v. Brown, et al.*, USDC, District of Oregon, Case No. 3:19-cv-00556.



- **Measure progress by incremental effort and improvement.** Progress does not require achievement of a particular outcome or standard but rather improvement from the baseline data at the start of the identified timeframe.
- **Apply the tenets of implementation science to policy and practice changes.** Using implementation science requires defining effective interventions, establishing how practice needs to change, identifying responsible parties, and pinpointing where in the system the effective interventions will be most successful. To achieve positive and sustainable outcomes interventions must be research-based, tailored to children and families' needs, implemented deliberately and in an adaptive manner, and supported by an engaged environment and intentional learning. This deliberate implementation takes time and occurs in stages, including exploration, installation, initial implementation, and full implementation.⁴ CW has implemented new and improved practice across the system, and it will take time to see the full impact of those changes.
- **Consider the implications for all children under CW supervision.** The scope of the assessment includes all children under CW supervision, with a particular focus on children in substitute care. Specific consideration for each research question will be given to members of each subclass referenced in the complaint.
- **Use a child-driven perspective.** Be guided first and foremost by the child's experience. The goal of this assessment is to recognize systemic improvements made to improve the experience of children in CW supervision and keep them safe throughout the duration of their case.
- **Measure improvements in agency culture by the increased prioritization of child safety.** Leadership drives agency culture through development and implementation of its mission and vision. The agency culture was evaluated through the lens of its commitment to prioritizing child safety in policies, rules, and procedures. Leadership messaging, communications, priorities identified in continuous quality improvement processes, and allocation of staff resources were assessed. Organizational culture is difficult to quantify, so progress in the agency culture was measured by the commitment to prioritizing child safety in policies, rules, and laws.
- **Base findings on facts and be transparent about sources.** Throughout this review, PK began with facts and quantitative data where possible and corroborated with qualitative data. PK also included the perceptions of stakeholders as a data source

⁴ National Implementation Research Network (NIRN) and Casey Family Programs. (August 2017).

Implementing Evidence-Based Child Welfare: The New York City Experience.

<https://nirn.fpg.unc.edu/sites/nirn.fpg.unc.edu/files/resources/evidence-based-child-welfare-nyc.pdf>

(See generally pp. 17-18)



about their experiences in the child welfare system and how those experiences influence policy and systems change. PK cited sources for each finding.

- **Apply systems thinking to see the whole picture.** The lengthy list of subtopics in this review allowed PK to meaningfully research the overarching question of improving safety for children in foster care. PK believes the topics covered by each research question encompass the salient aspects of the child welfare system and allowed for comprehensive assessment of system improvements and areas still needing attention. Research on implementation science shows that implementation takes three to five years, and if organizations maintain fidelity to policy and practice models are followed, improvements will be seen in the quantitative and qualitative data.

2.2 Constraints

2.2.1 COVID-19 Pandemic

The global pandemic impacted the assessment in multiple ways. The first impact required PK to hold all interviews, focus groups, and meetings virtually.

The pandemic also impacted the workforce by complicating the availability of stakeholders, adding strain associated with working remotely, and eventually adding pressure with having to return to in-person work. Although working remotely did cause stress for workers, the virtual environment also lessened their workload and allowed them to be more productive because they conducted their tasks virtually and did not spend time traveling to meetings and court hearings.⁵

Recent data cannot draw the conclusion that the pandemic increased or decreased vacancy rates⁵, however, CW leadership received anecdotal evidence that workforce retention decreased during the pandemic in some areas of Oregon due in part to the statewide COVID-19 vaccine mandate that was implemented in October 2021. However, there is no exit data specifically stating that members of the workforce left due to the mandate, and the retention data shows that only a small number of staff left due to the mandate. Staff retention rates were steady prior to the vaccine requirements and up until October 2021. Staff exits in 2022 are likely part of the global Great Resignation.

Although, the vaccine mandate did have an impact in another way. ODHS staff were able to request a waiver to the vaccine mandate, and Human Resources (HR) staff were responsible for responding to the waiver requests, leaving them unable to focus on compensation, new

⁵ Effective System Innovations. (2023). *COVID-19 Pandemic Effects on Services for Children and Young Adults*, Oregon Department of Human Services and Oregon Health Authority. <https://www.oregon.gov/odhs/data/cwdata/cw-pandemic-effects-report-2023-04-06.pdf> (p. 11)



hires, and other workforce recruitment efforts. CW leadership shared that some HR processes were delayed months due to the need to respond to vaccine waiver requests.

In addition to the impact to ODHS and CW staff, the pandemic restrictions caused workforce shortages in mental health, residential treatment, substance use treatment, and other services. These shortages had a broader impact on service delivery and prevented timely access for children and families. These deferred mental health assessments and services prevented children and parents from participating in required services, leading to delays in permanency outcomes.

The number of resource homes decreased by 16 percent during the pandemic, and the number of new certifications decreased by 30 percent between March 2020–March 2022.⁵ Because the number of children and young adults in care has also decreased, the ratio of children and young adults to available homes continues to improve. Child welfare data shows that between December 2019 and April 2023, the number of total resource homes decreased from 4,021 to 3,026, and the number of children in care decreased from 7,136 to 4,857.⁶

Court closures during COVID–19 delayed the timeliness of hearings and, subsequently, time to permanence. Court decision–making was impacted due to the closures and reopening of local courts and the statewide inconsistency of these openings and closures following COVID–19 lockdowns. Oregon did not pass CFSR Item 6 (whether the agency made concerted efforts to achieve reunification, guardianship, adoption, or other planned permanent living arrangements) in 2016, and the delays in hearings prevented ODHS from making progress on their PIP for this item.

Due to these restrictions, initial placements and placement changes required quarantine before initial placement or change of placement. Some quarantine placements were available, and increased stipends were provided to resource parents and Behavior Rehabilitation Services (BRS) willing to care for children and young adults with COVID–19.

Depending on travel restrictions, family interaction was limited, including visits to family in different counties or states. Delaying family visits created setbacks for permanency outcomes as caseworkers were unable to assess the success of family interaction.

Unhoused families faced additional challenges as low–income housing was less accessible during the pandemic. The Children’s Public Private Partnership (CP3)⁷ program worked with ODHS to support families involved in the child welfare system to help children exit foster care and access affordable housing. The pilot CP3 program in Marion County began in

⁶ ODHS Child Welfare Division Progress Report. (May 2023). <https://www.oregon.gov/odhs/child-welfare-transformation/progressreports/cw-progress-report-2023-05.pdf> (p. 10)

⁷ Children’s Public Private Partnership. www.cp3oregon.org



2020 and supported over 37 children and families. Additionally, CW partnered with Every Child, an agency dedicated to recruiting resource families, early in the pandemic to address the retention of resource parents. Every Child expanded their My NeighbOR program, which provides clothing, groceries, and educational support to families and youth involved with foster care, to families of origin in 2020.

Statewide, the state experienced a nearly 20 percent drop in the number of children out of home during the pandemic, reaching a low of 5,552. That is down from 9,745 at the start of 2006 and from a more recent 2018 peak of nearly 7,900. The number of placements has not been lower since the state began tracking the metric.

2.2.2 Disconnect Between Data and Perception

During this assessment, individual perceptions were gathered from interviewees and focus group participants, then compared to quantitative data. There were multiple instances where the qualitative responses did not match the quantitative data, highlighting a disconnect between impressions, perceptions, and the evidence. One example is the shared opinion that caseworkers had very high caseload numbers and their workloads were unmanageable, but the quantitative data do not agree.

This disconnect also demonstrates the lag between initial implementation and statewide adoption and is expected when implementing new initiatives, policies, or requirements. As discussed earlier in this report, implementation science shows that organizational change takes time. PK saw this in different areas of this assessment and heard from both staff and leadership that CW was progressing, but more work was needed.

2.2.3 Departure of Rebecca Jones Gaston

Ms. Jones Gaston led the agency from November 2019 until she left Oregon for the federal Administration for Children and Families in December 2022. Her three-year tenure exceeded the average of child welfare directors nationally, with many directors turning over every 18–24 months. Ms. Jones Gaston steered the development of the Vision for Transformation, which guided CW through an organizational culture shift and informed revisions of policy, procedure, and practice to focus on equity and workforce development. Aprille Flint-Gerner was promoted from Child Welfare Deputy Director to Child Welfare Director in July 2023. Ms. Flint-Gerner, along with Lacey Andresen, who has served as Child Welfare Deputy Director for over three years, continue to move the Vision for Transformation forward.



2.2.4 Unknown Timeframe

The expected trial date for this case is unknown and subject to change due to a myriad of factors, including restrictions related to COVID-19. Collecting data is a point-in-time activity, and data were current when this report was submitted.

2.2.5 Inconsistent Policy Dates

PK's review included a comparison of the 2016 Oregon Child Welfare Procedure Manual and the Oregon Child Welfare Procedure Manual dated October 4, 2021. This review revealed that certain appendices in the 2016 version are dated 2018, leading to an unknown error in updates by date.

2.3 Assumptions

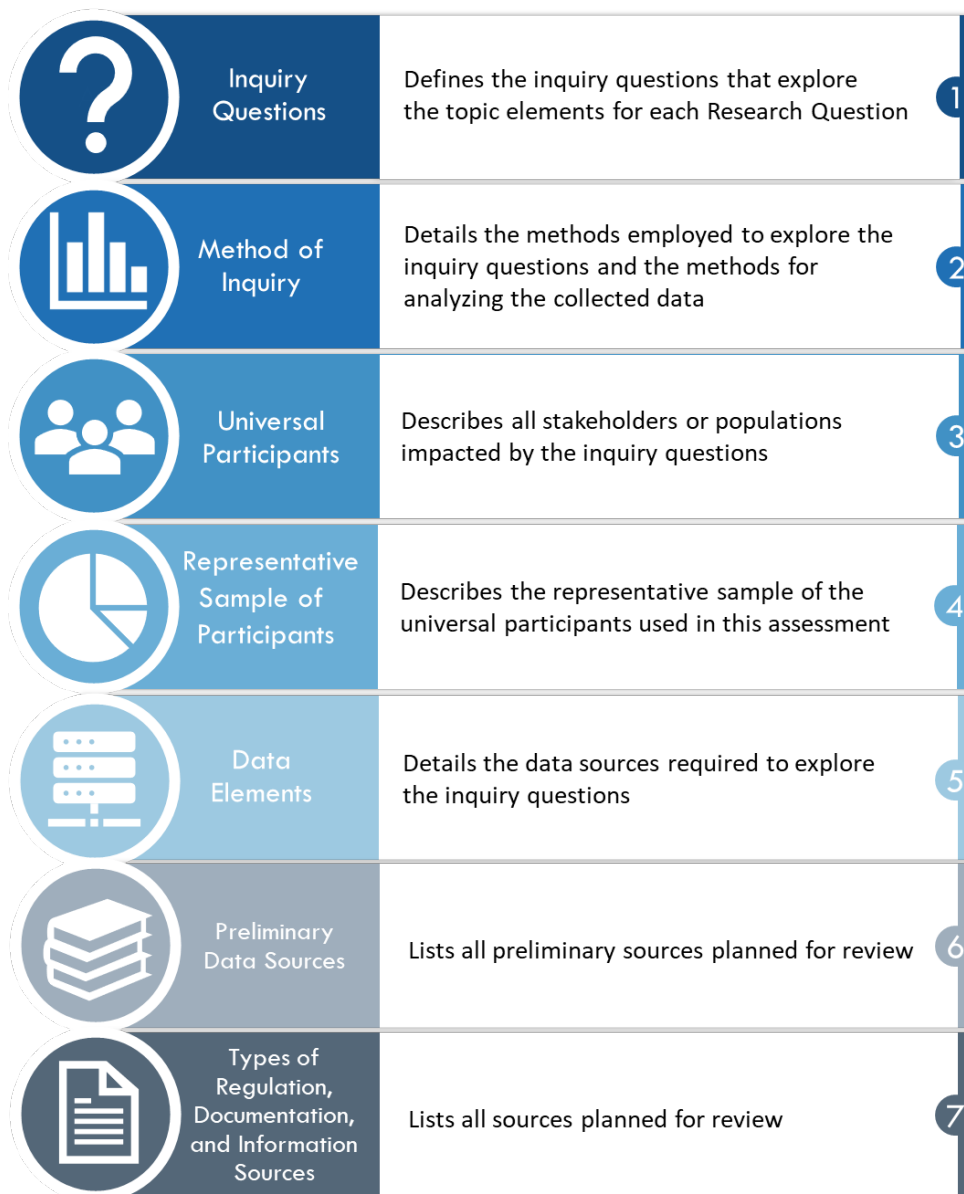
- **Document Retention.** During a typical assessment, PK would not retain notes from focus groups and interviews beyond the drafting of the findings. The nature of this project and the lawsuit required the retention of those notes. These notes are working documents and prone to grammatical errors. They are also from one data point rather than themes and should not be used to make conclusions or findings.
- **Terminology.** “Child” and “young adult” are used interchangeably throughout this report. The Oregon Department of Human Services Child Welfare Procedure Manual is referred to by its full title or simply by “Procedure Manual.” PK’s assessment reviewed the 2016 Procedure Manual, and the version of the 2021 Procedure Manual dated October 4, 2021.
- **Baseline Data.** For the research questions that were not based on findings in the 2016 review, the baseline was set from data within the same time in 2016. For example, Oregon completed Round 3 of the Child and Family Services Review (CFSR) in September 2016, so data are included in this assessment that originated from the CFSR results.

3 Methodology

3.1 Inquiry Protocol

PK’s Seven-Element Inquiry Protocol, shown in the figure below, aims to ensure understanding of the strategies, tools, and techniques the review team employed to conduct this comprehensive assessment. This protocol is Public Knowledge®’s methodology for all assessments regardless of the project.

Figure 1. Seven-Element Inquiry Protocol

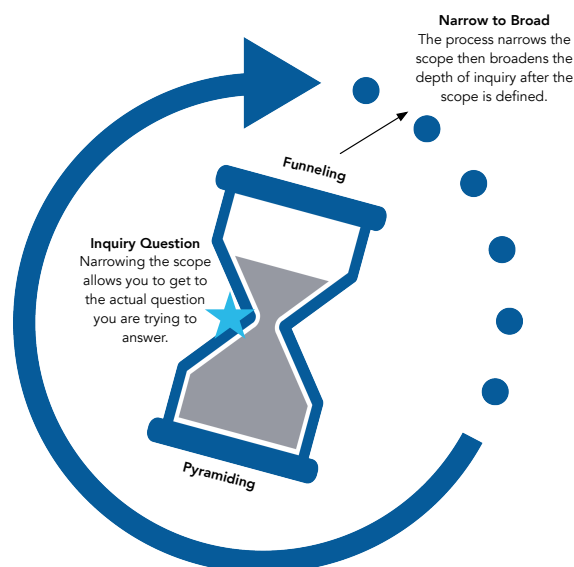


3.2 Research Questions

The assessment centered on the research questions, which were developed by starting with the overarching focus of keeping children safe while they are under the supervision of CW, whether they remain in their homes or are placed in substitute care. Following a thorough review of the pleadings, the Public Knowledge® *2016 Child Safety in Substitute Care Independent Review Final Report*, and supporting documents, PK identified a broad list of topical areas represented by the top of the hourglass in Figure 2, below. From there, PK narrowed the focus on each part of the child welfare system to build the 11 questions, represented by the narrowest part of the hourglass. PK then expanded on these to develop a comprehensive set of inquiry questions represented by the bottom of the hourglass.

Figure 2. Approach to Developing Research Questions

Public Knowledge Approach to Developing Research Questions



The research questions evaluated the following topic areas:

1. Safety for children under child welfare supervision
2. The organizational culture of child welfare
3. Data-driven decision-making and quality of services offered
4. Resource parent recruitment, retention, and support
5. Permanence for children in substitute care
6. Permanency planning
7. Individualized assessments for children and families



8. Service provision based on assessed needs
9. Case planning
10. Family and community connections for children in substitute care
11. Child welfare staffing resources

The findings for each topical area are outlined in section four.

3.3 Data Collection

The methodological approaches were qualitative and quantitative. Data was collected from multiple sources, including child welfare staff, stakeholders, and leadership. Systemic and individual outcomes were analyzed. The data analysis included collecting and visualizing quantitative data and studying qualitative data collected during interviews, focus groups, and the online survey. This approach provides the most comprehensive data, including outcomes from the quantitative analyses provided during the interviews, focus groups, and survey responses. The analysis included data gathered from interviews, focus groups, an online survey, and the review of relevant documents.

These inputs to the assessment process allows PK to provide a comprehensive review and answer all 11 research questions.

3.3.1 Interview Protocol

The PK team conducted 27 individual interviews with key participants to gather their perspectives on progress made since 2016. PK interviewed management and leadership staff to gather their views on the current and recent past state of the child welfare system in Oregon. Four interviewees have interviewed twice: Rebecca Jones Gaston, Aprille Flint-Gerner, Lacey Andresen, and Kristen Khamnohack. Ms. Jones Gaston, Ms. Flint-Gerner, and Ms. Andresen were interviewed again to discuss the upcoming change in organizational structure with Ms. Jones Gaston's departure, and Ms. Khamnohack was interviewed a second time to gather additional information specific to the Oregon Child Abuse Hotline (ORCAH).

3.3.2 Focus Group Protocol

The PK team facilitated 11 role-based focus groups to allow members of different groups within child welfare to share their opinions and feedback. Focus groups allowed participants to share experiences with their peers, and the shared discussion encouraged engagement in the conversation. Focus group participants were invited from all areas of the state and included a mix of large, small, urban, and rural counties. The Oregon child welfare system tenure for focus group participants ranged from 4 months to 37 years.



3.3.3 Survey Protocol

The PK team administered an online survey to collect information from various stakeholder groups. The purpose of the survey was to gather feedback widely from members of the child welfare division. The survey allowed PK to collect qualitative data from a larger statewide sample of CW employees than was possible with interviews and focus groups.

The survey was open for three weeks to provide participants ample time to share their feedback, and several reminders were sent during that period. Approximately 1,800 child welfare staff were invited to complete the survey, and 958 people participated, producing a 53 percent response rate.

3.3.4 Document Review

The PK team reviewed relevant documents, including policies, procedures, statutes, data, and reports to research progress made since 2016. Appendix D is a comprehensive list of documents relied upon, considered, or provided to PK by counsel for the Defendants in this case. To formulate the findings, these supporting documents were compiled with the previous qualitative data analyses and the quantitative analyses described in the next section.



4 Findings

4.1 CW made progress to improve safety for children under ODHS supervision

Finding: Since 2016, Oregon improved safety for children under ODHS supervision. ODHS implemented many recommendations from the 2016 *Oregon Department of Human Services Child Safety in Substitute Care Independent Review*. CW also began implementing the Vision for Transformation in 2020 with safety at the forefront. CW has made progress since 2016 in assessing safety through screening allegations and during in-home services, improving the timeliness of assessments, enhancing the safety of children in substitute care, and using data to improve safety.

4.1.1 Key Themes

Table 2. Key Themes

Key Theme	Description
Implementation of Recommendations from PK’s 2016 Report	CW implemented recommendations from Public Knowledge®’s 2016 Report, including redesigning the process of responding to allegations of abuse in care, implementing the centralized Oregon Child Abuse Hotline (ORCAH), developing a standard for closed at screening, and developing procedures for appropriate community involvement to mitigate safety issues for children.
Implementation of the Vision for Transformation	In 2020, CW implemented the Vision for Transformation, intended to completely transform the child welfare system in Oregon. The goal of the Vision for Transformation is that “all children experience safe, stable, healthy lives and grow up in the care of a loving family and community.” ⁸
Implementation of a Centralized Child Abuse Hotline	In 2019, CW launched the Oregon Child Abuse Hotline (ORCAH), centralizing all reports of abuse and neglect throughout the state.

⁸ Oregon Department of Human Services. (2020). *Child Welfare Division Vision for Transformation*. <https://sharedsystems.dhsosha.state.or.us/DHSForms/Served/de2445.pdf>



Key Theme	Description
Implementation of New Ways to Assess Safety	Oregon improved screening through the implementation of the Structured Decision Making® Screening and Response Time Assessment Tool. Oregon still meets timeliness goals and persistently explores ways to continue improving. CW has also made progress in improving assessing safety of children under supervision of in-home services by updating procedures to encourage best practice of co-managing work between in-home and substitute care to ensure safety and increased the number of face-to-face visits that caseworkers completed with children.
Using Data to Improve Safety	Oregon uses quality assurance, fidelity and critical incident reviews, and data dashboards to continually improve safety assessment processes.

4.1.2 Implementation of 2016 Recommendations: Summary of Key Theme

Finding: CW implemented many recommendations from PK’s 2016 Report, all of which have contributed to the improved safety practice across the state. CW has clarified language, responsibilities, and processes to help screeners, caseworkers, and supervisors keep children safe. The implementation of the Oregon Child Abuse Hotline (ORCAH) is a significant improvement, which will be discussed later in this section.

PK’s 2016 *Child Safety in Substitute Care Final Report* included nine findings⁹ and associated recommendations⁹ to improve child welfare practice in Oregon.

Developing a Standard for Closed at Screening

PK’s 2016 Report acknowledged that CPS abuse in care reporting, screening, and investigation process was localized and resulted in inconsistent responses to harm in care. The subsequent recommendations were to centralize hotline operations and adopt a standard protocol for “closed at screening.”

⁹ Public Knowledge®, *Oregon Department of Human Services Child Safety in Substitute Care Independent Review* (September 13, 2016) (pp. 2–3).



In April 2019, CW launched the Oregon Child Abuse Hotline (ORCAH) centralizing all reports of abuse and neglect throughout the state. More information on implementation of ORCAH is found later in this section.

In January 2021, the Oregon state legislature passed limits on what cases can be closed at screening. The resulting policy change in 2021 clarifies the criteria and process: the screener must close the report at screening when the information describes behaviors, conditions or circumstances that pose a risk to a child but do not meet the definition of abuse¹⁰, or when the screener receives information from reporters that does not meet the statute for assessing reports of abuse or neglect.

Developing Procedures for Appropriate Community Involvement to Mitigate Safety Issues for Children

PK's 2016 Report noted that information that could mitigate safety concerns is not efficiently shared between entities, and CW developed tandem investigation procedures and community engagement strategies to address this.

Since 2016, CW has improved sharing safety information with stakeholders. CW added tandem investigation procedures to the Procedure Manual in 2021. The purpose of a tandem investigation is to have optimum communication, coordination, and collaboration when responding to reports of child abuse involving multiple agency partners. Prior to 2021, the Procedure Manual included information about joint or tandem responses to child maltreatment only when a law enforcement response is required. Tandem investigations are now conducted when a report involves a setting in which the Office of Training, Investigations, and Safety (OTIS) is responsible for investigating.¹¹ The CPS worker is still responsible for all the activities necessary to complete a CPS assessment when conducting a tandem investigation.^{12,13}

CW now shares data with the public for child protective services, in-home family services, foster care, adoption, and the guardianship program via the ODHS website.¹⁴ Central office staff report there are also ongoing discussions with judges and the judicial system about how to better share information.

¹⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 69–70).

¹¹ OAR 413–015–0215

¹² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 415–418).

¹³ *See generally*, OAR 413–015–0415

¹⁴ Oregon Child Welfare Data and Reports. <https://www.oregon.gov/ODHS/CHILDREN/CHILD-ABUSE/Pages/Data-Publications.aspx>.



Redesigning the Process of Responding to Allegations of Abuse in Care

PK's 2016 Report found that CW's response to allegations of abuse in care was confusing and involved too many uncoordinated elements, and there was little to no follow-up on abuse in care investigations. The recommendation was to redesign the process of responding to allegations of abuse in care. The 2016 Report also included the perspective of children and young adults in care, and others, who stated that the process of abuse in care reporting was believed to be untrustworthy.

Since 2016, Oregon has made the following changes to redesign the process of responding to allegations of abuse in care, including:

- The Oregon legislature has implemented changes in responding to allegations of abuse in care by passing Senate Bill (SB) 155 in 2019. SB 155 addressed the increase in child abuse assessments and investigations¹⁵ by dividing responsibilities for assessing and investigating reports of child abuse between CW and the Office of Training, Investigations, and Safety (OTIS). With this new legislation, some reports are directed to OTIS, lessening the burden on CW.
- The 2022 Procedure Manual includes the process to respond to reports of abuse or neglect¹⁶, including a new section for screeners with information on how to handle reports for six different types of calls. This is an improvement over the 2016 Procedure Manual which did not include the specifics for handling different types of calls.
- In addition to redesigning the process of responding to allegations in substitute care, CW made some progress in ensuring the safety of children in substitute care and saw slight improvements since the 2016 Report in key data points like maltreatment in care, face to face visits, and quality assurance (QA) data.
- The most significant indicator of progress in this area comes from QA data which shows a 5.5 percent statewide increase from 2021 to 2022 in appropriately assessing and documenting safety in the case record. Caseworkers document the steps to confirm physical and emotional child safety in their case notes. COVID-19 impacted caseworkers' ability to confirm safe environments because caseworkers were not always able to access the home in person due to COVID-19 safety precautions. Permanency caseworkers confirmed that CW improved escalating concerns about safety issues for children in the CW custody. The Permanency Program continues to focus on supporting caseworkers in confirming safe environments at every face-to-face contact with children. Training is provided to permanency staff regarding how to assess for safety at every face-to-face contact.

¹⁵ ORS 419B.020 and ORS 419B.026

¹⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 88).



The Permanency Quality Assurance Tool includes a measure on safe environment confirmation. The quality assurance data is coupled with more modest progress in key data points like maltreatment in care and face-to-face visits, both of which improved only slightly from PK's 2016 Report. Child Welfare has not seen progress in all areas, notably recurrence of maltreatment within twelve months.

Maltreatment in foster care is the federal data indicator that measures whether the agency ensures that children do not experience abuse or neglect while in care in Oregon. This indicator holds CW accountable for keeping children safe from harm while under the responsibility of the department, no matter who perpetrates the maltreatment.¹⁷ Oregon's data show a slight improvement from the end of 2016 to mid-2022. Additional data are shared in the appendix of this report.

Caseworkers are required to visit children in substitute care monthly at a minimum.¹⁸ Monthly visits are an opportunity for caseworkers to assess child safety and risk, including identification of safety threats, vulnerabilities, and protective capacities. As the number of children in substitute care in Oregon has decreased, the percentage of children with a face-to-face visit increased. From a workload perspective, caseworkers have more time to spend visiting children in care as there are fewer children to visit. COVID-19 did not appear to impact the numbers of face-to-face visits made in 2020. CW's performance for face-to-face visits of caseworkers remains in the 90-94 percent range, as shown in the graphic below.

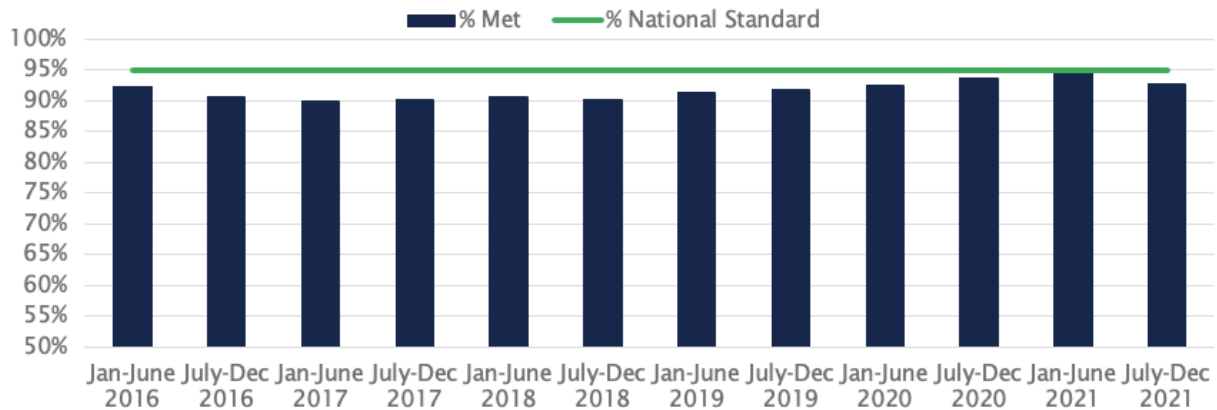
¹⁷ U.S. Department of Health & Human Services Administration for Children and Families. (2020). *Child Maltreatment*, 31st Year of Reporting.

<https://www.acf.hhs.gov/sites/default/files/documents/cb/cm2020.pdf>

¹⁸ Children's Bureau, Child and Family Services Reviews, *Onsite Review Instrument and Instructions*. (June 2022). <https://www.acf.hhs.gov/sites/default/files/documents/cb/cfsr-r4-osri-fillable.pdf>



Figure 3. Face-to-Face Visits, Foster Care¹⁹



CW provided guidance to caseworkers for facilitating virtual meetings and visits²⁰ during the COVID-19 pandemic. CW provided additional guidance regarding in-person parent and child visits for parents and caregivers that established what to expect from all CW staff and contracted providers.²¹

Maltreatment recurrence is the federal data indicator that measures whether victims of substantiated or indicated maltreatment report another substantiated or indicated maltreatment report within 12 months of the initial victimization. CW saw a slight increase in reports of recurrence of maltreatment within 12 months since 2016, as shown below, however CW’s data has one notable limitation. CW stores data on maltreatment reports made by children or young adults based on the date of the report and on the child’s location on the date of the report, not the date of the maltreatment incident.²² This means that children or young adults may report maltreatment while they are placed in care, but the maltreatment may have occurred months prior, while they were in their family home.

¹⁹ Oregon Department of Human Services, Office of Reporting, Research, Analytics, and Implementation, IC.10, Face-to-Face Required Contacts Completed for Children in Foster Care or In-Home, 4/11/2022.

²⁰ Oregon Department of Human Services, Director’s Office, Equity and Multicultural Services. (April 21, 2020). *Guide for Facilitating Inclusive Virtual Meetings*.

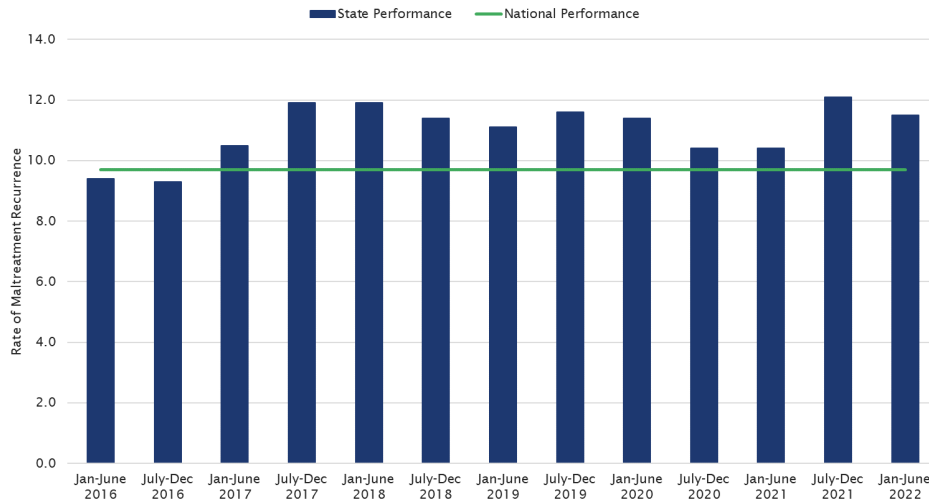
<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2247.pdf>

²¹ ≈ https://www.oregon.gov/opds/provider/Documents/Reference_13.pdf

²² Lacey Andresen Rule 30(b)(6) Deposition Transcript. (June 15, 2023). (123:22-124:20).



Figure 4. Change in Maltreatment Recurrence from 2016–2022²³



To address recurrence of maltreatment, CW enhanced the safety of children in substitute care by updating the Procedure Manual, ensuring children are assessed for ongoing safety at caseworker visits. It now states for out-of-home care plans, “the case management functions include both safety intervention and safety management. These functions relate to identified safety threats and confirming the child’s environment is safe in substitute care.”²⁴ The 2016 and 2021 Procedure Manuals have detailed sections for how caseworkers should develop out-of-home safety plans. The 2021 Procedure Manual included an updated chapter regarding ensuring children placed in treatment and residential placements are assessed for ongoing safety,²⁵ and the 2023 Procedure Manual retains the same policy.²⁶ The Permanency Quality Assurance Tool, mentioned previously, includes a measure on confirming safe environments. In written case notes, caseworkers document the steps to confirm physical and emotional child safety. Finally, CW now meets best practices in the following areas, all of which relate to enhancing safety and are discussed at various points in this report: targeted recruitment for the needs of children in care, training for resource parents, understanding health care needs of children in care, and caseloads for caseworkers.

Since 2016, CW began requiring that all SSA (Social Service Assistant) and SSS1 (Social Service Specialist 1) staff attend Confirming Safe Environments training as part of their core

²³ Results Oriented Management (ROM) Data Site, Oregon Department of Human Services, Report SA.02, 6/27/2022.

²⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (p. 429).

²⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (pp. 772–798).

²⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 8/23/2023, (pp. 780–807).



pretraining. The training workshop is designed to assist staff in assessing the safety of substitute care placements.

Sharing Information Between Entities

Since 2016, CW built a community engagement website to encourage stakeholder interaction.²⁷ Additionally, they hold Community Connections events every other month and distribute information through a regular community newsletter. CW provides a monthly report to the Governor’s Office on the Vision for Transformation as well as specific data and information on child safety. The Child Welfare Advisory Committee (CWAC)²⁸ counsels the agency on the development and administration of policies, programs, and practices. CWAC membership includes representatives from other state agencies; professional, civic, and private organizations; private citizens interested in service programs; and recipients of assistance or services.

CW shares data with the public regarding child protective services, in-home family services, foster care, adoption, and the guardianship program through the ODHS website.²⁹ Central office staff also report ongoing discussions with judges and the judicial system about how to better share information.

4.1.3 Vision for Transformation: Summary of Key Theme

Finding: The implementation of the Vision for Transformation in 2020 helped reframe safety practice within the greater child welfare system. Each aspect of the Vision for Transformation positively impacts child safety and contributes to the overall goal of the vision – all children are safe, stable, and healthy.

The Vision for Transformation, led by the Executive Leadership Team, articulates CW, public, and private partners’ beliefs, values, goals, and guiding principles for transforming child welfare work in Oregon. The commitment to and implementation of the Vision for Transformation has significantly contributed to improving safety and outcomes for children throughout Oregon since its inception. The goal of the Vision for Transformation is that “all children experience safe, stable, healthy lives and grow up in the care of a loving family and community,” with safety being the first pillar. The prioritization of safety shows a commitment to keeping children and young adults safe and aligns with the recommendations from the 2016 PK assessment. CW and its partners want to ensure that children are safe. The Vision for Transformation states that CW will achieve this by “assessing child safety.” The first guiding principle, supporting families and promoting

²⁷ <https://www.oregon.gov/odhs/child-welfare-transformation/Pages/community.aspx>

²⁸ <https://www.oregon.gov/odhs/agency/pages/cwac.aspx>

²⁹ <https://www.oregon.gov/ODHS/CHILDREN/CHILD-ABUSE/Pages/Data-Publications.aspx>



prevention, includes an area of focus on responding to community concerns about child abuse and neglect. CW created a centralized hotline for screening reports of child abuse and neglect in 2019, meeting one of the goals of the Vision for Transformation and taking a solid step toward improving safety for children statewide.

Another area of focus in the Vision for Transformation is safety and fatality review and prevention. This initiative improves the safety of children and young adults by applying the lessons learned from serious injuries and child maltreatment fatalities to prevent future incidents.³⁰ Incorporating this CQI process into critical incidents will reduce such incidents over time and improve safety for children.

The third guiding principle of the Vision for Transformation, enhancing the system's structure by using data with continuous quality improvement, includes an area of focus of CQI and quality assurance systems for evaluation of CW's programs and initiatives. CW uses implementation science to implement ORCAH, Structured Decision Making®, and other strategies outlined in their five-year 2020–2024 Child and Family Services Plan. CW is also using data to drive decision-making, analyzing data for improvements in processes, policies, and systems, and measures progress over time to learn about improving safety for children under CW supervision in all areas of practice. Continuous quality improvement processes are in use and in practice in ORCAH – the Safety Program and Permanency Program. This use of data to drive decision-making processes aligns Oregon with federal expectations and requirements and allows them to make informed decisions for children, young adults, and families. More information about CW's CQI practice can be found in Section 4.3.

4.1.4 Implementation of the Oregon Child Abuse Hotline (ORCAH): Summary of Key Theme

Finding: Oregon's implementation of Centralized Intake has improved safety for children across Oregon. Leadership has addressed issues that have arisen during implementation and used data and their CQI process to improve practice and outcomes.

The most crucial decision in child welfare is assessing the safety of a child in response to an allegation of harm. Screening and assessment protocols have improved through three strategies: implementation of the centralized hotline, adoption of a standard protocol for closed at screening, and implementation of tools to support decision-making.

The Child Welfare Information Gateway publication *Making and Screening Reports of Child Abuse and Neglect* (2022) outlines best practices for screening and responding to reports

³⁰ Oregon Department of Human Services. (2020). *Child Welfare Division Vision for Transformation*. <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2445.pdf>



of suspected child abuse or neglect.³¹ CW now meets or exceeds best practices in these four areas, which it did not in 2016:

1. **CW now has clearly defined procedures for screening and responding to reports of suspected child abuse or neglect.** In 2022, CW implemented the Structured Decision Making® (SDM) Screening and Response Time Assessment Tool. Using SDM has helped CW meet best practices with identifying required content for reports of abuse or neglect, criteria for screening reports, investigation or assessment procedures, timeframes for completing investigations or assessments, and the classification of investigative findings. This evidence-based and research-based model identifies the pivotal points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision.
2. **CW changed to the SDM Model to use modernized tools to promote the safety of children and reduce disparate outcomes.** The SDM model for child protection assists agencies and workers in meeting their goals to promote the ongoing safety and well-being of children. The full suite of tools in the SDM model includes clearly defined service standards, mechanisms for timely reassessments, methods for measuring workload, and tools for ensuring accountability and quality controls. Oregon has begun the process of exploring the full suite and has implemented one of the tools as of 2022. The Screening and Response Time Assessment Tool evaluates whether the information reported meets the statutory definition of abuse and, if so, how quickly an in-person child protection services response should occur. The tool supports this decision process by clarifying the definitions and interpretations of child abuse.
3. **CW exceeds best practice by having a specialized unit within centralized intake to prioritize calls received from Law Enforcement.**
4. **CW exceeds best practice by defining special procedures for handling child fatalities and substance-exposed children.** Chapter 2 of the 2021 Procedure Manual focuses on handling special circumstances at screening, including the Indian Child Welfare Act and the role of the screener (and notification to tribes), sensitive case records and conflicts of interest, child fatalities, domestic violence, substance affected infants (including Plans of Safe Care), minor parents as alleged perpetrators of child abuse or neglect, missing or runaway children or young adults with an open child protective services cases, sex trafficking victims, and requests for information on an open child welfare case. The 2023 Procedure Manual retains this language.

³¹ Child Welfare Information Gateway. (2022). *Making and screening reports of child abuse and neglect*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. <https://www.childwelfare.gov/topics/systemwide/laws-policies/statutes/repproc/>

Centralized Intake

Centralizing intake is important because it significantly increases consistency in safety decision-making and reduces the potential for errors or inconsistencies in intake across the state. Hotline systems, or, in Oregon’s case, Centralized Intake, are the first point of contact for people reporting child abuse and neglect and are the first decision-making point for screening reports of child abuse and neglect. Hotline decisions determine whether a family becomes involved in the child welfare system. Research suggests that states with centralized hotlines are more consistent and accountable in their screening decisions compared to decentralized intake systems, in which local or regional offices receive reports of child abuse and neglect.³² Nearly all (94 percent) states with centralized intake systems had benefits that included more consistency, accuracy, and efficiency.³³

CW’s centralized intake, ORCAH, meets the best practices for intake in the following ways, none of which were met in 2016:

- **Consistent and timely response to reports of child abuse or neglect.** In 2019, Oregon implemented a centralized, statewide, 24-hour-a-day, seven days per week hotline for the screening of child abuse and neglect reports.
- **Clear policy guidance, including concrete definitions of abuse and neglect.** The 2022 Procedure Manual includes updated definitions of abuse types to aid in consistent and accurate decision-making by screeners, including mental injury, neglect, physical abuse, sexual abuse, sexual exploitation, and the threat of harm. Also, see SDM above.
- **Reliable decision-making processes to assist caseworkers in making screening decisions.** See detail about SDM above.
- **A skilled workforce.** The 2022 Procedure Manual provides additional information regarding screener, supervisor, and program manager roles and responsibilities in screening reports.³⁴ The 2022 Manual also outlines the screening process for information received at the hotline³⁵ and provides instruction on how to conduct a

³² Casey Family Programs (2011). *Centralized Intake Systems*. Seattle WA: Casey Family Programs. Sourced from *Effective Hotline Elements: Supporting Accurate and Reliable Screening Decisions*. Casey Family Programs Strategy Brief, November 2017. http://www.casey.org/media/Effective-hotline-elements_strategy-brief.pdf

³³ Holland, S., Glass, L., Clearfield, E., Jenkins, J., and Stevens, C. (2014). *Answering the call: How states process reports of child abuse and neglect*. Austin, TX: Morningside Research and Consulting Inc. <https://docplayer.net/24777603-Answering-the-call-how-states-process-reports-of-child-abuse-and-neglect-revised-june-23-morningside.html>

³⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (pp. 99–102).

³⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (pp. 105–119).



child welfare history review, make the screening decision, assign response times, close cases at screening (if appropriate), and document the report.³⁶ ORCAH also offers a Screening Training Academy for new screeners before taking calls and trains on various topics regarding screeners' responsibilities.

- **A stable workforce.** Since 2020, CW data show that turnover within ORCAH has decreased from nearly 5% to under 4%, while the number of full-time positions has increased from 164.5 to 204.
- **Continuous Quality Improvement (CQI).** CW has a robust internal quality assurance process to improve consistency in screening decisions, customer service, and call wait times. There is a CQI process in place that uses data to improve processes. More information about CQI can be found in Section 4.3.

ORCAH Implementation

Transitioning from a decentralized intake process to a centralized one is a sizeable undertaking. Oregon centralized the Hotline despite the typical challenges that accompany this process, and continued implementation and adjustment during the COVID-19 pandemic, which presented its own unique set of challenges.

The implementation process takes time. CW used implementation science to plan for, implement, and adjust ORCAH practice. Process changes developed within the Implementation Science framework³⁷ can take up to five years to fully integrate into a child welfare system.³⁸ In addition, implementation requires using the CQI process to make data-driven decisions. It requires CW leadership to use data to identify the parts of the process that are working and which are not. Where the process is not working, implementation science requires necessary adjustments. This implementation process can lead to frustration amongst the staff who must adjust their work accordingly. These adjustments occurred with ORCAH implementation.

When CW began implementing ORCAH, some aspects of the practice worked well, and others did not. As expected, staff expressed frustration throughout the implementation process.³⁹ CW Leadership used data-driven decision-making to adjust what was not working well. For example, CW received complaints about the wait times, and CW leadership adjusted the process to allow screeners to answer calls timelier. The wait times

³⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (pp. 119–143).

³⁷ National Implementation Resource Network (NIRN). (Jan 2015). *Implementation Science*. <https://nirn.fpg.unc.edu/resources/implementation-science>

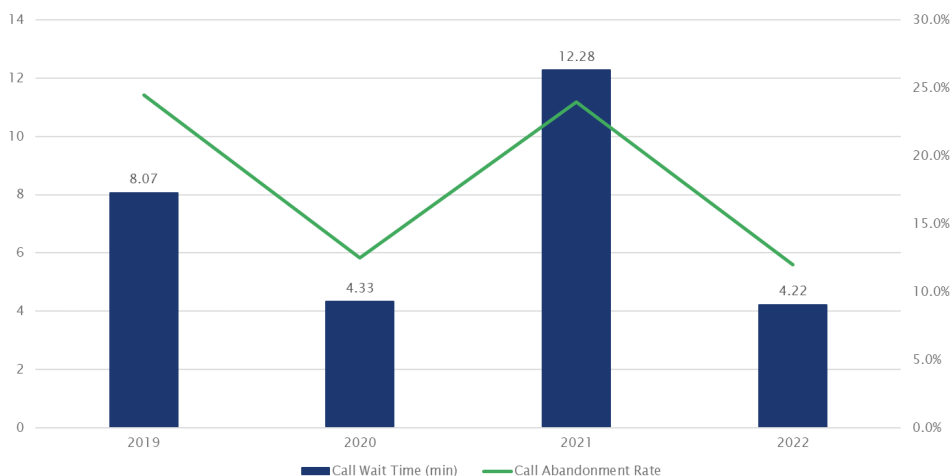
³⁸ ODHS CW ORCAH Annual Report (August 2018–2019). <https://www.oregon.gov/odhs/data/cwdata/cw-orcah-annual-report-2019.pdf>

³⁹ Focus Group Discussion.



are now down significantly: in 2019, average call wait times were as high as eight minutes, with nearly 25 percent abandoned calls. As of September 2022, the average wait time was less than two minutes, with some queues having an average wait time of less than one minute, with a five percent abandonment rate.⁴⁰ As of August 2023, the average wait time for all caller types (including from law enforcement, medical providers, mandatory reporters, general public, and Spanish-speaking community members) was less than one minute.⁴¹ These shorter wait times allow for reporters of abuse and neglect to reach appropriate staff and help improve safety outcomes for children and young adults across Oregon quicker.

Figure 5. Call Wait Times in Minutes and Call Abandonment Rate



Despite some frustrations, safety caseworkers discussed the benefits of ORCAH, including CW partners having one point of access to report suspected child abuse or neglect. ORCAH staff report most supervisors are supportive and assist with making screening decisions. ORCAH staff believe that centralizing the hotline has made a positive impact on the safety of children and that there is improved consistency in accepting reports of abuse.

ORCAH and CQI

An additional indicator of progress is that in October 2019, ORCAH established a continuous quality improvement (CQI) program. Trained screening quality assurance specialists review a random selection of screening reports each month, along with listening to live calls (selected at random) with a screening supervisor. ORCAH staff review requests from service delivery offices (local offices) to reconsider screening decisions to ensure decisions align with procedures. Data, including monthly and quarterly quality assurance reports, are used to determine improvements needed in training, procedures, technology,

⁴⁰ Oregon Child Abuse Hotline Quarterly Report (2022 – Third Quarter). (p. 5).

⁴¹ ODHS Child Welfare Division Progress Report. (September 2023). <https://www.oregon.gov/odhs/child-welfare-transformation/progressreports/cw-progress-report-2023-09.pdf>



documentation, or other areas of concern. Quality assurance specialists review screening reports to determine if timeliness measures were met.⁴²

The 2023 APSR reports that the Critical Incident Review Team (CIRT) participates in ORCAH's CQI process. A part of the quality assurance review includes gathering information about whether screening decisions were correct. The APSR notes that "in 2021, the findings indicated that 90 percent of ORCAH closed or assigned reports were correct, 94 percent of the response time decisions were correct, and 78 percent of cases had correct allegations,"⁴³ all of which show strong performance. While there is not a national standard, these data show CW's commitment to accuracy.

4.1.5 New Ways to Assess Safety: Summary of Key Theme

Finding: Oregon improved the assessment of safety in several ways. CW implemented PK's 2016 recommendation to centralize hotline operations and improved screening by implementing the Structured Decision Making® Screening and Screening and Response Time Assessment Tool. Oregon's new methods of assessing safety have led to a continuation of meeting timeliness goals and the exploration of ways to continue improving. CW has also made progress in improving assessing the safety of children under supervision of in-home services by updating procedures to encourage best practice of co-managing work between in-home and substitute care to ensure safety and increase the number of face-to-face visits that caseworkers completed with children.

Timeliness

Responding timely to allegations of child abuse or neglect can mean life or death for children in unsafe situations. Once a report of suspected abuse or neglect has been made and an agency has screened it in, it is the agency's responsibility to respond to that report in a timely manner as designated by law, statute, and procedure.

Oregon's implementation of ORCAH and the Structured Decision Making® Screening and Response Time Assessment Tool made progress towards more timely screening of hotline reports and defines response times to accepted reports. Oregon is exploring creative solutions for ensuring timeliness of assessments, including expanding the workforce's traditional working hours beyond 9 am to 5 pm to be more inclusive of when the families need services and support.

⁴² Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (June 30, 2022) (pp. 104–105).

⁴³ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (June 30, 2022). (p. 105).



CW met the standard for assessment timeliness in 2016 and has continued to do so in 2022.⁴⁴ The 2016 Procedure Manual included CPS assessment timelines limited to within a 24-hour timeline (including within 0–2 hours and within 2–24 hours, allowing for exceptions) and within five calendar days. This meets best practices for the timeliness of child welfare assessments. The 2016 Procedure Manual allows CPS supervisors to change or extend timelines under certain guidance.⁴⁵ The 2016 Procedure Manual specifies timeframes and steps to take for making face-to-face contacts with child(ren).⁴⁶ This meets best practices for face-to-face visits with children.

CW has several initiatives in place to continue to meet timeliness goals in responding to allegations of child abuse or neglect. For example, in 2022, Safety Consultants worked with local offices to develop strategies and action plans to increase the timeliness of initial contacts and the quality of ongoing contacts to improve child safety outcomes. CW continues to promote making initial contacts within the required timeframes by sharing qualitative and quantitative data. Also in 2022, CW's Child Safety Program partnered with the Child Fatality Prevention and Review Program (CFPRP) and the University of Kentucky Center for Innovation in Population Health to complete Safe Systems Mapping.⁴⁷ The goal of using Safe Systems Mapping is to improve timeliness to initial contacts with families, promote accurate initial contact data collection, and respond to additional contacts with families to improve child safety. Furthermore, CW began participating in the National Partnership for Child Safety (NPCS). NPCS collaborates with 26 state, county, and Tribal child and family serving agencies and technical assistance advisors in support of safety science implementation.⁴⁸

ORCAH's timeliness to assignment has increased throughout 2022. Timely assignment from ORCAH is critical because it provides CPS caseworkers more time to contact families. Screeners must make a screening decision within ten hours of receipt of the contact. Of reports that must be assigned within 10 hours, ORCAH assigned 79 percent (on average) within the required timeframe during 2021 and 87 percent between January and April

⁴⁴ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (June 30, 2022).

⁴⁵ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 2016). (pp. 78–80).

⁴⁶ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 2016.) (pp. 91–92).

⁴⁷ University of Kentucky. Center for Innovation in Population Health. <https://iph.uky.edu/what-we-do/safe-systems>

⁴⁸ University of Kentucky. Center for Innovation in Population Health. <https://cph.uky.edu/news/npcs-highlights-progress-toward-integrating-safety-science-child-welfare-systems>



2022. For reports with a 24-hour response, 86 percent (on average) were completed on time during 2021 compared to 90 percent during January–April 2022.⁴⁹

In-Home Services

Oregon made progress in improving the safety assessment of children under supervision of in-home services by updating procedures to encourage best practices of co-managing work between in-home and substitute care. This ensures safety and increases the number of face-to-face visits that caseworkers completed with children.

Child welfare agencies have a responsibility to ensure the safety of children who remain in their homes. In-home services allow children to stay with their parents, siblings, extended family members, friends, and within their schools while the child welfare agency provides supports and resources to help parents address the issues that led to abuse or neglect and ensure the children are safe. Decision-making and safety planning by the agency with the family can prevent future abuse and the unnecessary placement of children in substitute care.

One indicator of progress is in 2021 CW executive leadership, the Child Safety and Permanency Programs, and delivery Program Managers partnered to develop district-specific engagement plans that are aligned with the Vision for Transformation. CW now has a Mobile CPS Unit that helps local offices make sound safety decisions and assists offices in completing CPS assessments within the required timeframes. The Mobile CPS Unit provides new or less experienced CPS caseworkers, supervisors, and program managers with opportunities to learn how to engage families in the safety assessment process, sufficiently gather information at initial and ongoing contact with families, and analyze the information gathered to make safety determinations.⁵⁰

CW also made progress by updating the Procedure Manual to enable co-case management. Co-case management improves safety for children because it increases opportunities for early collaboration and engagement with families to ensure safety threats are identified correctly and that safety plans are as unintrusive as possible while managing safety and promoting cross-program partnerships and perspectives.⁵¹ The 2016 Procedure Manual did not include this capability. The Procedure Manual now clarifies that conducting

⁴⁹ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (June 30, 2022). (p. 28).

⁵⁰ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (June 30, 2022). (p. 33).

⁵¹ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 10/1/2022) (pp. 430–437).



assessments is more than fact-finding; it is a way to establish rapport with family members and engage them in the safety intervention process.

Additionally, Oregon also made progress by developing programs that help create more comprehensive safety plans. For example, the Child Safety Program uses group supervision for cases with infants, previously founded dispositions, or cases where children experienced recurring maltreatment. CW is using the Child Safety Program more strategically now to identify especially vulnerable children. Group supervision provides coaching and supports CPS workers, Coaching and Training Specialists, and supervisors by comprehensively gathering safety-related information and working with families to develop in-home safety plans when there is present or impending danger. Another example is the Safe & Together™ Model⁵², an internationally recognized suite of tools and interventions designed to help child welfare professionals become informed about domestic violence.

Caseworker Visits

For in-home services cases, caseworkers must visit children in the home at least monthly. Caseworker visits with children and families provide an opportunity for ongoing assessment of safety and risk. The frequency of visits with children and families should be determined according to the circumstances of the case, including risk and safety concerns present, the age and vulnerability of the child, and the reason for the agency's involvement with the family.⁵³ Caseworkers improved meeting the requirements for face-to-face contact for children receiving in-home services from 60 percent in 2016 to 70 percent in 2021.

4.1.6 Using Data to Improve Safety: Summary of Key Theme

Finding: Oregon improved safety assessments by using results from reviews to inform changes to safety practices. CW uses biannual fidelity reviews, structured reviews of child fatalities or near fatalities, and data dashboards to continue improving the use of data to inform and improve safety.

Since 2016, Child Welfare has shown improved safety assessment by implementing a CQI process that includes fidelity reviews, the Critical Incident Response Team, and data dashboards.

⁵² Safe and Together Institute. Model Overview. <https://safeandtogetherinstitute.com/about-us/about-the-model/>

⁵³ U.S. Department of Health & Human Services Administration for Children and Families. (June 2022). Child and Family Services Reviews. *Onsite Review Instrument and Instructions*. <https://www.acf.hhs.gov/sites/default/files/documents/cb/cfsr-r4-osri-fillable.pdf>



Fidelity Reviews: Fidelity reviews are essential because they allow CW to update their information and processes consistently. These reviews, which are part of Oregon’s Program Improvement Plan, developed following their CFSR in 2016, also allow leadership to see how decisions are made across the state, which supports consistency. CW’s fidelity reviews are strong because they are conducted twice a year, the cases are pulled from a randomized sample, they use standardized language, reviewers are trained specifically to conduct the reviews, and reviewers are recruited from various stakeholders, including Tribal Affairs, the Portland State University Child Welfare Partnership, ORCAH, the CFSR team, and CPS staff. The CPS fidelity review evaluates CPS responsiveness, information gathering, safety determinations, interventions, and dispositions. The information is compiled in a series of reports:

- A statewide report provides an overview of statewide practice
- A comparison report including information about all the local offices and districts
- A district report providing information for each local office

Supervisors who participated in the fidelity review process reported learning a lot and wishing they had the time and capacity to do more. District and Program Managers for most districts also have a review process for safety data and develop goals for improvements.

In addition, the Office of Program Integrity conducts state led CFSRs and reviews each district annually. Safety Consultants participate in the CFSR team and debrief the CFSR process and findings. The Safety Consultants discuss the results of fidelity reviews and other data (such as Results Oriented Management, or ROM, reports related to the CFSR findings) and local practice to discuss differences in CFSR measures and other data. The CFSR team analyzes and discusses root cause analysis and includes all design consultants who work with the local offices. Safety Consultants explore safety practices and discuss potential interventions for improvements at the state and local levels.⁵⁴

Critical Incident Response Team (CIRT): Child welfare distinguishes reports of allegations of abuse and neglect versus critical incidents. Statute defines both allegations of abuse and critical incidents, and critical incidents are a subset of allegations of child abuse and neglect. There are specific procedures for handling critical incidents, such as a fatality or near fatality, while children are in CW custody. Separate reviews occur for critical incidents that involve the Critical Incident Response Team.⁵⁵ These reviews are viewed as opportunities for learning and for systems improvement. Oregon statute requires a CIRT on cases where a child has died due to abuse and the child and family had been involved with

⁵⁴ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR). (2023). (June 30, 2022). (p. 102).

⁵⁵ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 10/1/2022) (pp. 21–27).



the Department within the preceding 12 months of the fatality. Beginning in 2018, Oregon began using a safety culture framework in the CIRT process. CW has received technical assistance from the National Partnership on Child Safety Collaborative through Casey Family Programs at the University of Kentucky.

Data Dashboards: There are several data dashboards available to help CW manage workloads, ensure safety assessments are completed, and improve data. Caseload dashboards quantify the number of assessments, cases, or providers each caseworker is assigned. The CW executive dashboard includes information about assessment data to provide insight into child welfare practice overall.⁵⁶ More information about these dashboards can be found in Section 4.11.

Finally, as it relates to data-driven practice, Program Managers stated that child welfare leaders promote safety for children under child welfare supervision by providing training and support to staff regarding safety practices. Safety is emphasized through the agency's involvement with all families, in the home and in foster care. Leaders focus on responding to safety consistently across Oregon by continuous refinement of procedures for alignment.

4.1.7 Contextual Factors: Child and Family Services Review Findings

Oregon participated in Round 3 of the CFSR in 2016, and that review assessed adequacy of the three safety outcomes:

- Item 1: Were the agency's responses to all accepted child maltreatment reports initiated, and face-to-face contact with the children made, within timeframes established by the agency policies or state statutes?
- 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?
- Item 3: Did the agency make concerted efforts to assess and address the risk and safety concerns related to the child(ren) in their own homes or while in foster care?

Oregon was assessed as needing improvement in all three safety areas because it failed to meet the 95 percent required national threshold for the item to be rated as a strength. Since the 2016 review, fewer than six states have met the 95 percent national threshold for these three items, so Oregon is not alone. Oregon's quantitative results are shown in the appendix. CW shows improved performance in Item 1 from 2016 to 2021. CW shows minor drops in case ratings for Item 2 and Item 3 from 2016 to 2021 (2 percent and 1 percent

⁵⁶ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR). (2023). (June 30, 2022). (p. 103).



respectively). CW shows better performance in 2016 over the national performance average in 2016, which reflects all states reviewed in Round 3 of the CFSR.

While the CFSR focuses on specific data points within child welfare, PK’s assessment has considered the quantitative and qualitative data contained in the CFSR and Oregon’s practice. PK acknowledges that despite some slight declines in quantitative data, CW is keeping children safer and has made significant changes in statute and policy for screening, investigatory response, and supervisory policies, as well as communication protocols among the multiple offices within ODHS.⁵⁷ As mentioned previously, implementation of these policies, protocols, and statutory changes takes time, and more time is needed before CW will realize notable changes in the quantitative data.

4.2 CW made significant progress to improve the agency culture

Finding: Since 2016, Oregon has made significant progress in improving and prioritizing the agency culture led by implementing the Vision for Transformation. The Executive Leadership Team infuses the Vision for Transformation’s guiding principles into each aspect of child welfare practice.

4.2.1 Key Themes

Table 3. Key Themes

Key Theme	Description
Leadership Vision	In 2020, CW created the Vision for Transformation to build a CW Division that consistently supports the needs of families and serves children and young adults. One of its guiding principles is enhancing staff and infrastructure with several initiatives to improve organizational culture and develop a supported and engaged workforce. Several assessment participants credited the Vision for Transformation and current CW leadership for changes and improvements in agency culture.
Leadership Modeling	CW has made progress in modeling leadership skills for the workforce and shifting the organizational culture to be antiracist and equitable. According to assessment participants, child welfare executives consistently model strong leadership skills and behaviors.

⁵⁷ Administration for Children and Families, Children’s Bureau. (2016). Child and Family Services Reviews: Oregon Final Report. <https://www.oregon.gov/odhs/data/cwdata/cw-cfsr-final-2016.pdf>



Key Theme	Description
Worker Safety	CW has improved psychological safety for workers in multiple ways but has more work to do on improving physical safety for workers. Assessment participants cited a significant difference in CW’s focus on child safety versus worker safety.

4.2.2 Leadership Vision: Summary of Key Theme

Finding: Since 2016, CW made significant improvements in this area, framed by creating the Vision for Transformation. The goal of the Vision is to create a CW Division that consistently supports the needs of families and serves children and young adults. This Vision touches every area of CW practice and impacts policy and expectations. As part of the Vision, CW developed a more robust CQI framework to improve feedback loops and data-driven decision-making.

The 2020 Child Welfare Vision for Transformation is the roadmap for CW to transform into an organization that supports and preserves families. That is the leadership vision for the future of the CW Division. One of its guiding principles is enhancing staff and infrastructure with several initiatives to improve organizational culture and develop a supported and engaged workforce. Several assessment participants credited the Vision for Transformation and the Executive Leadership Team for the improvements in agency culture over the past three years.

When explicitly asked in the 2021 survey about the leadership of Ms. Jones Gaston, staff with more than 16 years of experience at CW were more likely than those with fewer years of experience to say that the agency culture improved during her tenure. These staff have worked with several directors during their careers at CW.

Focus group participants noted that Ms. Jones Gaston and her Executive Leadership Team brought stability and comfort that staff did not feel with previous leaders and brought hope to child welfare. There is a consistent belief that, since 2019, this Executive Leadership Team has improved staff morale, improved the practice of leading by example, and brought a focused mission to the agency.

Interviewees and focus group participants reported that the Executive Leadership Team has shifted the culture from a punitive one to a learning culture and has brought a prevention focus to child welfare. They said their work to help define the Vision for Transformation and build the Executive Leadership Team has improved agency culture.



In the past two years, CW has also dedicated significant effort to building a continuous quality improvement (CQI) infrastructure that uses data to drive decision-making and performance monitoring. Please see Section 4.3 for more information on CQI. Since 2016, CW leadership has also revised the Procedure Manual to use more directive language and active voice, which results in less ambiguity regarding whose responsibility tasks are. This language change provides increased clarity, action, and a sense of accountability, which may contribute to improved organizational culture.

4.2.3 Leadership Modeling: Summary of Key Theme

Finding: Since 2016, CW has made progress in modeling leadership skills for the workforce and shifting the organizational culture to be antiracist and equitable. The CW Executive Leadership Team models various leadership skills to each level of the workforce and encourages engagement, communication, and vulnerability.

According to assessment participants, this Executive Leadership Team consistently models strong leadership skills and behaviors. This includes:

- Modeling servant leadership, in which leaders support their staff and teams
- Sharing power for efficient decision-making
- Yielding power to those with lived experience
- Practicing open communication and transparency
- Leading by example
- Coaching and mentoring
- Providing and receiving feedback
- Partnering with local communities

Participants noted that setting a clear path with the Vision for Transformation and committing to its initiatives has had a positive impact.

CW has built an Executive Leadership Team that collaborates across the division, is working toward a shared vision, and has increased confidence and security among child welfare staff. Assessment participants shared the following examples of leadership skills and behaviors modeled over the last three years:

- **They are leading by example.** This Executive Leadership Team models the behaviors and actions needed to shape the agency they are hoping to achieve. They have modeled setting a vision that aligns with the agency's core values and acting on that vision. Focus group participants described leaders as "walking the talk" by demonstrating how the workforce should show up for colleagues, children, and families while taking measured risks. Leadership has been working with managers



to build their capacity to transform the agency. They are working to create an atmosphere of equity and inclusion across CW, including how managers interact with employees, families, and tribal communities. CW created a new Deputy Director position focused on equity, training, and the workforce and built a new team in the Division. This team develops and provides training to the workforce on equity, intersectionality, and working with children and families in the LGBTQIA2S+ community. CW leaders demonstrate the behaviors, actions, and tones managers are expected to use when interacting with staff and the community. Under this Executive Team's leadership, CW has been working to create an antiracist organization and has provided managers with the tools to do that. Assessment participants noted that executives model CW's core values, they are consistent, and they show up.

- **They are shifting organizational culture.** Leaders support districts and counties by continuing to implement CQI processes and use data to drive decision-making and needed improvements in child welfare procedures, staffing, and workforce support. The team takes a holistic approach when looking at child safety. CW leaders created a project management office and have built change management processes to implement new interventions better.
- **They are engaging with community partners.** Leadership prioritizes connection with community providers, stakeholders, and community members. These connections are one of the guiding principles of the Vision for Transformation. The team has assessed whether the right people are represented in advisory groups and set new expectations for the roles of CW's multiple advisory committees and councils. This includes yielding power to those with lived experience. The feedback from committee and council members has been positive, citing that they feel more engaged and feel like they are making fundamental contributions to system improvements. According to assessment participants, leadership is engaged in both policymaking and in engaging communities, which is a better model than in the past, where leaders were engaged in one or the other.
- **They are coaching and mentoring.** CW leaders are working with the Capacity Building Center for States to launch a coaching model to increase and improve the psychological safety culture to create a learning organization to help the workforce thrive. CW plans to update its supervision model to have a coaching and reflective supervision foundation.
- **They are increasing communication and transparency.** Assessment participants noted a shift to having more open communication in recent years. CW leaders provide opportunities for staff to process their experiences and allow staff to provide feedback without consequence. Leadership prioritizes a workforce culture where concerns and issues related to worker well-being can be freely expressed.



They are open to feedback and try and make changes when feasible. Leaders offer opportunities for staff to submit complaints, feedback, and questions. Focus group participants reported that the feedback loop as part of the CQI process is the most consistent it has been in more than 20 years. Modeling from leadership also helps Program Managers model this to their teams.

- **They listen to concerns from staff.** Some assessment participants shared that while there has always been a culture where staff could express concerns, this significantly improved with current CW leadership. Assessment participants reported that open communication about safety issues or safety concerns for children has increased since 2019. The Executive Leadership Team has prioritized and fostered a culture where staff can express concerns and issues related to child well-being and provided several avenues for staff to do so. They can discuss issues with their immediate supervisor, the Program Manager, call the child abuse hotline, or raise safety concerns to child welfare leadership if necessary. When discussing child safety, participants noted that their supervisors support them, encourage them to share safety concerns, and trust them to escalate issues when necessary. CW staff and managers report they are also encouraged to speak up with safety concerns regarding children in substitute care. Assessment participants reported that when they are analyzing a critical injury or fatality, they are encouraged to speak up and share information that they have. They noted that while this is still a work in progress, it has improved.
- **They are vulnerable and owning their mistakes.** Leaders communicate and demonstrate that making mistakes is part of growing and improving. They hold their mistakes and allow others to make mistakes. They share that it is okay for managers and staff to get something wrong or not have it quite right, and they must keep asking questions.

4.2.4 Worker Safety: Summary of Key Theme

Finding: Worker safety includes both physical and psychological safety. Since 2016, CW has improved psychological safety for workers by focusing on mental health, diversity, equity, inclusion, belonging, and open communication. CW has made some progress regarding physical safety for workers but still feel their safety is at risk at times.

Physical Safety

CW has made some progress regarding physical safety for workers. Still, some focus group participants expressed that worker safety is one of the areas where CW has the most work



to do as an agency. Since 2016, the Procedure Manual⁵⁸ has been updated to include a new exception to meeting the initial 24-hour response timeline if worker safety is questioned and law enforcement assistance is not immediately available. However, overall policy and procedure guidance around worker safety remains limited. CW does have policy language requiring caseworkers to plan for their safety, evaluate potentially dangerous situations, and take safety precautions. Physical safety is a significant concern for many workers due to their client's mental and physical health or substance use issues. Caseworkers cited conflicting practices among branches and supervisors. There does not appear to be consistent guidance for effectively responding to child abuse reports while keeping staff safety in mind.

Psychological Safety

Psychological safety is essential for the child welfare workforce as it positively impacts job attitudes and behaviors and strongly predicts work engagement, job satisfaction, and commitment. Psychological safety is measured at both the individual and group level, and both are positively impacted by peer support, leadership support, and organizational support.⁵⁹

Assessment participants noted an increased recent focus on improving psychological safety but noted it is inconsistent throughout CW.

This assessment identified several improvements to CW's focus on psychological safety:

- **Increased focus on diversity, equity, and inclusion.** In 2020, CW created and hired a dedicated position within the Executive Leadership Team focused specifically on equity, training, and the workforce as part of the commitment to being an antiracist organization. Additionally, ODHS implemented Oregon Resilience in Support of Equity (RiSE)⁶⁰ in 2017 to build a positive, respectful, and growth-focused agency. RiSE is at the core of increasing safety and belonging among workers. RiSE is both a direct response to employee input and a commitment from leadership. Safety, well-being, equitable treatment, and belonging are elements of RiSE. Several assessment participants spoke about RiSE and mentioned that they have never felt so comfortable discussing race, sexual orientation, and disability as they do now at CW. They cited RiSE as the fundamental difference from previous years.

⁵⁸ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 10/4/2021). (pp. 168–171).

⁵⁹ Quality Improvement Center for Workforce Development. (May 27, 2020). Psychological Safety. <https://www.qic-wd.org/umbrella-summary/psychological-safety>

⁶⁰ Oregon Department of Human Services. About RiSE. <https://www.oregon.gov/odhs/about/pages/rise.aspx>



- **Focus on mental health.** CW created a Critical Incident Stress Management debrief process in July 2020 to support staff impacted by traumatic incidents. Workers are invited to participate in these support sessions after a traumatic event is reported or if a worker reaches out for support. Participants note that the focus on mental health and well-being is helpful but varies from district to district, and some report that CW doesn't do a good job recognizing the trauma that staff go through daily. Other participants noted that while mental health, self-care, and stress management are encouraged, there is no time available or practical way to conduct self-care on the job, and it becomes one more thing to do in their time away from work. Assessment participants discussed the need for CW to support staff without adding to workloads. CW may offer support groups and training, but caseworkers do not have time to do these. Some participants noted that while CW does not do an excellent job of recognizing the trauma that staff go through daily, it has started to improve over the last few years. Mental health for caseworkers has been a significant issue during COVID-19. CW offers an Employee Assistance Program that provides psychological and physical health care, working during a pandemic training, and other supports. Supervisors report that with so many staff taking personal time off for mental health, they lack resources to support the rest of the workforce.
- **Open communication.** Some assessment participants noted a shift to having more open communication. CW leaders provide opportunities for staff to talk through what they are experiencing and allow staff to provide feedback without consequence. Staff can share what is working and not working for them. Leaders offer opportunities for staff to submit complaints, feedback, and questions. Both leadership and staff discussed supervisors shifting to having open door policies for the team to discuss safety and mental health concerns and noted that it has not always been this way at CW. Current leadership prioritizes a workforce culture where problems and issues related to worker well-being can be expressed.
- **Coaching and mentoring.** As mentioned in this section, CW leaders are launching a coaching model to increase and improve the psychological safety culture to create a learning organization to help the workforce thrive.
- **Policy updates.** The 2021 CW Child Welfare Procedure Manual contains more information regarding self-care and caring for others and what specific programs may be available to resource parents and employees in the event of a child fatality. This includes recognizing grief and encouraging the use of public services.

Additional information about psychological safety can be found in Section 4.11, which discusses staff support.



4.3 CW made consistent progress to improve data-driven decision-making and quality of services

Finding: Since 2016, Oregon has made consistent progress to improve data-driven decision-making and the quality of services. Building capacity to be data-driven has been a leadership priority, evidenced by regular technology upgrades and a solid financial investment. Data-driven decision-making is a priority for national child welfare practice, and CW’s focus on this is an encouraging improvement.

4.3.1 Key Themes

Table 4. Key Themes

Key Theme	Description
Continuous Quality Improvement (CQI)	CQI advances include an additional 17 staff dedicated to CQI in 2021. While data-driven decision-making is not fully integrated into daily casework practice, it is being used to make placement decisions, screening decisions, tracking critical incidents, managing caseloads, and other ways. Implementation science and continued leadership prioritization of CQI show that this integration will occur over time.
Data Capacity	Since 2016, CW has made substantial investments in technology, reporting, and adding new staff dedicated to continuous quality improvement. The Office of Reporting, Research, and Implementation (ORRAI) was created to consolidate reporting and focus capacity on building dashboards that support practice. Tools and reports are available and are timelier, especially for leadership. Progress is needed in building the consistent use of data across the agency. A new dashboard was constructed to track critical incidents, and staff can access better tools to identify fit between children and resource families.
Improving Service Quality	CW has increased its capacity to collect data and uses it to evaluate progress, monitor compliance, meet state and federal requirements, and improve services in response to the evidence. Much of this improvement has occurred since 2017.



4.3.2 Continuous Quality Improvement (CQI): Summary of Key Theme

Finding: Since 2016, CW has shown tangible evidence of improvement in this area by building a CQI Team consisting of staff dedicated to using data for continuous quality improvement. The hiring of these 17 staff in 2020–2021 was funded by specific legislation aimed at improving the use of data by the CW agency. This CQI Team will assist CW staff in using data to make more informed decisions for children, young adults, and families.

In child welfare, the systematic use of data for performance and monitoring is called continuous quality improvement. CQI is the process of identifying, describing, and analyzing strengths and problems and then testing, implementing, learning from, and revising solutions. One of the guiding principles of the Vision for Transformation is “enhancing the structure of our system by using data with continuous quality improvement.”⁶¹

Building CQI capacity has been an ongoing effort for CW, fueled by support in 2021 from the Oregon Legislature to provide the staff positions needed to build a CQI workforce. CW also worked with partners at Chapin Hall Center for Children at the University of Chicago to build robust CQI processes. As part of this process, CW created the CQI Workgroup to collect information on current processes, staff needs, and tribal input; and develop recommendations to build a CQI process that is flexible and responsive. This process aligns with the Vision for Transformation, informs the use of data through an equity framework, and defines the process to access and understand data.⁶² The workgroup met throughout 2021 and leveraged expertise from tribal partners and those with lived experience.⁶³ The CQI Workgroup made recommendations concerning CQI implementation structure, CQI processes, feedback loops, and the use of data. In mid-2021, CW established a CQI Team with new full-time positions to lead the quality improvement work and provide more statewide technical support for implementing the CQI priorities.

In fall 2021, CW created a cross-program team with the Office of Reporting, Research, Analytics, and Implementation (ORRAI) to build the CQI data team that would develop a statewide CQI model. The team is working with CW to build data literacy and increase data transparency within CW and its community partners to help identify opportunities for improvement, track trends, and identify strengths.⁶⁴

⁶¹ Oregon Department of Human Services. (2020). *Oregon Child Welfare Division Vision for Transformation*. <https://sharedsystems.ODHSoha.state.or.us/ODHSForms/Served/de2445.pdf>

⁶² ODHS Child Welfare Workgroup Charter: CW Statewide CQI Workgroup. (4/8/2021).

⁶³ ODHS CW Workgroup PowerPoint: Recommendations for Statewide CQI Structure. (10/19/2021).

⁶⁴ ODHS Memo: CW and ORRAI partner to create a statewide CQI model. (8/9/2021).



CW has made other concrete improvements in refining its Quality Assurance (QA) and CQI processes since 2016, such as ensuring staff throughout the division contribute to improving the CQI and case review processes. More detail about these processes can be found in the appendix. CW is partnering with Adopt USKids⁶⁵, the National Training Institute⁶⁶, and Wendy's Wonderful Kids⁶⁷ to build and repair relationships with resource parents and young adults to conduct a CQI process on their experience with the child welfare system to ensure that those with lived experience can contribute to the improvement of the child welfare system in Oregon.

4.3.3 Data Capacity: Summary of Key Theme

Finding: Since 2016, data capacity has significantly improved. Capacity improvements include technical enhancements to OR-Kids and expanded access to data reports via the ROM reporting interface. An ODHS Child Welfare Federal Reporting and Data website was launched in December 2021 and is accessible to external partners, the public, and staff through an interactive dashboard. These upgrades improve data accuracy and availability and encourage the child welfare workforce to use data in daily decision-making.

Data capacity has improved substantially since Oregon's State Automated Child Welfare Information System (SACWIS) was considered an area needing improvement in the 2016 CFSR and was highlighted as a need in the 2016 independent report. The Vision for Transformation emphasizes building a culture of inquiry and curiosity that leads to stronger collaboration and better problem-solving, and includes developing a system of continuous quality improvement where data is used to effectively target needs.

The ODHS Office of Reporting, Research, Analytics, and Implementation (ORRAI) was established, in part, to support ODHS' design and implementation of data-informed change.⁶⁸ In addition to supporting implementation of new initiatives, ORRAI analyzes and evaluates ODHS' programs and services to ensure they are effective and meet the needs of children and families. In 2017, ORRAI added implementation staff to strengthen the inclusion of those with lived expertise, including workers, experts, and ODHS clients, and improve the planning and coordination of implementation efforts.

⁶⁵ AdoptUSKids. <https://www.adoptuskids.org>

⁶⁶ National Center for Victims of Crime. National Training Institute (NTI).
<https://victimsofcrime.org/national-training-institute/>

⁶⁷ Dave Thomas Foundation for Adoption, Wendy's Wonderful Kids.
<https://www.davethomasfoundation.org/our-programs/wendys-wonderful-kids/>

⁶⁸ Office of Reporting, Research, Analytics and Implementation (ORRAI).
<https://www.oregon.gov/odhs/data/pages/orrai.aspx>



CW has also implemented new processes to improve case reviews, reporting, outcomes, and services for children, young adults, and families. More information on these tools can be found in the appendix. Additionally, since 2019, there has been an increased focus on using data to tell a story and the value of various data elements in decision-making.⁶⁹ Interviewees commented that data has been used in new ways under Ms. Jones Gaston’s leadership.

4.3.4 Use of Data to Improve Service Quality: Summary of Key Theme

Finding: The CQI Team is helping CW use data to make more informed, comprehensive decisions for children, young adults, and families in various areas of practice. CW uses data tracking in monitoring call wait times for the hotline, caseload tracking, tracking timeliness of initial assessments, recruitment and retention of resource families, and robust processes to integrate CQI into other areas that need monitoring and improvement are being developed.

CW has begun using data more consistently throughout the life of a case, as shown in the table below. As CW leadership continues to prioritize data-driven decision-making, relying on data at each phase of a case will become the way of working throughout the division.

Table 5. Improvements in Use of Data

Screening	Beginning in 2020, ORCAH implemented a data analytics tool that allows for the screener to make data-informed decisions about whether to assign a report for CPS Assessment. In 2022, CW transitioned from using data analytics to the Structured Decision Making® (SDM) Screening and Response Time Assessment Tool, which identifies the key points in the life of a child welfare case and uses structured assessments to improve the consistency and validity of each decision.
Management	Since 2016, CW implemented new tools, including developing dashboards and improving access to data, and data requests were streamlined to track themes and respond systemically to recurring requests. The 2021 survey showed that more managers than caseworkers believed that CW provided enough training and coaching on how they could use data to drive decisions and improve the quality of services. These responses show that leadership may currently be using data more than caseworkers. Caseworkers may not yet have a full understanding of the data available to them to make daily case decisions. As the CQI

⁶⁹ Staff interviews and survey results.



	process becomes more embedded in CW practice, caseworkers will have increased access to data that will support their decision making, from placement decisions to permanency goals.
Service Providers	CW is also making progress in using data with external service providers. Interviewees reported that the contracts team has been working on incorporating performance standards into contracts for the past several years. One interviewee said that District Managers began to engage contractors in conversations regarding expected outcomes and quality, and some participants shared that there are not yet enough incentives for providers to make performance-based contracting effective. Momentum around performance-based contracts is building.
Resource Families	Beginning in 2018, Resource Retention and Recruitment Champions were hired and trained in each of the 16 districts to focus on the recruitment and retention of resource families. Their role is to assess the needs of children and families, local demographics, and resource parent strengths to determine the recruitment needs for their district. Each Champion has a district recruitment and retention plan, based on its local population, with targeted and measurable goals. Each district plan feeds into a statewide plan to inform efforts at the agency level. Before the pandemic, Champions aimed to increase the number of resource families by 10 percent. Champions also support local child welfare offices in certifying new resource parents and coordinate retention efforts across CPS, permanency, and certification teams. The Champions use the data from prospective and current resource parents to inform new recruitment and retention efforts.

4.4 CW made progress during the identified timeframe to improve recruitment, retention, and the support of resource parents

Finding: Since 2016, Oregon has improved recruitment of, training of, and support to resource families. CW has implemented targeted recruitment to meet the needs of specific children and is collaborating across the child-serving system to increase capacity for resource homes. CW has increased service provision to resource families and has improved the training based on feedback received from resource parents and community members. While CW has not improved the ability to track the capacity of resource homes, this does not outweigh the significant progress in other areas. These improvements in practice have



not yet resulted in better outcomes for children, as Oregon’s placement stability data has not improved.

4.4.1 Key Themes

Table 6. Key Themes

Key Theme	Description
Diligent Recruitment	CW is focused on local, targeted recruitment, as shown by the hiring of 16 Resource Retention and Recruitment Champions, one in each district, to focus on recruitment of resource parents. These Champions use local data to drive their recruitment efforts and tailor them to the children needing care.
Resource Home Capacity	CW is using targeted recruitment to expand current capacity and is establishing local partnerships with county-level behavioral health providers including through the county-level system of care. CW’s request to the legislature for an increase in reimbursement rates for resource parents passed in 2023 and will be effective in July 2024.
Training Supports	CW has retaken ownership of the resource parent training curricula and has incorporated feedback from resource parents in the development and implementation of the content. CW provides flexibility in training modality to meet resource parents’ needs.
Placement Matching	CW uses several tools to appropriately match placements, including an assessment and home study. Oregon’s policy requires matching children’s needs to their caregiver’s capabilities, but placement matching does not occur as consistently as the workforce desires. Oregon’s placement stability is consistent but remains above the national standard.



Key Theme	Description
Service Provision to Caregivers	CW provides services and supports to resource parents to meet their needs and those of the children in their homes, and tailors these services. Oregon’s formal respite program, which launched in January 2023 with newly allotted funding, has offered respite services statewide for some time.
Tracking Capacity	Capacity for substitute care is tracked manually through OR-Kids, which shows the number of certified homes, but does not provide needed and comprehensive information for caseworkers.

4.4.2 Diligent Recruitment: Summary of Key Theme

Finding: Since 2016, CW has prioritized best practices for diligent recruitment of resource parents who can meet the needs of children in care. They are using data to drive decision-making and local, targeted recruitment efforts to reflect children's needs, cultures, and ethnicity in child welfare. The Vision for Transformation emphasizes the leadership support for recruiting and retaining resource parents and the consistent outreach and inclusion of community partners and voices of lived experience in this effort.

Diligent recruitment is the systematic process of recruiting, retaining, and supporting resource parents who reflect the diversity of children who need placement.⁷⁰ The diligent recruitment process is the gold standard for engaging, preparing, and retaining resource parents to develop capacity and improve outcomes for children. This requires child welfare agencies to address systemic barriers to identifying prospective resource families and then certifying, supporting, and retaining them.⁷¹ The national resource parent recruiting campaign from Fostering CHAMPS⁷², in partnership with the North American Council on Adoptable Children⁷³, identifies six key drivers of a comprehensive recruitment and

^{70,2} James Bell Associates. (Aug. 2019). *Diligent Recruitment of Families for Children in the Foster Care System, Challenges and Recommendations for Policy and Practice*. Children’s Bureau.

<https://www.acf.hhs.gov/sites/default/files/documents/cb/diligentrecruitmentreport.pdf>

⁷¹ Administration for Children and Families, US Department of Health and Human Services.

<https://www.acf.hhs.gov/sites/default/files/documents/cb/diligentrecruitmentreport.pdf>

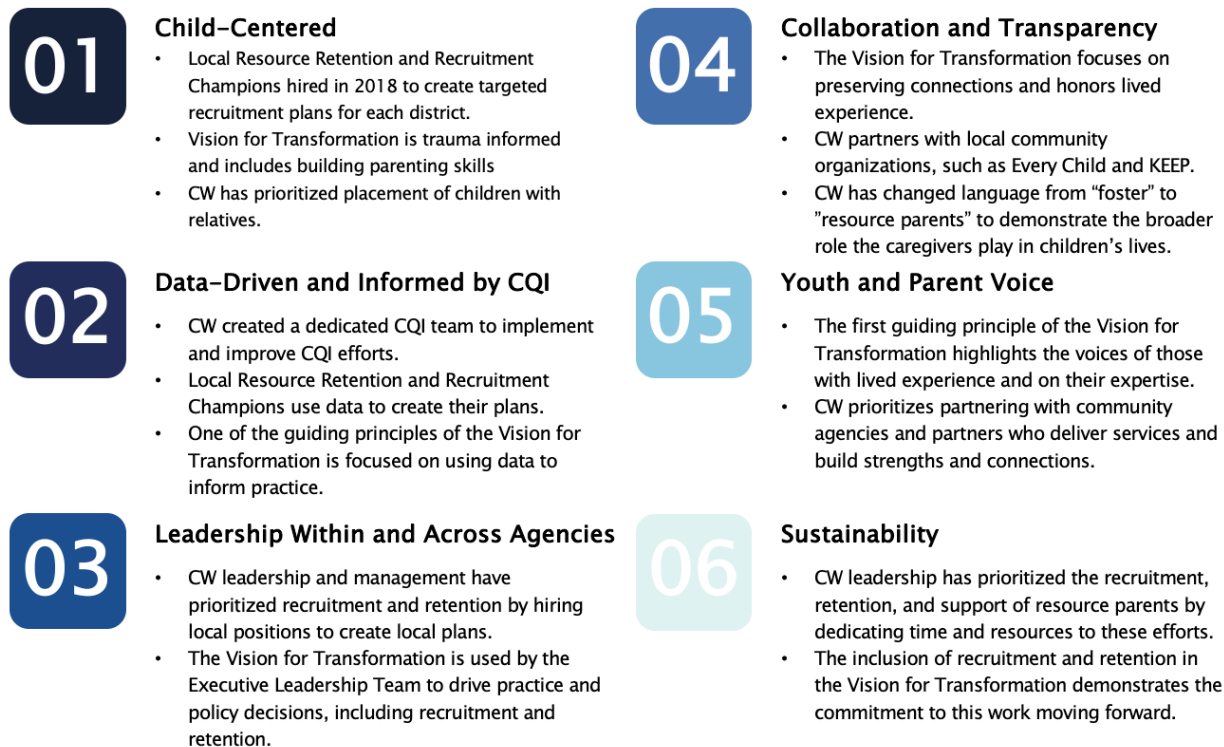
⁷² CHAMPS (April 2019). *A CHAMPS Guide on Foster Parent Recruitment and Retention: Strategies for Developing a Comprehensive Program*. <https://fosteringchamps.org/wp-content/uploads/2019/04/CHAMPS-Guide-on-Foster-Parent-Recruitment-and-Retention.pdf>

⁷³ North American Council on Adoptable Children. <https://nacac.org>



retention program. Oregon’s resource parent recruitment and retention practices meet each key driver, as shown in the graphic below.

Figure 6. Key Drivers of Resource Parent Recruitment and Retention Programs



In addition to the practices implemented in the graphic above, CW created a Resource Parent Training Manager position as part of the Equity Training and Workforce Development Team. CW now considers resource parents part of the workforce. The Resource Parent Training Manager and the team of Training Development Specialists develop transfer of learning and coaching tools to share with certifiers for ongoing development and coaching of resource parents. One of the Training Development Specialists is bilingual and supports the development of such tools in languages other than English. CW also provides statewide coaching for resource parents on good practices in caring for children.

In the past several years, Oregon has taken a progressive and innovative approach to the recruitment and retention of resource parents to better reflect and represent the population of children and young adults in care. When children and young adults can connect with their caregivers and have resource parents who are open and supportive, their placement stability and overall outcomes improve. As part of targeted recruitment and since 2016, CW has hosted recruiting events and Pride events throughout the state and



works with Basic Rights Oregon⁷⁴ to provide safe and affirming homes for children and young adults who identify as part of the LGBTQIA2S+ community. CW actively recruits same-sex couples and members of the LGTBQIA2S+ community, as well as members of faith-based communities. Certifiers address the openness and tolerance of prospective resource parents from the initial outreach to mitigate conflicts or concerns that may occur during placement and lead to placement disruption (and negatively impact placement stability) if not addressed earlier in the process.

CW leadership is also recruiting and hiring individuals who are part of the LGBTQIA2S+ community to increase diversity in the workforce, improve representation, and grow their practice with children and young adults who also identify as LGBTQIA2S+. Caseworkers engage and support children and young adults, leading to increases in disclosures of sexual orientation, gender identity, and expression (SOGIE) status. Regarding these disclosures, in May 2023, the Oregon Legislature passed and signed into law Senate Bill 209, which protects data related to SOGIE status. This protection allows CW to now gather these data without the unintentional consequence of outing a child or young adult and potentially compromising their safety, as SOGIE data were previously subject to the legal discovery process without any exceptions to the person's safety or well-being.⁷⁵

CW recognizes the need for services tailored to meet the unique needs of children and young adults who identify as part of the LGBTQIA2S+ community. According to focus group participants, these tailored services can be challenging to access in areas of Oregon. In response, CW leadership shared that current service providers who can meet the needs of transgender youth are expanding their service area to bridge these gaps.

4.4.3 Resource Home Capacity: Summary of Key Theme

Finding: Since 2016, CW has increased outreach with Treatment Services and Behavioral Rehabilitation Services to increase placement capacity for children who need higher levels of care. This allows children with higher needs to be placed appropriately and keeps the population of general resource homes available to the children who do not have higher needs. Despite these efforts, Oregon caseworkers still perceive a shortage of resource homes, and staff have concerns about placement stability. To meet the needs of children and young adults, CW is conducting continual, targeted recruitment to find appropriate family resources, which did not occur consistently in 2016 and is a significant

⁷⁴ Basic Rights Oregon. www.basicrights.org

⁷⁵ Oregon Department of Human Services Child Welfare Division (June 30, 2023). Annual Progress and Services Report 2024. <https://www.oregon.gov/dhs/children/Pages/data-publications.aspx>



improvement. There was an adjustment to resource parents' reimbursement rates in 2017 (implemented in 2018). After CW recently advocated for another increase, the legislature approved an increase effective in July 2024.

Child welfare agencies nationwide are continually focused on expanding the capacity of resource homes and higher levels of care for the children and young adults who need them, and Oregon is no different. As mentioned in the previous section, CW's targeted recruitment effort is a significant undertaking that has shown an increased capacity in other jurisdictions.

Focus group participants shared that they believe the responsibility for increasing capacity should be shared across the child-serving system and not fall solely to CW. They shared that CW needs support and assistance from other agencies and child-caring organizations to meet this need, as children with higher behavioral or mental health needs may require placement beyond general resource homes. Children and young adults in substitute care are served by the behavioral and public health systems in addition to child welfare. The lack of consistent coordination across the child-serving system creates a barrier to retaining resource parents, as some parents cannot meet the children's needs in their homes or face too many safety risks for the rest of their family. Focus group participants shared concerns about children and young adults bouncing between resource family placements and residential care due to the lack of support for resource homes. Children sometimes need higher levels of supervision and support than some resource families can provide. PK agrees that each aspect of the child-serving system has a role to play in supporting children, young adults, and families, and ODHS is making progress in providing leadership to bridge these gaps.

- ODHS Treatment Services has worked for several years to partner with behavioral health services and providers to increase capacity and develop additional services for children and families. Many children and young adults involved with behavioral health are also involved with child welfare.
- The Oregon Youth Authority (OYA) and the Developmental Disabilities (DD) program each have certified homes and are adding placement capacity. OYA contracts out for placements when a provider is needed, and ODDS identifies providers specific to the children and young adults who need placement. CW has a responsibility to find placement options because they cannot refuse placements.
- In response to the 2020 Secretary of State's Audit, ODHS established a statewide interagency agreement with OHA in 2022 to develop roles and responsibilities for both OHA and ODHS in "measuring, maintaining, and developing service capacity in



the Intensive Treatment Services service array.”⁷⁶ This agreement requires both OHA and ODHS to collaborate on data collection, data analysis, and the provision of equitable access to quality services. This collaboration allows for cross-system support and partnership to allow children and families to receive high-quality services regardless of where they live in Oregon, which bridges a significant gap identified by focus group and interview participants. The interagency agreement allows children and families throughout Oregon to seamlessly receive the support and services they need, reducing barriers and obstacles to positive outcomes and permanence.

Families shoulder a financial impact when choosing to become resource families. CW recognizes the burden this can place on a family and provides multiple reimbursement levels to offset that impact. Resource parents had not received an increase in the Base Rate since 2018, and the legislature recently passed the rate increase that CW leadership requested, which will be effective July 1, 2024. Resource parents’ rates will increase by an average of \$241 per month.⁷⁷ In addition, the legislature increased employment-related daycare eligibility to reflect involvement with child welfare. Resource parents have received additional resources and reimbursement in certain circumstances, such as caring for children and young adults who tested positive for COVID-19.

4.4.4 Training Supports: Summary of Key Theme

Finding: Since 2016, CW has revised resource parent training and has brought the development and oversight back to the agency from Portland State University. Feedback from resource parents and the community was incorporated into the redesign of the training, and the revision of the curricula is connected to CW’s CQI efforts and the Equity Training and Workforce Development Team. With these changes and technology tools, resource parents now have increased access to their training and certification information.

Training for resource parents has been redesigned and implemented in the past several years in partnership with tribes, communities, and resource families. CW has hired a training team to support the ongoing development of curricula and delivery of training. CW sought feedback from resource parents on the training content and delivery for the last five years, and based on that feedback, resource parents receive content from the National Training and Development Curriculum (NTDC) for Foster and Adoptive Parents⁷⁸ and the Resource and Adoptive Family Training (RAFT). These curricula include information

⁷⁶ Interagency Agreement: Oregon Health Authority, Oregon Department of Human Services Intensive Treatment Services Capacity, 2022–2025.

⁷⁷ ODHS Child Welfare 2023 Legislative Session Highlights.

⁷⁸ NTDC: <https://ntdcportal.org>



resource parents need to create and support stable placements, meet complex needs, and address risk factors leading to maltreatment in care. The RAFT curriculum is offered in partnership with communities and tribes and is delivered after resource parents complete orientation and mandatory reporting training. Resource parents can also watch supplemental videos about the overview of the child welfare system and expand their parenting paradigm. This curriculum has been updated to include the expectation of resource families in creating safe and affirming homes for children and young adults.

Implementing the RAFT curriculum and technology solutions to support certification includes increasing training delivery and resource parent access to content. The technology solutions will include access to a Learning Management System (LMS) to provide resource parents entree to their certification materials and training content in a single portal, allowing them to obtain the information they need more efficiently. The RAFT curriculum is also offered in multiple methodologies to best meet resource parents' learning needs, and while a trained facilitator must deliver it, it can be provided in-person, or in a virtual or hybrid manner to allow ease of access to training content.

The training redesign is part of the expansion of the CW continuous quality improvement (CQI) infrastructure that began under the guidance of Aprille Flint-Gerner and the Equity Training and Workforce Development Team. This team is developing training and supporting the building of practice models for everyone in the child welfare workforce, including resource parents. The team is in the early stages of developing a comprehensive practice model.

The CW workforce receives training on recruiting, retaining, and supporting substitute care providers in their orientation and foundation training. They learn about prioritizing relative placements, maintaining children's connections to their communities, and the importance of permanence for children and young adults in care. The NTDC curriculum for resource parents is expanding this discussion for caseworkers. The Resource Retention and Recruitment Champions receive coaching on engaging and supporting resource parents as part of their daily responsibilities. CW staff also participated in training with Alia Innovations⁷⁹ regarding the focus on families and that a family's involvement with the child welfare system should be temporary. The work with Alia included permanency and safety supervisors, CPS and Safety Consultants, and Program Managers from 16 districts across Oregon. The participants, split into three cohorts, participate in learning circles and intensive case consultations to improve family engagement and achieve permanence. CW staff responsible for certifying resource family homes also receive specialized training on the certification process. CW staff had access to microlearnings as well, with topics including anti-racism work, navigating hard conversations, and using supportive language

⁷⁹ Alia: <https://www.aliainnovations.org>



with families. These staff were able to practice skills relating to permanence and change and can now use those skills with families and model them for their peers. Trainings and programs such as these reinforce the importance of permanency and the positive outcomes that come from genuinely supporting resource families.

4.4.5 Placement Matching: Summary of Key Theme

Finding: Since 2016, CW has expanded the Child Adolescent Needs and Strengths Tool (CANS) to placement matching and determination of a level of need and supervisory requirements. The Structured Analysis Family Evaluation (SAFE) home study tool has also been revised in the past two years to reflect the inclusivity and equity prioritized by the Vision for Transformation. These improvements in practice have not yet resulted in better outcomes for children, as Oregon’s placement stability data has not improved.

Focus group participants shared that CW does track caregivers’ strengths, but those strengths do not always match up with children who need placements. CW conducts a Child and Adolescent Needs and Strengths (CANS) screening for every child or young adult in ODHS custody to determine the child’s level of care, supervision needs, and case planning information.⁸⁰ The information regarding the child’s level of care and the caregivers’ strengths and capacities allow caseworkers to make appropriate placement matches. The CANS tool was not used in this manner before 2016 and is evidence-based.

CW procedure requires caseworkers to assess the child’s needs and the provider’s ability before choosing a placement option to ensure an appropriate match and to reassess at each 90-day case plan review. While this requirement exists in policy, some focus group participants shared that placement matching does not occur consistently and that it can be nearly impossible to accurately match placements in crisis situations.

Placement stability data is one way to illustrate the accuracy of placement matching. When children are placed with caregivers whose skills and abilities match their needs, those placements maintain stability more than when a mismatch occurs. CW’s data show that children placed with relatives experience fewer moves than those in other types of placements. These data are shown in Figure 9, in Section 4.5.4, for federal fiscal year 2023. The data show that children and young adults placed with relatives stay in that placement (with zero moves) nearly fifty percent of the time.

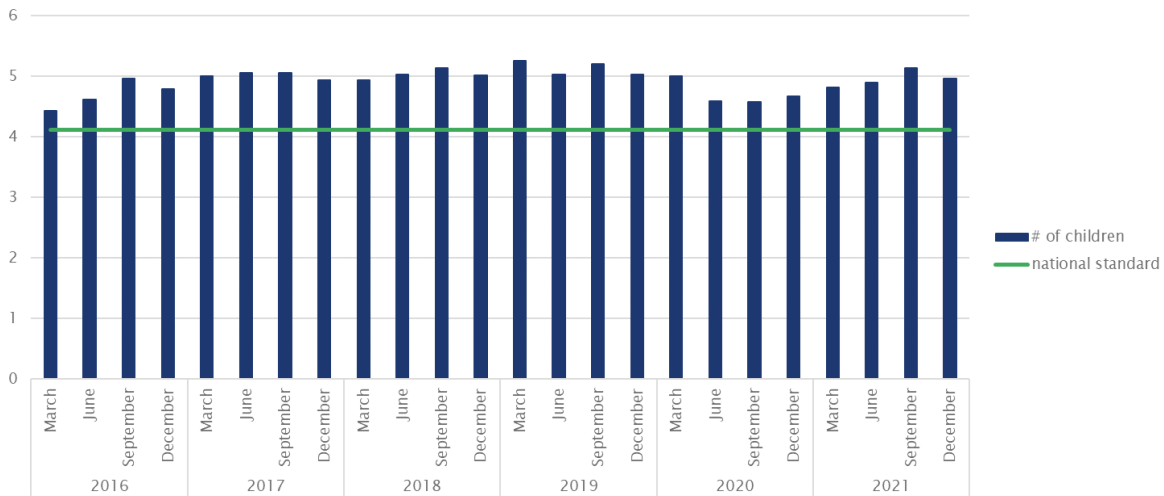
The national standard for placement stability for the CFSR Round 3 is less than or equal to 4.12 moves per 1,000 days of foster care (shown by the red line in the graphic below). The figure below shows Oregon’s number of moves per 1,000 days in care from March 2016 –

⁸⁰ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 10/4/2021) (pp. 755–766).



December 2021. Oregon’s placement stability rate has remained relatively consistent over this period despite improvements in practice.

Figure 7. Placement Stability: Number of Moves per 1,000 Days in Care



The Structured Analysis Family Evaluation (SAFE) home study is used by CW for resource families, relative caregivers, and prospective adoptive parents to determine the efficacy for matching relative and non–relative providers. CW completed an analysis of this tool and subsequently updated the questionnaires used in the tool to focus on inclusivity and equity. CW has committed to providing training, technical assistance, and support to certifiers using the tool. Certifiers will also receive refresher training, learning labs on mitigation of risk factors and completing SAFE questionnaires, and resources for sharing this information with families.

Caseworkers and certifiers have requested a home study tool specific to relative providers, and CW is continuing to analyze practice and considering making this change.

4.4.6 Service Provision to Caregivers: Summary of Key Theme

Finding: Since 2016, CW has provided services and supports to resource parents despite funding limitations. During the beginning of the COVID–19 pandemic, CW provided cell phones and computers to resource families to facilitate attending remote court hearings and virtual school. ODHS also received funding for a formal respite program, which began in 2022, and CW has hired staff dedicated to this program to expand its use statewide. CW also partners with community organizations to provide respite activities to resource parents at the local level.

CW provides services and support to substitute care providers to ensure that children are cared for and appropriately supervised. One interviewee shared that “we definitely do what we can to provide those services,” but cited funding and other resource limitations as



obstacles. Despite limitations, during the COVID-19 pandemic, CW purchased cell phones for resource parents to assist in attending remote court hearings and meetings, and computers for children and young adults to access virtual school activities. Some local agencies provided internet hotspots for families to mitigate internet connectivity barriers.

While Oregon historically has not had sufficient respite providers for resource families, ODHS recently received \$14.5 million from the legislature to create a formal respite program for children at varying levels of care. CW has hired a coordinator for this program and is drafting policies and rules for this service. CW does offer respite activities for resource parents, including a parents' night out to allow resource parents time to refresh. The Response and Support Network (RSN) is currently being piloted in Multnomah and Washington Counties to provide emergent mental and behavioral health crisis needs. This program is available to resource parents 24 hours a day, 7 days a week, and services are provided immediately. This program will expand to Deschutes County next, and CW has submitted a Policy Option Package (a proposal to change the level of service or funding sources for activities authorized by the Legislature, or to propose new program activities not currently authorized.)⁸¹ to implement statewide.

Resource parents also have access to programs such as KEEP, which offers affinity groups for parents caring for children and young adults with similar characteristics, such as toddlers, teens, children, and young adults in the LGBTQIA2S+ community, Native American, Spanish-speaking, and transracial families, and others. Caregivers can also use services and support from Every Child, an organization committed to recruiting and supporting resource families. Every Child provides services in 23 Oregon counties and continues expanding statewide.

4.4.7 Tracking Capacity: Summary of Key Theme

Finding: Tracking capacity and vacancy of resource homes is inconsistent in OR-Kids and does not allow caseworkers to see the complete picture of availability and placement type to match placements accurately. While there has not been progress in tracking capacity, this does not outweigh the other improvements made for recruiting, retaining, and supporting resource parents. Also, as data are used more consistently across CW, caseworkers and supervisors will have access to more information to allow them to track the capacity of resource homes.

The current capacity and vacancy for resource homes are tracked manually through OR-Kids, which does not capture all necessary data. OR-Kids users can see how many homes

⁸¹ Oregon.gov. *How to Write an Effective Policy Option Package* [How to Write an Effective Policy Option Package](#).



are certified but need help seeing homes that are pending certification or needing certification renewal. The number of certified homes is useful but does not allow caseworkers to track the actual capacity of homes and look at specific placement types, such as how many beds are available for a particular population, level of care, or other characteristics, such as whether gender-affirming homes exist in their community.

Further, OR-Kids may show the number of open beds, but the data still need to be completed. OR-Kids may not show which resource homes are temporarily not accepting children. Resource parents can adjust their preferences for the children they care for, but that information needs to be consistently tracked in OR-Kids. The inconsistency and inaccuracy of the data leads to caseworkers lacking faith in the information and requires additional work to locate open and appropriate placement options.

When caseworkers need to make quick placement decisions, the inability to accurately track placement capacity and the additional time it takes when the data is unavailable can lead caseworkers to turn to temporary lodging. According to some focus group participants, temporary lodging is used as an additional resource for placement rather than a last resort, as it is intended.

4.5 CW made progress during the identified timeframe to improve permanence for children in substitute care

Finding: Since 2016, Oregon Child Welfare has made progress in improving the prioritization of permanency for children in substitute care through the Vision for Transformation and its initiatives. Despite the improvements, the data show that it has taken longer for children and young adults to reach permanence over the past two years. Based on the available evidence, COVID-19 contributed to the delays in reaching permanence over this period.

4.5.1 Key Themes

Table 7. Key Themes

Key Theme	Description
Placement Matching	CW has expanded the use of the CANS to support placement decisions and outline supervision needs. The Oregon Indian Child Welfare Act has expanded permanency options for American Indian and Alaskan Native children and young adults.



Key Theme	Description
Placement Stability	CW has created new efforts to stabilize placement options for children and young adults and developed further training for caseworkers that highlights the importance of permanency. Oregon’s placement stability remains above the national standard.
Timeliness	CW has prioritized timeliness to permanence through the Vision for Transformation and collaborates with court partners to address the timeliness of court hearings and decisions. Despite these efforts, the data show that it has taken longer for children and young adults to reach permanence over the past two years due in part to delays in hearings and interruptions to family time due to COVID-19.
Temporary Lodging	CW meets regularly with the Oregon Health Authority and the Office of Developmental Disability Services to discuss possibilities for young adults at risk of needing temporary lodging. The instances of temporary lodging are low compared to the total population of children and young adults in substitute care.

4.5.2 Qualitative Evidence of Improvement: Prioritizing Permanence

Permanence for children and young adults in child welfare is the development and maintenance of permanent relationships and connections. Permanence is crucial for children and young adults to experience safety, healthy development, and well-being.

Child welfare has experienced a shift in recent years, emphasizing the importance of relational and cultural permanence and not solely legal permanence. Legal permanence is the relationship established through reunification, adoption, or guardianship. Relational permanence is an emotional attachment between children and young adults and their caregivers and family members. Cultural permanence is the continuous connection to family, traditions, age, ethnicity, language, and faith.⁸² Rather than simply focusing on identifying a connection to be a legal permanent option for children in foster care, child welfare agencies, including Oregon, are recognizing the vital need for relational and cultural ties.

⁸² National Center for Child Welfare Excellence at the Silberman School of Social Work. *What is Youth Permanency?* http://www.nccwe.org/toolkits/youth-permanency/what_is_youth_permanency.html



The beliefs outlined in the Vision for Transformation help “children and young adults have better long-term outcomes and keep the bonds and connections critical to their well-being.”⁸³ CW’s policy language around assessment, placement matching, placement preferences, family interaction, working with relatives, CANS assessments, resource parent training, and services to families all contribute to improving permanence.

Focus group participants shared that there has been a substantial culture shift around permanence, moving from waiting “to see how it goes” for children in placement to a sense of urgency around making permanency decisions.

CW now has a “genuine focus on the fact that children don’t belong in foster care... We used to have ‘permanent care foster homes’ and we were proud of those foster parents who agreed to raise kids and see them leave the system, but that’s not the value we have anymore, and I’m so thrilled by that. We do kids such a disservice by holding kids in foster care for so long.” – Interview Participant

According to ODHS’ 2023 Annual Progress and Services Report (APSR)⁸⁴, CW has spent several years developing a strategy to provide support and services earlier and less intrusively to help keep children in their homes. The Family Preservation Program was implemented on March 28, 2022, in three pilot sites representing a small, medium, and large local office. The local leadership teams, community partners, and parent mentors were included in planning and preparation efforts, and community forums were convened to help develop the program training. CW hired a Family Preservation Program Manager in 2022, and CW’s goal is to expand family preservation practices in 2023. Chapin Hall and Casey Family Programs provided technical assistance and support through developing and implementing the Family Preservation Program and have helped integrate CQI and lessons learned to prepare for statewide implementation.

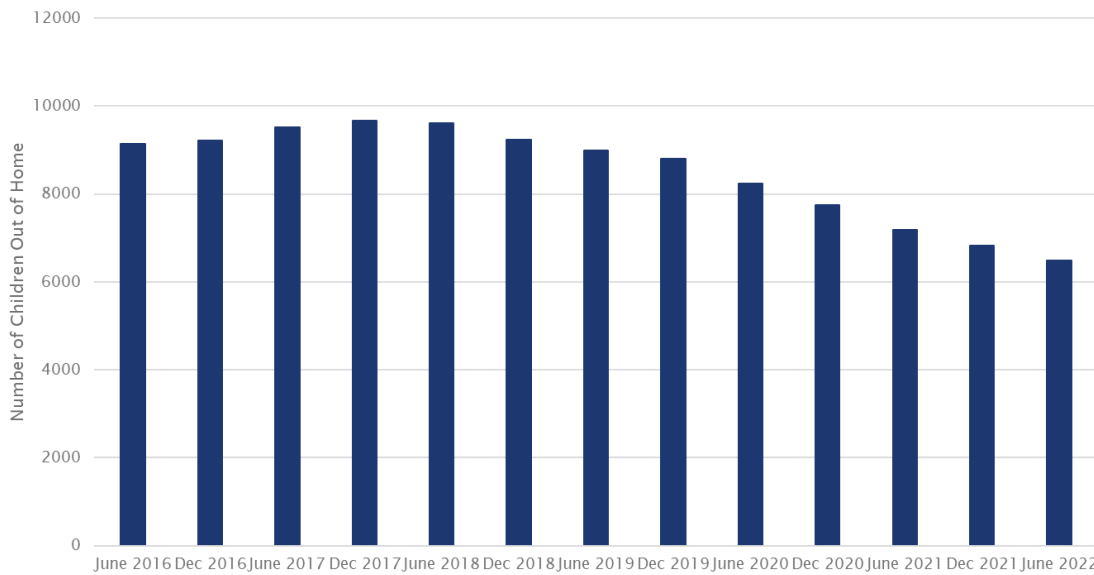
Oregon’s recognition of the need to keep children safely at home has contributed to dramatically reducing the number of children placed into substitute care, which has dropped approximately 30 percent in Oregon since 2018, as shown in the graphic below.

⁸³ Oregon Department of Human Services. (2020). *Child Welfare Division Vision for Transformation*. <https://www.oregon.gov/odhs/child-welfare-transformation/pages/default.aspx>

⁸⁴ Oregon Department of Human Services Child Welfare Division (June 30, 2022). Annual Progress and Services Report 2023. <https://www.oregon.gov/odhs/data/pages/cw-data.aspx> (See pp. 69–71).



Figure 8. Number of Children in Substitute Care 2016–2022



4.5.3 Placement Matching: Summary of Key Theme

Finding: Since 2016, Oregon Child Welfare has improved efforts to appropriately match children and young adults with their placements and caregivers. CW has expanded the use of the CANS to use the child’s level of need in placement decisions. The recent passage of ORICWA has included developing permanency options and considerations for American Indian and Alaskan Native children and young adults.

Matching placements of children and young adults with appropriate caregivers contributes to permanence by increasing placement stability. Additional information on the importance of placement matching can be found in Section 4.4.

Accurately matching children and young adults with their caregivers requires the ability to track the skills and capacities of their caregivers. According to interviewees and focus group participants, CW tracks skills and capabilities and matches them to children and young adults using the CANS, as described in Section 4.4. The use of the CANS for placement matching and determining supervision levels has begun in the past several years, expanding the use of the assessment tool.

A significant area of improvement for placement matching since 2016 came with the passage of the Oregon Indian Child Welfare Act (ORICWA) in 2020, which demonstrates CW’s priority to “protect the health and safety of Indian children and the stability and security of Indian tribes and families by promoting practices designed to prevent the removal of Indian children from their families and, if removal is necessary and lawful, to prioritize the placement of an Indian child with the Indian child’s extended family and tribal



community.”⁸⁵ Placement matching and following placement preferences are vital aspects of the federal Indian Child Welfare Act and the ORICWA. ORICWA was passed in 2020 based on a request from Oregon tribes and the disproportionate representation of American Indian and Alaska Native children in substitute care. The 2021 Procedure Manual reinforces the importance of ICWA placement preferences and provides instruction for situations where general recruitment of placement options and adoptive resources may be sought. Also, since 2016, CW requested and received money to hire regional ICWA specialists. Additionally, CW is working with Casey Family Programs on multiple interventions to improve practice. For example, CW is currently working with Casey Family Programs in three local districts to promote permanence for children and young adults who are legally free for adoption but do not have adoption as a permanency plan goal.⁸⁶ In addition to this adoption work, CW, the ODHS Tribal Affairs Unit, the Oregon ICWA Advisory Council, and Casey Family Programs are revising Casey’s In-Depth Quality Review Guide to include expanded tribal definitions of permanency as culturally appropriate permanency options are a priority for the division. CW will use this to review and make permanency recommendations for children and young adults who are eligible for membership or enrollment in a federally recognized Tribal Nation. One such example of an expanded definition of permanency outlined in the 2023 APSR is Tribal Customary Adoption (TCA), which can be chosen by the child’s Tribe. The completion of a TCA is coordinated among the child’s Tribe, state juvenile court, and ODHS. CW developed administrative rule and training for TCA in collaboration with ODHS Tribal Affairs and the Tribal Nations and are developing additional procedures, forms, and related processes.

4.5.4 Placement Stability: Summary of Key Theme

Finding: Since 2016, Oregon Child Welfare has introduced new efforts to stabilize placement options for children and young adults, including prioritizing relative placements and strengthening training for caseworkers that highlights the importance of permanence. Placement stability has yet to improve despite practice improvements. The quantitative data show the use of temporary lodging is relatively low despite the perception among caseworkers that temporary lodging is used as a placement option rather than a placement of last resort.

The goal of placement stability is to reduce the number of times a child is moved, acknowledging that each move can be a traumatic experience for the child and family. More information on placement stability can be found in Section 4.4 of this report.

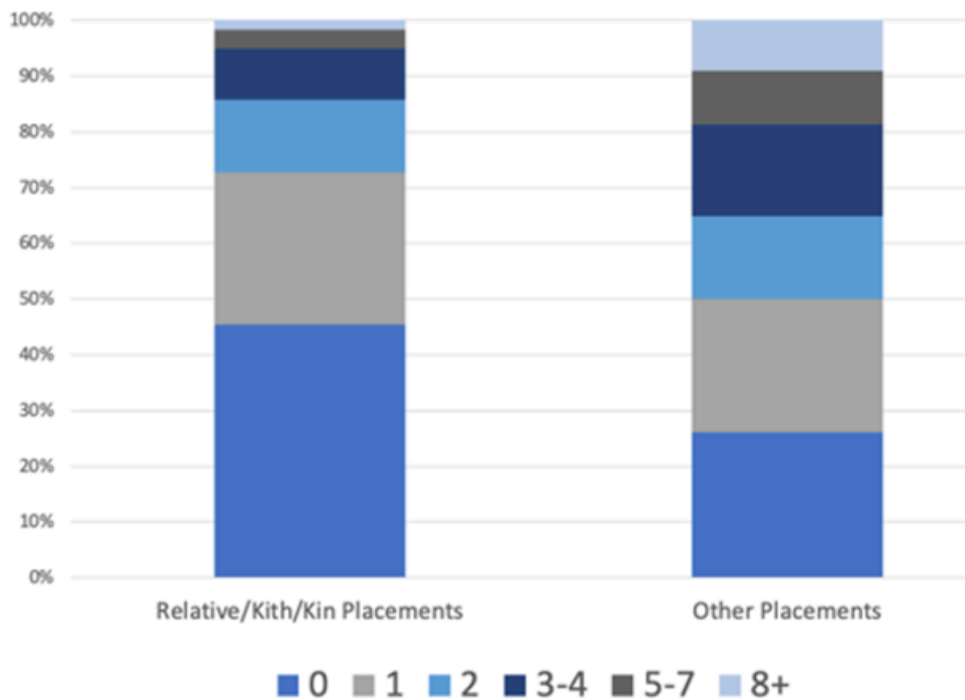
⁸⁵ OAR 413-115-0010. <https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=285052>

⁸⁶ Oregon Department of Human Services Child Welfare Division (June 30, 2022). Annual Progress and Services Report 2023. <https://www.oregon.gov/odhs/data/pages/cw-data.aspx> (p.43).



Since 2016, CW has taken several steps to improve placement stability, including highlighting the young adult’s voice and opinions on their permanency goals, prioritizing placement with relatives, and conducting ongoing searches for relatives throughout a child’s involvement with child welfare. Research shows that initial relative placements lead to more stability for children and young adults, and CW’s data support that. Oregon’s data show that children placed with relatives experience fewer moves, as shown in the graphic, below, when compared with children who are not placed with their relatives.

Figure 9. Number of Moves Based on Placement Type



More information on initiatives regarding relative placements can be found in the appendix.

Focus group participants mentioned an appellate decision around guardianship that would allow caseworkers to consider permanent guardianship. The ability to offer another permanency option for children and young adults is significant, and some participants mentioned that this has not been available to some branches for over a decade.

4.5.5 Timeliness to Permanence: Summary of Key Theme

Finding: Since 2016, Oregon Child Welfare has evolved, through the Vision for Transformation, into a permanency-driven organization with several projects dedicated to improving timeliness to permanence. CW collaborates with the Juvenile Court Improvement Program to address delays in court hearings and rulings. However, the data show that for all but one of the measures, it is taking longer for children to reach



permanence, partly due to delays in hearings and interruptions to family time due to COVID-19.

Permanence is a goal for every child or young adult placed into substitute care, and the efforts to reach permanence in a timely manner must begin as soon as children are removed from their homes. Achieving timely permanence requires leadership prioritization and allows child welfare agencies to become permanency-driven organizations.⁸⁷ The creation and implementation of the Vision for Transformation establishes Oregon CW as a permanency-driven organization and demonstrates the sense of urgency for permanence across the agency.

The Vision for Transformation outlines several strategic projects dedicated to increasing timeliness to permanence, including improving reunification procedures, engaging family members in case planning, and collaborating with the courts. The 2023 APSR describes joint work with the Juvenile Court Improvement Program (JCIP) to reduce time to permanence with a focus on reunification through a joint Program Improvement Plan.⁸⁸ CW permanency leadership and JCIP staff meet quarterly to develop communication and relationships, discuss strategies to improve timeliness and review progress and planning for collaboration.

The Permanency Advisory Committee, which includes CW permanency staff and leadership from each of the 16 districts, meets monthly to identify root causes of permanency-related issues, implement efforts to improve permanency, and streamline processes to support children and families in achieving permanence.

A significant challenge to improving timeliness to permanence since 2020 has been the number of rescheduled or delayed permanency hearings due to COVID-19. Many local courts were closed at the beginning of the pandemic and caused significant backlogs for permanency hearings. The delay in holding these hearings has postponed permanency decisions, including termination of parental rights (TPR), which allows children to be eligible for adoption.

Federal measures of timely permanence consider that the likelihood of returning home or being adopted varies over the duration of a child's time in substitute care. Federal CFSR outcomes include three measures of timely permanence: rates for children in care for the most recent 12-month period, for 13-24 months, and more than 24 months. Figure 10 below shows that a child's likelihood of permanence within a year of entering care has

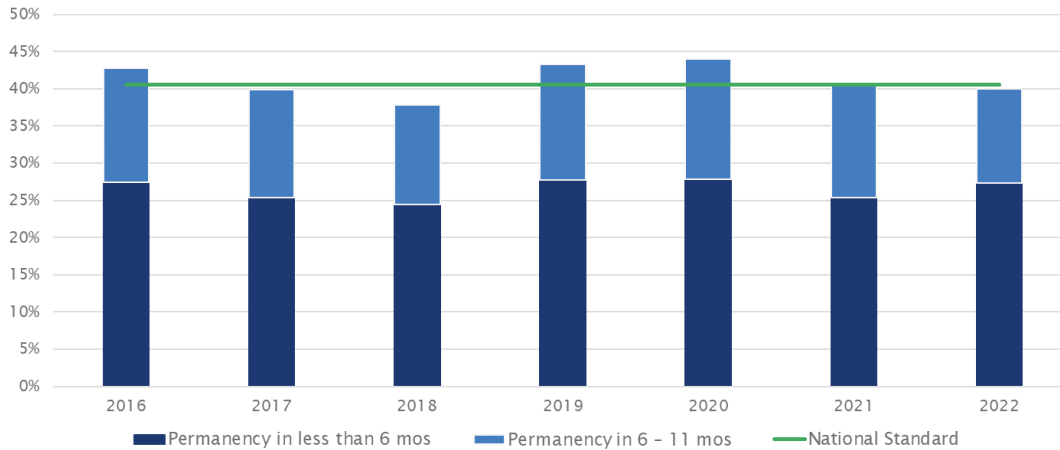
⁸⁷ Casey Family Programs. (August 2018). Strategy Brief: What are some effective strategies for achieving permanency? https://caseyfamilypro-wpengine.netdna-ssl.com/media/SF_Effective-strategies-for-achieving-permanency-1.pdf

⁸⁸ Oregon Department of Human Services Child Welfare Division (June 30, 2022). Annual Progress and Services Report 2023. [https://www.oregon.gov/dhs/children/Pages/data-publications.aspx \(pp. 80-81\)](https://www.oregon.gov/dhs/children/Pages/data-publications.aspx (pp. 80-81)).



remained consistent since 2016, but a higher portion occurred earlier in 2022. A slight dip in permanence within the first 12 months of 2022 put the CW agency just below the Federal Standard.

Figure 10. Rates of Permanence Within First 12 Months of Entry



Oregon’s data also show that CW met the standard of 13–23 months several times over the last four years and more so in 24+ months. Decreases in the previous two years coincided with COVID–19 restrictions and limitations on family interaction and court hearings.

4.5.6 Temporary Lodging: Summary of Key Theme

Finding: CW’s goal is to avoid the use of temporary lodging. Since 2016, Oregon Child Welfare has increased planning and collaboration around using temporary lodging when necessary and began tracking data in July 2018. CW meets regularly with the Oregon Health Authority and the Office of Developmental Disability Services to discuss possibilities for young adults at risk of needing temporary lodging. The number of children and young adults using temporary lodging has decreased during 2022.

Temporary lodging is used in crisis situations when there are no placement options for a child or young adult. It consists of a stay in a hotel with a CW caseworker until a placement option can be located. According to the 2023 APSR⁸⁹, CW continually identifies children and young adults at risk of needing temporary lodging and uses prevention staffings with community partners to identify services and supports that would mitigate the need for temporary lodging.

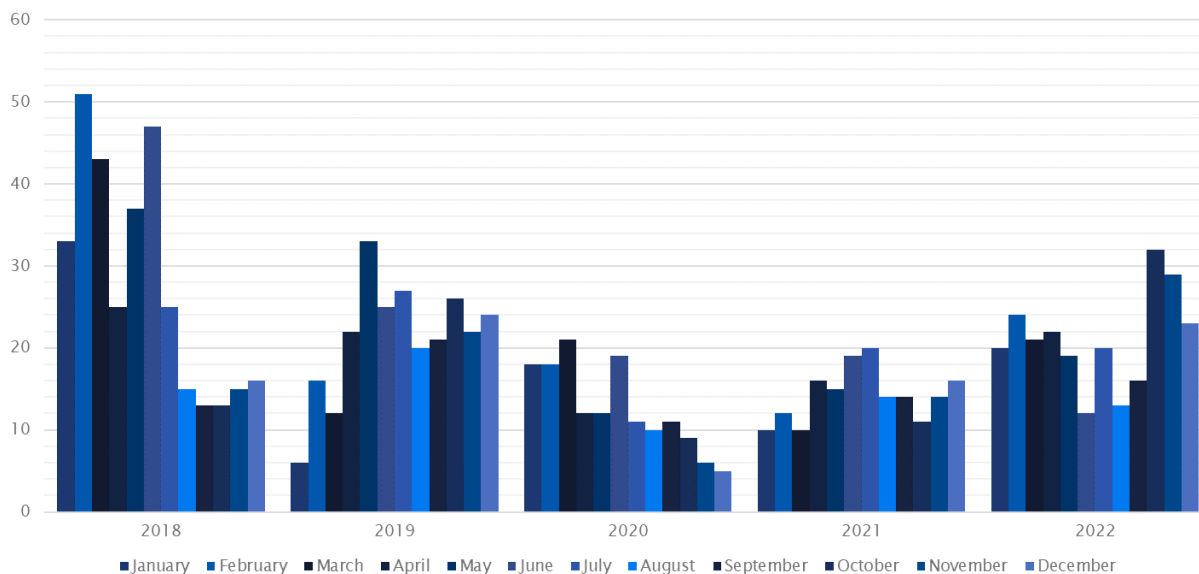
⁸⁹ Oregon Department of Human Services Child Welfare Division (June 30, 2022). Annual Progress and Services Report 2023. <https://www.oregon.gov/dhs/children/Pages/data-publications.aspx> <https://www.oregon.gov/odhs/data/pages/cw-data.aspx> (See pp. 36, 55)



Due to these preventative conversations, many children and young adults at risk of needing temporary lodging remain in their current placements. ODHS' July 2022 Child Welfare Progress Report⁹⁰ showed that of the children and young adults identified as at risk of needing temporary lodging in the first two quarters of 2022, 74 percent were diverted due to cross-system collaboration.

Figure 11, below, shows the use of temporary lodging from 2018–2022 by month. While there have been increases during that period, the number of children or young adults with at least one day of temporary lodging during a given month has decreased over the past four years. During the same period shown in the graphic below, the number of children or young adults in care ranged from approximately 5,700 to 8,700.⁹¹ This means that even at the highest number of children in temporary lodging (51), the percentage of children or youth in care who experienced temporary lodging was less than one percent.

Figure 11. Number of Children or Young Adults with at Least One Day of Temporary Lodging During the Month



Despite the data showing that the number of instances of temporary lodging is low compared to the total population of children and young adults in substitute care, some interviewees and focus group participants perceived the use of temporary lodging at a higher level than desired. Participants highlighted teenagers with mental health needs as a significant contributor to temporary lodging case needs. They noted that while this often showed in more urban areas, it is a statewide issue. Discussions with CW leadership show that the numbers of adolescents and young adults in temporary lodging are not

⁹⁰ ODHS Child Welfare Division Progress Report. (July 2022). <https://www.oregon.gov/odhs/child-welfare-transformation/progressreports/cw-progress-report-2022-07.pdf> (p.8).

⁹¹ Oregon Child Welfare Data Set, ROM Data. <https://oregon.rom.socwel.ku.edu/>



significantly increasing, but the young adults in temporary lodging have increasingly complex needs. These high needs restrict appropriate placement options for young adults and leave caseworkers feeling overwhelmed by the daily necessities of supervising these young adults.

Participants recognized that leadership, through the Vision for Transformation and collaboration across the child-serving system, is addressing the need for temporary lodging but noted there is still work to be done to see the additional impact. Much like other states using temporary lodging, Oregon has policies and structures occurring in silos, and there is room to improve this into a more collaborative effort. To that end, CW participates in regularly scheduled meetings with liaisons from the Oregon Health Authority (OHA) and the Office of Developmental Disability Services (ODDS) to collaborate on cases where temporary lodging is discussed and reduce placement barriers. These are crucial partnerships to reduce the use of temporary lodging. The 2023 APSR describes regular meetings between CW and ODDS to jointly identify ways to mitigate barriers to placement for children and young adults involved with both systems. The Multnomah County CW office is currently exploring partnerships to reduce these barriers and has established a workgroup with the Multnomah County DD Office.

Also, CW works with OHA to identify and access mental health services for children and young adults who may be at increased risk of needing temporary lodging. This partnership between CW and OHA has allowed Coordinated Care Organizations (CCOs) and mental health providers to address barriers to timely mental health services and simultaneously engage children and young adults who need these services. The APSR describes instances of children and young adults changing communities and having their previous mental health providers assist with transitions to new services.

4.6 CW made significant progress to improve permanency planning

Finding: CW made significant progress to improve permanency planning during the identified timeframe. This progress is evidenced by a shift from compliance to engagement in the work with families, the appointment of a Deputy Director with a rich history in permanency practice, the convening of a Permanency Advisory Council, the use of the CANS assessment to create data-driven permanency plans, and more timely permanency hearings.



Table 8. Key Themes

Key Theme	Description
<p>CW Leadership has Consistently Prioritized and Elevated Permanency Planning</p>	<p>CW leadership prioritized permanency planning in the Vision for Transformation, added a key leadership position with permanency planning knowledge, and shifted from focusing on compliance to the engagement of families. Additionally, CW’s development of a CQI and QA framework as part of the case review process strengthens their focus on permanency planning. Finally, CW now convenes the Permanency Advisory Council, which is comprised of permanency staff and leadership from each district to discuss ways to continually improve permanency planning within the state.</p>
<p>Families are Engaged in Creating and Updating Their Permanency Plans Using an Evidence-Based Assessment Tool</p>	<p>CW has increased the engagement of families in permanency planning by encouraging the use of Family Decision Meetings. They have also expanded the use of the CANS Tool to encompass case planning and permanency planning. CW policy does not outline specific timelines for permanency plan updates, which PK would expect to see. However, the permanency plan is a component of the case plan for children in substitute care, and Oregon administrative rule does require case plans to be reviewed and updated every 90 days. However, despite missing this language for permanency plans, the timeliness of permanency hearings has improved over the last year.</p>

4.6.1 Leadership Prioritization: Summary of Key Theme

Finding: Since 2016, CW leadership has consistently prioritized and elevated permanency planning by embedding permanency practice into the daily work. CW has used data, through the case review process and CQI, to improve permanency planning. CW also created the Permanency Advisory Council to gather feedback from CW staff to improve permanency planning.



Permanency planning is how CW makes efforts to achieve permanence for every child and young adult. CW's Vision for Transformation prioritizes permanence.⁹² Since 2016, CW has prioritized permanence by changing the culture around permanence, which is becoming more embedded throughout the workforce. CW has also implemented proven techniques such as the case review process, continuous quality improvement, and creation of the Permanency Advisory Council. The case review and CQI processes are iterative and ongoing, and in other states have led to continued progress and improvement in outcomes.

CW leadership's shift to family engagement and family integrity has improved the quality of permanency planning. Assessment participants noted that having a Deputy Director for Program and Practice, Lacey Andresen, who has dedicated her career to permanency practice, provides a great deal of support for permanency planning. Ms. Andresen was appointed to the Executive Leadership Team in February 2019. Before Ms. Andresen joined the leadership team, the agency's focus for permanency planning was on compliance. This new leadership team shifted focus to the importance of family engagement as part of permanency planning, which in turn, leads to improved outcomes according to research. This shift to family engagement has already improved the quality of the permanency plans. The consistent message from CW leadership is that children do better with their families and this value permeates the practice. CW's continued effort to engage families, to focus on race equity issues, and advocate for individualized planning and services shows. Assessment participants also recognized the link between engaging with families and improved permanency planning.

Permanency planning is now a more formal priority within CW and is becoming engrained into the organizational culture. Some focus group participants saw a shift within CW leadership to recognizing caseworkers as experts and supporting their services and permanency plan recommendations. Other assessment participants felt that leadership is not yet fully prioritizing permanency planning due to competing priorities and the implementation of other initiatives. Many participants shared that permanency is consistently addressed throughout the Central Office but that CW sometimes does not provide concrete support to local offices to implement improvements. Implementation science recognizes that shifting agency culture takes time to impact the entire organization and is impacted by agency resources allocated to multiple interventions and programs. The time that it takes to shift agency culture is likely responsible for the differing opinions. The progress in permanency planning can be seen through the staff's perception that their

⁹² Oregon Department of Human Services. (2020). *Child Welfare Division Vision for Transformation*. <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2445.pdf>



expertise is being recognized and respected, and if leadership maintains this priority, the expectation is that staff will continue to see the impact.

CW's development of a CQI and QA framework as part of the case review process further strengthens its focus on permanency planning. CW conducts a case review that helps staff understand barriers and capitalize on strengths in permanency planning. Additional information about the case review process can be found in Section 4.9. These case reviews are part of the overall QA and CQI system, described in Section 4.3, in which Permanency Consultants play a significant role. One aspect of CW's CQI process is convening and facilitating the Permanency Advisory Council (PAC), which is comprised of permanency staff and leadership from each district to discuss ways to continually improve permanency planning within the state. This Council includes permanency staff and leadership from all 16 districts. The PAC meets monthly to conduct root cause analyses on permanency-related issues, implement improvements to permanency practice, and find efficiencies in achieving permanence.⁹³ This is a best practice and has been proven to lead to better outcomes.

4.6.2 Family Engagement: Summary of Key Theme

Finding: Since 2016, CW has increased family engagement in permanency planning through Family Decision Meetings, the development of family plans, and the use of the CANS Tool for permanency planning.

Every child or young adult in substitute care must have a permanency plan that drives the decisions made for their placements, supervision, and services. The permanency plan determines the goal for the child and family and is reassessed throughout the duration of a family's involvement with the child welfare system. The primary plan is the family's desired outcome, and the concurrent plan is established in the event the primary plan is not achievable. Keeping permanency plans current is crucial to achieving successful permanence for children and young adults in substitute care. Permanency plans must reflect the current needs and strengths of the family to ensure the team is working toward the most appropriate goal.

CW has increased the engagement of families in permanency planning by the use of Family Decision Meetings to help the family share their needs and goals and inform the permanency and family plan. Family plans are created during Family Decision Meetings (FDM), which are used to make case plan decisions, including reunification or moving toward the concurrent plan.⁹⁴ They have also expanded the use of the CANS Tool to

⁹³ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (June 30, 2022). (p.18).

⁹⁴ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 10/4/2021). (p. 473).



encompass case planning and permanency planning. CW policy does not specify the timeline required for permanency plan updates, which PK would expect to see. However, despite this missing best practice, the timeliness of permanency hearings has improved over the last year.

- **Since 2016, CW has strengthened guidance on using Family Decision Meetings for permanency planning purposes and underscored the importance of family voice in creating permanency plans.** Identifying appropriate permanency plans requires family engagement and support. As caseworkers engage the family and learn about family dynamics, they are better able to identify appropriate permanency plans for each child. Assessment participants shared that family meetings happen frequently and that the CW workforce engages families very well.
- **CW has emphasized the value of family engagement in permanency planning, but also has room to improve permanency planning practice.** Assessment participants recognized that identifying appropriate permanency plans is a priority, but it doesn't always happen. This is supported by survey results that show most staff believe that CW identifies appropriate permanency plans some or all the time when the goal is to always do so. Determining appropriate permanency plans can be challenging depending on the family's resources and support networks that can assist with reunification or relative placements. They mentioned that timeliness of concurrent planning is a systemic issue as this includes scheduling and conducting permanency hearings, which is outside of CW's control. Interviewees and focus group participants shared that agency leadership promotes the identification of appropriate permanency plans, but they were not certain how this occurs within local offices.
- **CW has increased the engagement of families in permanency planning by encouraging the use of Family Decision Meetings.** Since 2016, CW has strengthened policy language from allowing the caseworker and supervisor to determine whether to use an FDM to encouraging them to consistently share progress updates and support timely permanency planning, improving family engagement. Interviewees and focus group participants shared that the family plan includes efforts to engage the child and the family, and this has been a focus for the agency over the last three years. CW has expanded policy language since 2016 regarding descriptions and purposes for family meetings, and emphasizes the importance of holding consistent Family Decision Meetings. Holding these meetings regularly supports caseworkers in gathering updates on the family's progress and keeping permanency plans current.
- **In 2016, CW began using the Child and Adolescent Needs and Strengths (CANS) Tool for case planning and permanency planning rather than the more limited manner it was used previously.** Using the CANS in case planning allows



caseworkers and supervisors to use each child and family's unique needs and strengths to determine an appropriate permanency plan and assess parental capacities. This broadened use of the CANS supports data-driven permanency planning and can contribute to more stable, successful outcomes for children, young adults, and their families.

- **The timeliness of permanency hearings has improved by 4 percent over the last year.** Oregon's 2023 Annual Progress and Services Report (APSR) showed that, according to the Juvenile Court Improvement Program, timeliness of permanency hearings increased from 2020–2021, with nearly 93 percent of subsequent permanency hearings held within 365 days of the prior hearing, an increase from 89 percent in 2020. Holding permanency hearings timely supports positive outcomes for children and young adults by maintaining a sense of urgency in achieving permanence. As stated in Section 4.5, CW collaborates with the Juvenile Court Improvement Program on improving timeliness to permanence.
- **While timeliness of permanency hearings has improved, PK does not have enough data to determine whether timeliness of creation and updating permanency plans has improved or not.** Data collected during this assessment did not allow PK to determine whether permanency plans are changed and updated in a timely manner and according to state requirements. CW does provide policy guidance on specific instances when the permanency plan needs to be reviewed, but there does not appear to be specific policy guidance on a timeframe for reviewing and updating permanency plans, as stated in the beginning of Section 4.6. However, because the Procedure Manual does note that the permanency plan is part of case planning,⁹⁵ the permanency plan must be reviewed every 90 days and updated every 180 days.

4.7 CW made progress to improve individualized assessments for children and families

Finding: Since 2016, CW has highlighted the importance of engaging families and including them in the assessment of needs and strengths to inform their permanency plan and case plan. CW has broadened its assessment efforts by providing additional guidance to caseworkers on assessments and identifying more opportunities to assess throughout the duration of a family's involvement in the child welfare system.

⁹⁵ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 10/4/202). (p. 423).

4.7.1 Key Themes

Table 9. Key Themes

Key Theme	Description
Family Engagement	Over the past three years, CW has focused on engaging families to understand better their unique needs and strengths to tailor services to each family better. The Vision for Transformation guides this effort and highlights the need to hear the family’s voice throughout the assessment process.
Scope of Assessments	CW has expanded the assessments provided to children, young adults, and families throughout their involvement in the child welfare system. New policy language and tools have been added to allow CW to gather as much information as possible to ensure permanency plans and case plans are comprehensive, responsive, and productive.

4.7.2 Contextual Factors: Vision for Transformation

The Vision for Transformation helps CW to highlight the importance of family engagement and demonstrates the impact of that engagement on outcomes for children and families. The 2023 APSR describes how local offices have created Parent Engagement Plans to overcome obstacles to family engagement. These efforts resulted in an increase in Family Engagement Meetings and Youth Decision Meetings, which allow children and their parents to engage with their caseworkers, and additionally provides supports to create and expand their case plan and permanency plan.⁹⁶

4.7.3 Contextual Factors: Child and Family Services Review Findings

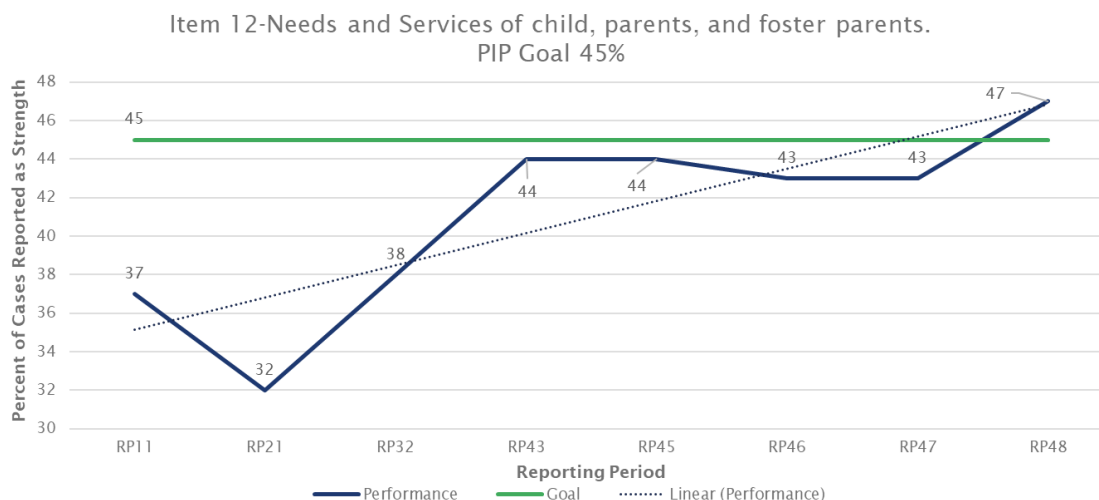
The 2016 CFSR review assessed the adequacy of individualized assessments for children and families measured through Item 12, which asks whether the agency made concerted efforts to assess the needs of and provide services to children, parents, and foster parents to identify the services necessary to achieve case goals and adequately address the issues

⁹⁶ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (June 30, 2022). <https://www.oregon.gov/odhs/data/pages/cw-data.aspx> (p. 71).



relevant to the agency’s involvement with the family. As shown in the graphic below, CW has improved engagement with children, parents, and resource parents through the Program Improvement Plan (PIP) period of January 2018 – January 2022, following the 2016 CFSR, and is exceeding the goal set out in their PIP.⁹⁶ This shows CW’s dedication to family engagement and improved performance in this area. Improved engagement of families allows CW to meet their needs more consistently, leading to better outcomes.

Figure 12. PIP Performance on CFSR Item 12



4.7.4 Family Engagement: Summary of Key Theme

Finding: Since 2016, CW has prioritized family engagement as part of assessing needs, providing services, and case planning. The Vision for Transformation focuses on engaging families and infusing their lived experience and expertise in identifying needs and services to help them reach their goals.

CW continues to make progress on system transformation, and significant efforts have been dedicated to ensuring children and families involved in the child welfare system receive individualized assessments to identify their specific trauma and needs while ensuring child safety. Procedures now guide child welfare staff to coordinate and collaborate with other professionals in assessing identified needs of families to ensure child safety and address any gaps in parenting, the well-being of children, and any other identified needs. Feedback from the focus groups, interviews, surveys, policy language, and quantitative data on assessment completion show evidence of CW’s strengthened attention to authentic family engagement. There are tools in place now to support the engagement of families. According to focus groups, the assessment process creates engagement with families and provides connections that improve permanency planning.



According to focus groups, previous leadership concentrated more on improving the number of assessments than on engagement quality. This has shifted, and now staff believe the current Executive Leadership Team is dedicated to authentic engagement with families to improve their access to services, as outlined in the Vision for Transformation. Focus group participants reported that their work is based on leadership's value, that children do better when they are with family, the foundation of the Vision for Transformation. CW has seen evidence of improvement in the quality of the assessments as training and supervision have reinforced family engagement.

4.7.5 Scope of Assessments: Summary of Key Theme

Finding: Since 2016, CW has expanded the use of existing assessments and added new assessments and policies to gather information from children, young adults, and families. The scope of the assessments CW offers allows caseworkers and supervisors to compile a comprehensive picture of each family's needs to appropriately tailor the services, permanency plan, and case plan.

Staff report that CW leadership encourages caseworkers to complete individualized assessments for children and families, and the Oregon Safety Model supports assessing family members individually to identify strengths. CW has increased training, discussions, and group supervision sessions regarding assessing and serving families.

Caseworkers receive training on case management and the assessment of needs and strengths during initial training and receive supervision throughout their case management duties. When surveyed, most caseworkers and supervisors agreed that CW provides assessment training and coaching and that leadership encourages individualizing assessments for children, young adults, and families.

The new caseload dashboard described in this report also uses OR-Kids data to quantify the number of assessments, cases, or providers each worker is assigned. This allows managers to understand their staff's workload and identify resource needs. The CW Executive Dashboard also includes various metrics, including foster care entries and exits, number of children in care, and data from individual and family assessments.

The number and type of assessments (shown in Section 7.2 of the Appendix) demonstrate a widespread effort since 2016 to assess and provide services to children, young adults, and families throughout Oregon. The changes from 2016 to 2021 show a commitment to clarifying requirements, timelines, and responsibilities for each type of assessment. Quantitative data show improved outcomes for children under age five for at least one assessment, Intake Nursing. Further, as shown in Figure 12 (earlier in this section), since completing the CFSR Round 3, ODHS has improved performance on Item 12, assessing and providing services to address children's, parents', and resource parents' needs, and



exceeded its PIP goal. The improvement in this item illustrates the efforts ODHS has taken to comprehensively assess the needs of children, parents, and resource parents to provide services relevant to their needs and improve outcomes for all involved.

4.8 CW made progress to improve service provision that meets the assessed needs of children and families

Finding: Since 2016, CW has improved service provision that meets the assessed needs of children and families. It is an ongoing challenge for CW to provide the breadth and depth of services to meet the complex needs of children in out-of-home care. The COVID-19 pandemic briefly impacted ODHS’ ability to provide access to mental health and medical services⁵. However, evidence from surveys, focus groups, and CFSR results indicates that there has been substantial improvement in the ability of CW to meet children’s mental health needs. CW has also expanded partnerships and collaboration to expand access to services, but there is still concern that service availability is uneven throughout the state.

4.8.1 Key Themes

Table 10. Key Themes

Key Theme	Description
Cross-System Collaboration	CW participates in the Oregon System of Care Advisory Council and other ODHS areas and partners in the child-serving system. Service provision during the COVID-19 pandemic was mixed, as families with access to technology could use virtual services, but those without such access could not use remote services.
Process Improvements	CW expanded the use of the CANS Tool to identify and provide services that directly meet the needs identified for each child and family. CFSR results for providing services that meet mental health needs and case plan goals have improved since 2016.
Targeted Services	CW has prioritized meeting the needs of special populations through targeted services, including young adults, those with complex needs, and those who identify as part of the LGTBQIA2S+ community.



4.8.2 Cross-System Collaboration: Summary of Key Theme

Finding: Since 2016, CW has participated in the System of Care Advisory Council, which is dedicated to improving services across the child-serving system and has improved partnership with ODDS and OHA to better serve families in the child welfare system. During the COVID-19 pandemic, families with technology and internet access had virtual access to services that had not previously been available to them and was not available to families without such access.

Child Welfare is responsible for the safety, permanency, and well-being of the children and youth in its care and custody. Delivery of services to children is critical in achieving positive outcomes for Oregon children. While CW cannot direct medical or mental health services, CW must coordinate with other systems to ensure children and youth receive services for their potentially complex needs. Children and families often need services from multiple providers to meet their needs and develop their strengths.

In 2019, the Oregon legislature established the Governor’s System of Care Advisory Council to “improve the effectiveness and efficacy of child-service state agencies and the continuum of care that provides services to youth.”⁹⁷ The Council provides leaders with a venue to address system wide issues impacting children, youth, and families throughout the continuum of child and family serving agencies. Ms. Jones Gaston has participated in the Council along with other representatives from ODHS, including ODHS Director Fariborz Pakseresht.

Collaboration with the behavioral health system and substance abuse providers has improved over the past several years through stronger partnerships and better information sharing. Please see Section 4.5 for more information on this collaboration. ODHS leadership now convenes monthly leadership meetings with representatives from ODDS and OHA to address and resolve systemic barriers, including operational differences, training and development opportunities, and improvements or modification to data information systems.

Despite these partnerships, CW is facing limitations in capacity to provide supportive services that families need as these services are outside CW’s purview. At times, the services needed by families do not exist, which is not within CW’s ability to control. The COVID-19 pandemic impacted the service network significantly as providers shifted to delivering services virtually, which was a challenge for families without internet access and appropriate technology. However, permanency caseworkers state that during COVID-19, service delivery improved to support parents in meeting case plan goals. Access to virtual

⁹⁷ Oregon Health Authority: System of Care Advisory Council. <https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/SOCAC.aspx>



services allowed for parents in rural areas of the state to access services that had previously not been available in their area.

4.8.3 Process Improvements: Summary of Key Theme

Finding: Since 2016, CW has expanded the use of the CANS Tool to identify and provide services that directly meet the needs identified for each child and family. This prioritization of appropriate service provision is demonstrated in improved CFSR results for meeting mental health needs and case plan goals from 2016 to 2021.

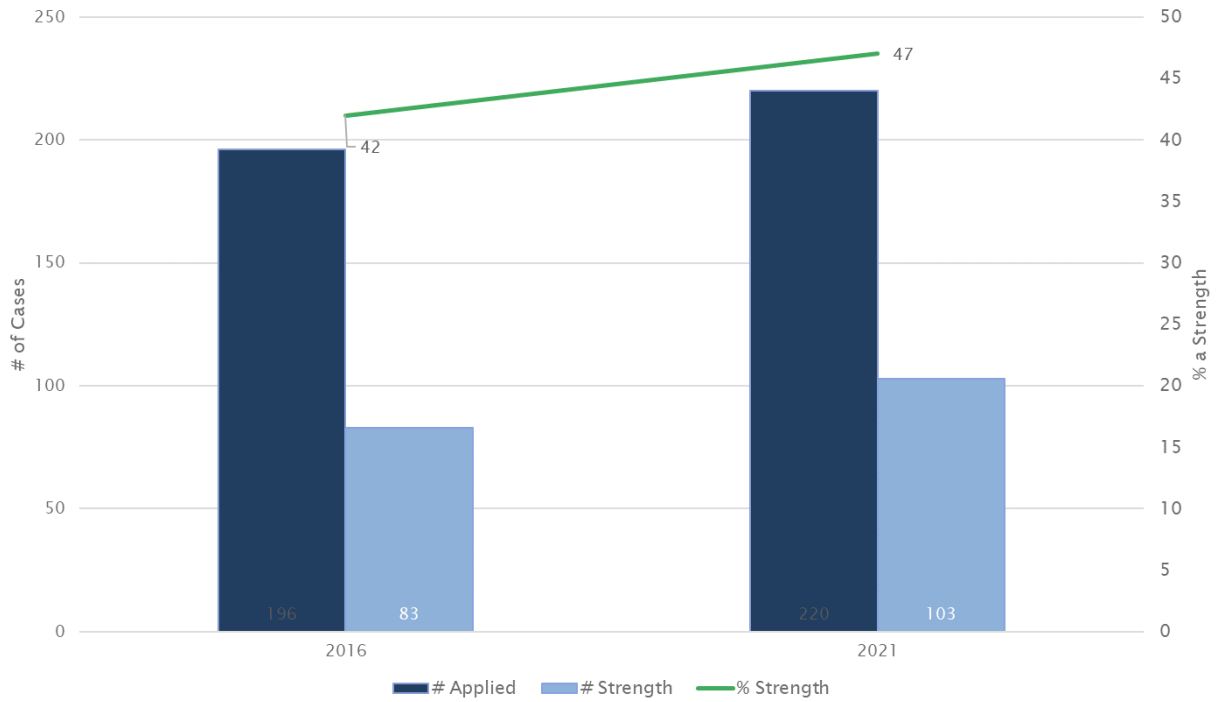
CW must assess the needs of and provide services to children, young adults, and families to identify the services necessary to achieve case goals and adequately address the issues relevant to the family's involvement with CW.

As discussed in Section 4.7, the CANS Tool is used to assess needs and strengths and, since 2016 has begun to be used to identify services. With consistent assessments and authentic family engagement, more needs are identified. CW provides services to meet children's needs, but as mentioned earlier in this report, staff still face limits in what services are available. Thirty percent of survey respondents reported that CW cannot maintain an adequate statewide service array.

The CFSR monitors CW's ability to meet children's and families' needs. There has been substantial improvement in rating Item 18 of the CFSR, mental health assessment and services, as a strength from 2016 to 2021, as shown in the figure below.

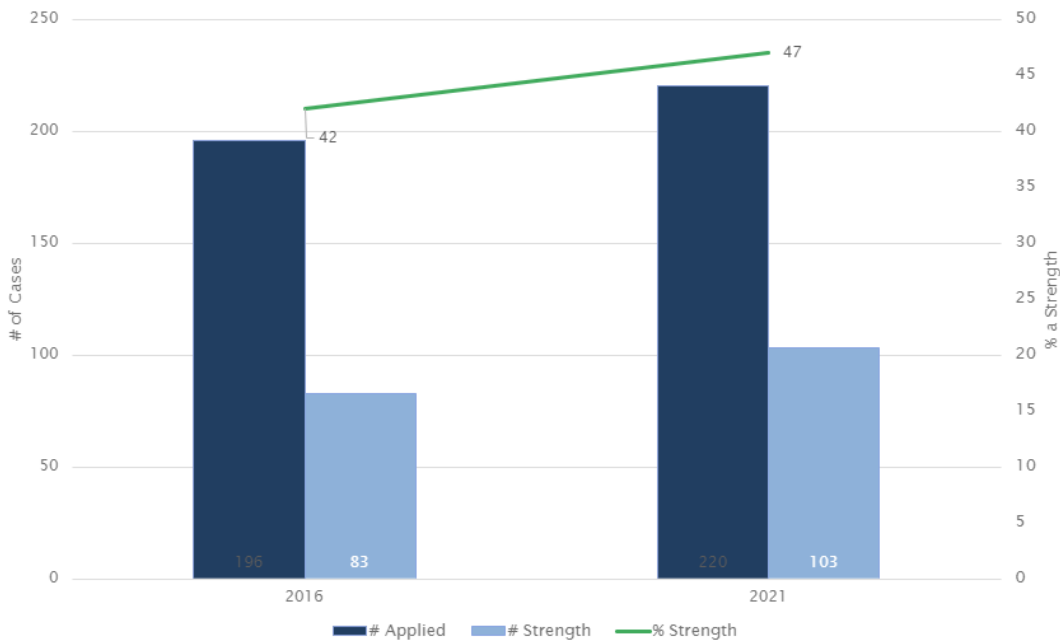


Figure 13. Mental Health Needs Met Rated as a Strength



CW also made progress in CFSR Item 12, assessing the needs of and providing services to children, parents, and resource parents to identify the services necessary to achieve case goals, evidenced by an increase of 5 percentage points in case review findings.

Figure 14. Child's, Parent's, and Resource Parent's Needs Met Rated as a Strength





4.8.4 Targeted Services: Summary of Key Theme

Finding: Since 2016, CW has focused on providing services to specific populations of children and young adults in substitute care, namely older children, those with complex needs, and those who identify as part of the LGTBQIA2S+ community. CW has refined the delivery of independent living services and partnered with Basic Rights Oregon and the Foster Homes of Healing coalition to expand services for these populations.

Since 2016, ODHS has begun providing funding for services to children and families who cannot be supported elsewhere in the child welfare system through initiatives such as the Response and Support Network (RSN) and the Child Specific Caregiver Support (CSCS). These programs are funded under Child Welfare Treatment Services⁹⁸:

- The RSN provides short-term clinical and non-clinical stabilization services to children, young adults, and resource families, OYA foster homes, DD foster families, and Post Adoption or Guardianship families. Services include parent mentoring, peer support, care coordination, skills training, 24-hour crisis response, and access to intensive mental health supports, and connects families to long-term supports.⁹⁹ These services are available for up to three months. The RSN, which began in March 2021, was piloted in one county and has expanded to three counties.
- The Child Specific Caregiver Support program grew out of the RSN pilot and began in May 2022. The CSCS provides individualized supports to resource parents of children with complex needs and is aimed at equipping caregivers and providing in-home stability to resource families to prevent placement disruptions.⁹⁹ The CSCS pilot is complete, and services are available in multiple counties.

Programs such as the RSN and CSCS allow children, young adults, and their families to access services quickly and in their communities, lessening obstacles to providing the individualized care that they need. These programs also support placement stability and reduce the trauma associated with new placements. During the pilot of the CSCS program, which ran from May 2022 through September 2023, 69 percent of children served remained in their placement. Contractors involved in the pilot noted multiple successes, including but not limited to helping children achieve permanence and preventing placement disruptions.¹⁰⁰

The service array offered by CW must serve the needs of children in care, which includes meeting the needs of special populations like young adults and those who identify as part

⁹⁸ Deposition of Sara Beth Fox, September 21, 2023.

⁹⁹ Maple Star: <https://www.maplestar.org/community-services>

¹⁰⁰ Child Specific Caregiver Supports Pilot Final Combined Data Report. (May 1, 2022 – Sept 30, 2023). (p. 12)



of the LGBTQIA2S+ community. In the United States in 2021, over 30 percent of children and young adults in substitute care were 13 or older¹⁰¹ and, based on national research, about a third identify as LGBTQIA2S+.¹⁰² Understanding issues of sexual orientation, gender identity, and gender expression is fundamental to meeting the needs of youth in care.

Many youth services are delivered via the Independent Living Program (ILP), which provides services to help youth aged 14 and older transition from foster care into independent adulthood. Since 2016, CW has built a tiered approach to the ILP model, allowing trauma-informed, age-appropriate, and developmentally appropriate services to be delivered to young adults. Additionally, CW is now working with Basic Rights Oregon to ensure there are safe and affirming homes for transgender children in foster care through the Foster Homes of Healing coalition.¹⁰³

4.9 CW made consistent progress to improve case planning processes

Finding: Since 2016, CW has improved completion of case plans as well as including families and tribes in the process. CW has implemented tools such as quality assurance (QA), continuous quality improvement (CQI), and the Family Report to focus on inclusive case planning.

Table 11. Key Themes

Key Theme	Description
Case Plan Completion	Quantitative data show that CW has significantly improved case plan completion, partly due to process improvements in quality assurance and continuous quality improvement.

¹⁰¹ Annie E. Casey KIDS COUNT Data Center: <https://datacenter.kidscount.org/data/tables/101-child-population-by-age-group?loc=1&loct=1#detailed/1/any/false/2048,574,1729,37,871,870,573,869,36,868/62,63,64,6,4693/419,420>

¹⁰² US Department of Health and Human Services Administration on Children, Youth, and Families. (March 2, 2022). ACYF-CB-IM-22-01 (<https://www.acf.hhs.gov/sites/default/files/documents/cb/im2201.pdf>), citing Cooper, K., Katsinas, A., Nezhad, S., & Wilson, B. (2014, August). Sexual and gender minority youth in foster care: Assessing disproportionality and disparities in Los Angeles, p. 37. Retrieved from <http://williamsinstitute.law.ucla.edu/research/safe-schools-and-youth/lafys-aug-2014/>

¹⁰³ Basic Rights Oregon, Transgender Justice. <https://www.basicrights.org/transgender-justice>



Inclusion in Case Planning

Quantitative data show an increase in family engagement in case planning, partly due to improvements in quality assurance, continuous quality improvement, and the implementation of the Family Report and the Family Engagement Meeting.

4.9.1 Case Plan Completion: Summary of Key Theme

Finding: Since 2016, CW has exceeded their Program Improvement Plan goal for completion of case plans, partially due to QA and CQI efforts and the introduction of the new Family Report. Staff receive training on case planning according to their role.

Each child or young adult in substitute care must have a case plan to direct the permanency plan and goals for the child and family. Case plans must be developed with the child or young adult and their family and must include a rationale for how the case plan goals will help achieve a safe placement in the least restrictive and most family-like setting, and outline services provided to prevent the child’s removal from their family.¹⁰⁴ In Oregon, the case plan includes an assessment of the family’s protective capacities, outcomes and priorities for necessary changes to provide safety, strategies to use with the family to create a safe environment, services to ensure safety and well-being, and progress toward outcomes.¹⁰⁵ Oregon Administrative Rule requires that a case plan include subsidiary plans, including the ongoing safety plan, permanency plan, and concurrent plan.¹⁰⁶ For more information on permanency plans, please see Section 4.6.

CW has improved completion of case plans for children and young adults, and case plans have been completed with their parents.¹⁰⁷ As of June 2022, 87 percent of cases have a completed case plan, which is an increase from 60 percent in December 2021.¹⁰⁷ These improvements are due at least in part to ongoing CQI and QA efforts, described in Section 4.4; the use of the CANS for case planning, as outlined in Section 4.6; and the new Family Report where caseworkers must engage the family to describe how the child’s social, emotional, and cultural needs have been met. Local offices receive recognition for

¹⁰⁴ Child Welfare Information Gateway. (April 2018). Case Planning for Families Involved with Child Welfare Agencies. <https://www.childwelfare.gov/pubPDFs/caseplanning.pdf>

¹⁰⁵ Oregon Department of Human Services Child Welfare Procedure Manual. (Rev. 10/4/2021), (pp. 423–424).

¹⁰⁶ OAR 413–040–0005 to 0032. (Updated 7/1/2022). http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_40.pdf

¹⁰⁷ Oregon Department of Human Services Child Welfare Division. Annual Progress and Services Report 2023. (June 30,2022). <https://www.oregon.gov/dhs/children/Pages/data-publications.aspx>

improving their case planning completion, and these efforts are outlined in their Family Engagement Plans.

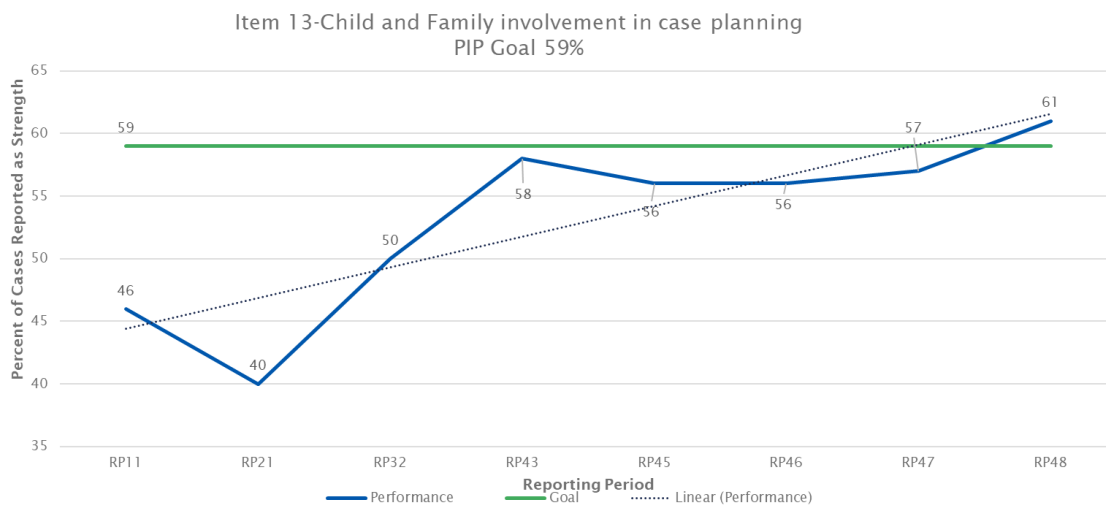
Survey results showed that more than half of supervisors feel staff receive training and coaching on best practices in case planning. One interviewee indicated there is specific training on permanency planning related to safety plans for reunification. They also shared that adoption and guardianship program staff receive different training related to case planning.

4.9.2 Inclusion in Case Planning: Summary of Key Theme

Finding: Since 2016, CW has increased inclusion of families and tribes in case planning. Data show an increase in family engagement in case planning and can attribute the improvements to quality assurance, continuous quality improvement, and the implementation of the Family Report and the Family Engagement Meeting.

Family inclusion in case planning has improved during the Program Improvement Plan (PIP) Reporting Periods shown in the figure below. CW is exceeding its PIP goal that 59 percent of the cases are reported as strengths, which is a significant improvement throughout the Reporting Periods 11–48, which run from January 2018 – January 2022.¹⁰⁷

Figure 15. Performance on CFSR Item 13



The APSR attributes this improvement to implementing the Family Report over the last two years. The Family Report was created to engage families and gathers information about how the family was involved in case planning. The QA on the use of this report shows improvement since implementation. In addition to the QA reviews, interviews conducted as part of CW’s CQI process indicate that families felt heard, respected, and involved in planning Family Engagement Meetings. CW has made significant improvement in the



completion of Family Reports, going from 12 percent timely completion in 2020 to 60 percent in December 2021.¹⁰¹

As discussed in Section 4.6, CW has improved the guidance provided to caseworkers since 2016 regarding engaging families in creating permanency plans, which are part of the overall case plan.

CW is also improving outreach to tribes as part of the case planning process, according to focus group participants. Participants noted that child welfare staff attempt to engage the applicable tribe but do not always receive the requested response. One focus group also noted that there is a genuine effort to engage tribes, but that tribes are often understaffed and may have limited resources, which can cause difficulties in engagement or coordination with CW. Another focus group participant commented they traveled across Oregon with a CPS unit, and they observed local offices collaborating and involving tribes as early as possible and developing systems in offices for early notice and partnership with tribes when responding to CPS assessments and supporting families. Another focus group participant noted that tribal involvement was an area in which child welfare was improving. The participant noted that leadership had put a good amount of focus on bringing relationships with the Tribal Affairs Office to the forefront.

4.10 CW made significant progress in preserving and improving connections between children in substitute care and their families and communities

Finding: Since 2016, Oregon has made significant progress in this area, framed by the Vision for Transformation and multiple new efforts to connect children to their families and communities. The Vision for Transformation underscores the importance of these connections by stating, “[w]e all know that infants, children, adolescents, and young adults do best growing up in a family that can provide love, support, life-long learning, shared values, and important memories.”¹⁰⁸

¹⁰⁸ Oregon Child Welfare Division Vision for Transformation:
<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2445.pdf>



4.10.1 Key Themes

Table 12. Key Themes

Key Theme	Description
Family Interaction	Oregon’s policy emphasizes the importance of family interaction and requires the ongoing support of families in building parenting skills. Caseworkers make significant efforts to facilitate family interaction while facing typical challenges with transportation, locations, and COVID-19 restrictions.
Relative Placements	Oregon prioritizes placement with and support for relatives, as shown by creating a kinship navigator program, policy language, and data demonstrating the increase in the use of relative placements over the past several years.
Sibling Connections	Oregon consistently demonstrates the importance of sibling connections through the involvement of siblings in planning for children’s outcomes and creating a Sibling Bill of Rights in 2017 for children in substitute care. Quantitative data also illustrates the prioritization of placement with siblings.
Community Connections	The Vision for Transformation outlines the belief that ODHS believes that “communities often already have the wisdom and assets to provide safe, stable and healthy lives for their children,” ¹⁰⁹ and ODHS actively seeks out the voices of lived experience when drafting new initiatives and concepts.

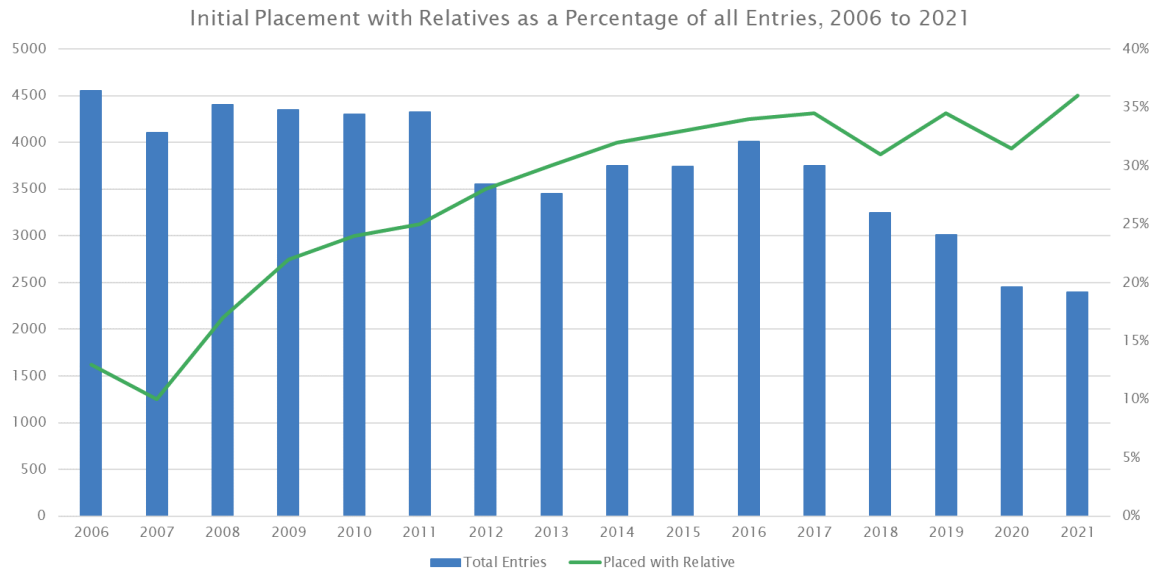
4.10.2 Quantitative Evidence of Improvement

There is quantitative evidence of improvement in three areas: family interaction, relative placement, and sibling connections. For children who must be placed in substitute care, relatives offer the best opportunity for maintaining family and cultural continuity. Initial placement with a relative reduces moves and increases connections. More than a third of entries into substitute care result in initial relative placement, up almost five percentage points from 2016 to 2021.

¹⁰⁹ Oregon Child Welfare Division Vision for Transformation:
<https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de2445.pdf>



Figure 16. Initial Relative Placement



The Federal CFRS process focuses extensively on maintaining connections and measuring conformity with multiple outcomes. Permanency Outcome 2 is centered on the continuity of family relationships and preserving connections and includes five items: placement with siblings (Item 7); visitation between parents, children, and siblings (Item 8); preserving connections (Item 9); relative placement (Item 10); and relationship with parents (Item 11). No state, including Oregon, achieved substantial conformity with Permanency Outcome 2 between 2015–2018; however, Oregon achieved better than the national averages, as shown in Table 13, below.

Table 13. 2016 CFRS Permanency 2 Outcomes

CFRS Item	Oregon Performance % Strength	National Performance % Strength	National Standard	Improvement Since 2016
Item 7: Placement with siblings	89%	81%	95%	More siblings placed together from 2016–2021.
Item 8: Visitation between parents, children, and siblings	82%	62%	95%	Reunification within 12 months has improved, and reentry to foster care has decreased between 2016 and 2021.



CFSR Item	Oregon Performance % Strength	National Performance % Strength	National Standard	Improvement Since 2016
Item 9: Preserving connections	88%	67%	95%	Out-of-home care placements have decreased between 2016–2021, keeping more children safely in their homes.
Item 10: Relative placement	77%	70%	95%	Initial placements with relatives have increased between 2016 and 2021.
Item 11: Relationship with parents	79%	58%	95%	Reunification within 12 months has improved, and reentry to foster care has decreased between 2016 and 2021.

There is, however, a disconnect between the quantitative data and the perception of the state’s progress among child welfare staff. The survey results (shown in more detail in Appendix D) show mixed results in maintaining connections. This may be partially due to a lag in changing perceptions despite improved quantitative data. While child welfare staff were aligned in prioritizing relative placements, with 70 percent noting that this prioritization always occurs, fewer saw consistent efforts to facilitate sibling visits, with 46 percent stating this always happens and 52 percent saying it only happens sometimes. Only 17 percent of staff who responded felt that child welfare always diligently searched for resource parents that matched the child’s race or ethnicity. The same percentage felt that providers who could care for LGBTQIA2S+ children and young adults were consistently and adequately recruited. Although the quantitative data show annual improvements, it takes more time for individual perceptions and staff to understand the changing data.

4.10.3 Family Interaction: Summary of Key Theme

Finding: Oregon has enacted many of the recommended best practices for family interaction and provides support to children and their families to maintain connections while children are in substitute care. Family interaction does not hinge on behavioral compliance and is not used as a reward; it is seen as a fundamental right for children and



their families. The policy requires that resource parents actively support familial connections; and caregivers' certification depends, in part, on whether they consistently provide this support. ODHS caseworkers perceive differences in how policies are enacted across the state. The continued implementation and focus on the tenets of the Vision for Transformation will increase the application of family interaction policies statewide.

Child welfare best practice states that children spending time with their families is essential for healthy development and helps maintain attachment between children and their parents, reduce feelings of abandonment, and sustain a sense of belonging. When children spend time with their families, they can also strengthen cultural connections.¹¹⁰ Research shows that families who spend more time together have a greater possibility of timely reunification, and those connections may also decrease children's mental health issues and behavioral concerns.^{111,112}

A 2020 Casey Family Programs Strategy Brief¹¹³ provides the following best practices regarding family time. The table below outlines how ODHS's case practice aligns with best practices, including what changes have been enacted since 2016.

Table 14. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
Family time is a right, not a privilege. Family time is a fundamental right for children and should not be used as a bonus or reward.	<ul style="list-style-type: none"> Meets best practice 	<ul style="list-style-type: none"> Exceeds best practice, the administrative rule was updated in July 2022, stating that children have this right to time with their families.
Focus of family time. Children should be able to spend time building connection with their parents, siblings, and extended	<ul style="list-style-type: none"> Meets best practice 	<ul style="list-style-type: none"> Meets best practice but uses some outdated language describing "visits"

¹¹⁰ Casey Family Programs. (June 11, 2020). *How can frequent, quality family time promote relationships and permanency?* <https://www.casey.org/family-time/>

¹¹¹ McWey, L. M., Acock, A., & Porter, B. E. (2010). The impact of continued contact with biological parents upon the mental health of children in foster care. *Children and Youth Services Review*, 32(10), 1338–1345.

¹¹² Cantos, A. L., Gries, L. T., & Slis, V. (1997). Behavioral correlates of parental visiting during family foster care. *Child welfare*, 76(2), 309.

¹¹³ Casey Family Programs: <https://www.casey.org/family-time/>



Best Practice	2016 Oregon Practice	2022 Oregon Practice
<p>family, and not be focused on “visitation.”</p> <p>Frequency of family time, Typically, the goal is to increase the number and duration of family time to prepare for reunification. Research shows that regular, meaningful family time enhances outcomes for children and families, including timely reunification.¹¹⁴ Family time should occur within 24–48 hours of removal and should occur as often as possible.</p>	<ul style="list-style-type: none"> • Meets best practice 	<p>rather than “family time.”</p> <ul style="list-style-type: none"> • Exceeds best practice, noting that “frequent contact promotes timely reunification and is good for the parents and the child.”¹¹⁵
<p>Involving the appropriate people. Family time has evolved from supervised visits to quality time that promotes connections and includes many members of a child’s extended family and community members.</p>	<ul style="list-style-type: none"> • Meets best practice 	<ul style="list-style-type: none"> • Continues to meet best practice
<p>Caregiver involvement. Resource parents can help children prepare for and transition back to their homes following family time. Caregivers can provide transportation and, if appropriate, can offer coaching or support to the child’s parents.</p>	<ul style="list-style-type: none"> • Exceeds best practice by educating resource parents on reactions children may have to family time, benefits to family time, and prioritizing time with siblings. 	<ul style="list-style-type: none"> • Continues to exceed best practice

The Vision for Transformation reflects significant improvement around family connections. The initial guiding principle of the Vision for Transformation is “supporting families and promoting prevention,” which is focused on building programs and services that are

¹¹⁴ ACYF–CB–IM–20–02: <https://www.acf.hhs.gov/sites/default/files/documents/cb/im2002.pdf>

¹¹⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 433).



focused on engaging families, equity, safety, well-being, and prevention.¹¹⁶ The prioritization of supporting families illustrates the leadership's commitment to these familial connections for all children. This prioritization is reflected in the strengthened guidance around scheduling and supporting family time, including determining the amount of supervision needed and incorporating technology and virtual visits when needed.

While the policy language has not changed since 2016, leadership is providing caseworkers with additional supports and guidance to meet the parents' identified needs, bolster familial connections, promote reunification, and encourage success. These policies include requirements for: parenting time to maintain, strengthen, or develop attachment between children and parents, considering the child's best interests when making placement decisions, and the development and updating of a Visit and Contact Plan to direct family interaction and ensure it is meeting the child's needs. Oregon is one of only a handful of states that incorporates emotional ties between children, their families, and caregivers into rule and procedure for the best interest determination. The requirement to create and update the Visit and Contact Plan ensures that the information is current, reflective of the family's needs and strengths, and appropriate for the case plan goals.

Additional requirements, established in 2017, include caseworkers attending three weeks of initial Essential Elements training within 60 days of their hire and before carrying child welfare cases. This training includes a module on the principles of engagement and partnership,¹¹⁷ and this portion of the training demonstrates the importance of family engagement, sharing power, and how the principles of partnership support trauma-informed and culturally responsive practice. This module allows caseworkers to examine their own beliefs, values, and biases; and to use those to inform their practice with families. Participants learn to identify tools and techniques they can use to engage families and recognize community resources.

Despite the prioritization of family interaction and support and the policy requirements, some caseworkers and supervisors shared in focus groups that CW does not consistently provide sufficient and quality interactions between children and their parents due to transportation, visit settings, and time constraints. CW is making progress in mitigating these barriers by partnering with community organizations to provide transportation, creating welcoming visitation rooms, and attempting to schedule family time outside of school and work hours. Marion County is working with the Children's Public Private Partnership (CP3) to pilot a volunteer driver program to increase family interaction

¹¹⁶ Oregon Department of Human Services. (2020). *Child Welfare Division Vision for Transformation*. <https://www.oregon.gov/odhs/child-welfare-transformation/Pages/principle-1.aspx>

¹¹⁷ Essential Elements of Child Welfare Practice: Principles of Engagement and Partnership & Parent Panel. <https://drive.google.com/file/d/13GEWfgjAGmUlyHy5yUYI73y3I3Jmomw1/view>



frequency and expedite reunification in 2022.¹¹⁸ Many local branches have redecorated their visitation rooms. CW has an ADA Coordinator who has begun working with branches to create a room designed for individuals and families with sensory concerns. For those districts without updated visitation rooms, many are in the process of creating more welcoming spaces for families. CW has removed cameras from visit rooms, and the leadership continually encourages local teams to consider why family interaction needs to be supervised.

4.10.4 Relative Placement: Summary of Key Theme

Finding: Since 2016, ODHS has focused on one of the most powerful methods for maintaining connections with a child’s family and culture by increasing the use of kinship care, now having one of the higher rates of kinship care across the country. CW workers continually search for relatives when children are not placed with relatives. In 2020, Oregon implemented a kinship navigator program to support relative providers and connect them with necessary and appropriate services to assist in caring for children. The voice of lived experience heavily influences Oregon’s development of this program and relates strongly to the Vision for Transformation’s prioritization of family connections and permanence for children.

Kinship care and relative connections are crucial for children in foster care to maintain connections with their extended family and their culture and traditions. Since 2016, Oregon has prioritized kinship care and now has one of the highest rates in the country.

Oregon has prioritized family connections in multiple ways through the Vision for Transformation, including the expectation that children and young adults will be “in the care of family, friends, and neighbors whenever possible.” It will “help children keep connections to their cultures, communities, and Oregon Tribal Nations.” The initial guiding principle of the Vision for Transformation focuses on strengthening and preserving connections to family, culture, and community and prioritizing permanence.¹¹⁹

The consistent use of kinship care begins with leadership prioritization of relative placements, including reframing the expectations for caseworkers when making initial and subsequent placement decisions.¹²⁰ The high priority of using kinship care is reinforced by

¹¹⁸ Children’s Public Private Partnership (CP3). <https://www.cp3oregon.org/programs>

¹¹⁹ Oregon Department of Human Services. (2020). *Child Welfare Division Vision for Transformation*. <https://www.oregon.gov/dhs/CHILDREN/CWTransformation/Pages/index.aspx#principles>

¹²⁰

Casey Family Programs. (August 2018). Jurisdictional Scan: Strong Families. https://caseyfamilypro-pengine.netdna-ssl.com/media/SF_First-placement-family-placement-1.pdf



the survey results, where 70 percent of respondents said that child welfare always prioritizes placement with relatives.

One method for supporting kinship placements and providers is through kinship navigator programs. These programs demonstrate to relative caregivers that their support is vital and that the child welfare system honors their willingness to care for their family members. Research shows that kinship navigator programs and services to kinship providers through public benefit programs have reduced the number of child maltreatment reports, substantiations of child maltreatment, substitute care placements, and child fatalities due to maltreatment.¹²¹ Each of these measures have improved since 2017, as reports and substantiations of maltreatment, number of placements, and child fatalities due to maltreatment have all declined since 2017.¹²²

Oregon began the process of creating a Kinship Navigator program in October 2018 and, in Fall 2019, awarded the Greater Oregon Behavioral Health Inc. (GOBHI) a two-year contract to build and operate the Oregon Kinship Navigator, which launched in February 2020.¹²³ A community provider was chosen to manage the kinship navigator program based on feedback ODHS collected from families and family advocates requesting that a non-governmental agency provide the support, outreach, and engagement.¹²⁴

The foundation of the Oregon Kinship Navigator (OKN) is supporting families and promoting prevention, uniting the program to the first guiding principle of Oregon's Vision for Transformation. The OKN is guided by a Kinship Advisory Committee, consisting of kinship caregivers, public and private organizations, and advocates¹²⁵ to ensure that the implementation and oversight of the program are led by those with lived experience and expertise. The OKN includes all kinship families statewide, not just those already involved with the child welfare system, and allows CW to highlight prevention services. Such service provision to families before their involvement with child welfare can contribute to the continued decline of entry into substitute care in Oregon, which has been steadily declining since late 2017.

Even for young adults who cannot be placed with relatives, Oregon ensures that they maintain connections with those relatives. CW policy requires caseworkers to continually consider the inclusion of relatives in case planning, safety planning, placement, and

¹²¹ Puls HT, Hall M, Anderst JD, et al. State Spending on Public Benefit Programs and Child Maltreatment. *Pediatrics*. 2021;148(5):e2021050685.

¹²² 2021 Child Welfare Data Book. <https://www.oregon.gov/dhs/CHILDREN/CHILD-ABUSE/Documents/2021-cw-data-book.pdf>

¹²³ Oregon Kinship Navigator Project: <https://www.oregon.gov/dhs/CHILDREN/Documents/22%20-%20Kinship%20Navigator%20Project%20OIII.pdf>

¹²⁴ Oregon Annual Progress and Services Report 2022. (June 2021; resubmitted August 2021).

¹²⁵ Oregon Annual Progress and Services Report 2022. (June 2021; resubmitted August 2021).



ongoing support, which includes periodically reviewing CW’s diligent efforts to place children with a relative (or person with a caregiver relationship) including asking whether siblings are placed together and, if not, what can be done to place them together and what is being done to maintain contact between siblings. This is important and powerful because while relative connections may not always be resources for placement or permanence, Oregon policy recognizes that children and youth still need continued connections to their families.

4.10.5 Sibling Connections: Summary of Key Theme

Finding: Since 2016, CW has prioritized connections between siblings in substitute care, as shown by quantitative data and practice expectations. The requirement of siblings to be involved with and considered as part of the case plan, case plan review, and decisions as young adults transition out of foster care demonstrates the importance of sibling connections to Oregon child welfare practice. The development of a Sibling Bill of Rights sends a strong message to young adults in substitute care that their relationships with their siblings are fundamental to their positive outcomes.

Sibling relationships can be the longest relationships that children have in their lifetimes and can provide continuity that children involved in the child welfare system may not find elsewhere. Connections to their siblings also serve as a protective factor for children in substitute care, and those connections can improve the child's and their siblings' well-being.¹²⁶ Maintaining regular connections with their family is the most critical factor in supporting a child’s attachment to their parents, siblings, and other family members.

Oregon’s improvement since 2016 in placing siblings together is reflected in the quantitative data, shown below.

Table 15. Sibling Placement Data

	2016	2017	2018	2019	2020	2021
Percentage of children placed with a sibling	82.9%	82.9%	82.4%	82.2%	83.1%	83.6%
Percentage of children placed	17.1%	17.1%	17.6%	17.8%	16.9%	16.4%

¹²⁶ Child Welfare Information Gateway. (June 2019). Sibling Issues in Foster Care and Adoption. <https://www.childwelfare.gov/pubPDFs/siblingissues.pdf>



2016	2017	2018	2019	2020	2021
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apart from siblings

Oregon is one of only a few states that has codified siblings’ rights into law. This is important because prioritizing the placement of siblings together and the connections between siblings sends a message to children, families, and the child welfare workforce that sibling relationships are vital to children’s success and maintaining connections. To that end, the Oregon legislature codified the Foster Children’s Sibling Bill of Rights in May 2017 (and associated rules were effective January 1, 2018) to give children and young adults in foster care rights designed to protect and strengthen bonds with their siblings. Both Oregon’s Foster Children’s Bill of Rights and the Sibling Bill of Rights are written into statute. While many states have a bill of rights for young adults in foster care, Oregon is one of only a few states that has taken the step to create this specifically for siblings, and further spotlighted its importance by codifying it into state statute. This Sibling Bill of Rights gives children and youth in substitute care specific requirements their caseworkers must meet and information that children must receive about their siblings.

4.10.6 Community Connections: Summary of Key Theme

Finding: ODHS is committed to building connections within a child’s community and to creating and maintaining community resources for children and families. The Vision for Transformation explicitly outlines expectations for keeping children with their families and within their communities; and highlights the voices of community members. ODHS amplifies the voices of those with lived experience through the Parent Advisory Council and is actively developing an updated Tribal Consultation Policy with Oregon Tribal Nations.

Maintaining the connection between children and their communities when they are placed into substitute care can mitigate some of the removal trauma. Facilitating these connections helps build protective factors for children and their families, and those protective factors mitigate risk and promote healthy development and well-being for children, young adults, and their families.¹²⁷

Programs such as the Oregon Kinship Navigator help build protective factors as they engage families, build skills, and identify opportunities for support. In addition to helping families, building protective factors can also help agencies to build capacity and

¹²⁷ Child Welfare Information Gateway. (March 2020). Issue Brief: Protective Factors Approaches in Child Welfare. https://www.childwelfare.gov/pubpdfs/protective_factors.pdf



collaborative partnerships.¹²⁸ This approach has demonstrated success in Oregon with a community agency to operate the kinship navigator and the inclusion of community members in the creation and oversight of the program.

The concept of building protective factors is also very evident in the Vision for Transformation, with the focus on strengthening and preserving connections to family and community by keeping kids home and in their community, when possible, as well as maintaining connections when placed in substitute care and prioritizing permanence. ODHS is also committed to engaging with the community by integrating the voices of children, young adults, parents, families, Tribal Nations, and partners to be more responsive to the needs of families. One way Oregon engages the community is through the Parent Advisory Council (PAC) of Oregon,¹²⁹ which includes parents who have been involved with child welfare, who are in recovery, and who are now community leaders. The culturally diverse Council includes members from six CW districts. The PAC meets monthly with state child welfare leadership and provides feedback to ODHS on new initiatives, concepts, and documents based on their lived experience. Since 2020, the PAC has led training, shared their stories, and answered questions for new resource families throughout Oregon. The PAC allows the voice of lived experience to further permeate the decision-making process at every level of child welfare.

Oregon is committed to collaborating with Tribal Nations to improve outcomes for American Indian and Alaskan Native children in substitute care. American Indian and Alaskan Native children are disproportionately represented in substitute care across the country and collaborating with Tribal Nations will address these outcomes for children and improve relationships between state and Tribal governments. States with strong relationships with Tribal child welfare agencies see improved outcomes for children in child welfare. ODHS is currently co-creating the Tribal Consultation Policy with OHA and the nine federally recognized tribes in Oregon. The goal of a Tribal Consultation Policy is to ensure the inclusion of the Tribes in the development of ODHS policies and programs that impact Tribes; establish communication pathways; and build trust, respect, and shared responsibility. Per Child Welfare Leadership, the ODHS Tribal Consultation Policy is in draft form and will be modeled closely after the Tribal Consultation Policy held by the Oregon Health Authority (OHA). The OHA policy notes that meaningful consultation between tribal

¹²⁸ Oregon Kinship Navigator:

https://oregonkinshipnavigator.org/?gclid=CjwKCAiA1MCrBhAoEiwAC2d64Rc0R_MVrfrjHI2lQRu1mU2OpnPoL7BDIsCM5Pt5SJ6W9tzxptw3wBoC7fIQAvD_BwE

¹²⁹ ODHS Community Engagement: <https://www.oregon.gov/dhs/CHILDREN/Pages/community.aspx>



leadership and agency leadership produces “information exchange, mutual understanding, and informed decision-making on behalf of the Tribes and the State.”¹³⁰

4.11 CW made progress during the identified timeframe to improve staffing resources

Finding: Oregon made progress in improving staffing resources during the specified timeframe. CW has expanded the leadership team to prioritize equity, training, and workforce considerations and has started tracking caseload data to manage workloads. Even so, CW has had challenges in providing training for caseworkers and is increasing training and coaching resources.

4.11.1 Key Themes

Table 16. Key Themes

Key Theme	Description
Staff Recruitment and Retention	CW made progress in staff recruitment and retention, with support from the Governor’s Office and modeling from the CW Executive Leadership Team. CW expanded the leadership by creating a Deputy Director position dedicated to equity, training, and workforce to demonstrate a commitment to this value. In the last two years, CW has seen an increase in hiring and decreased staff separations.
Caseload Management	CW made progress in caseload management and now tracks caseloads through an internal dashboard created in 2022. Despite the quantitative data trend, some caseworkers experience their workloads as higher than the quantitative data show. This is likely due to an increase in complex needs in the children and young adults currently in the system.

¹³⁰ Oregon Health Authority Tribal Consultation and Urban Indian Health Program Confer Policy. 3/1/2018. https://www.oregon.gov/oha/documents/Tribal_Consultation_and_UIHP_Confer_Policy.pdf



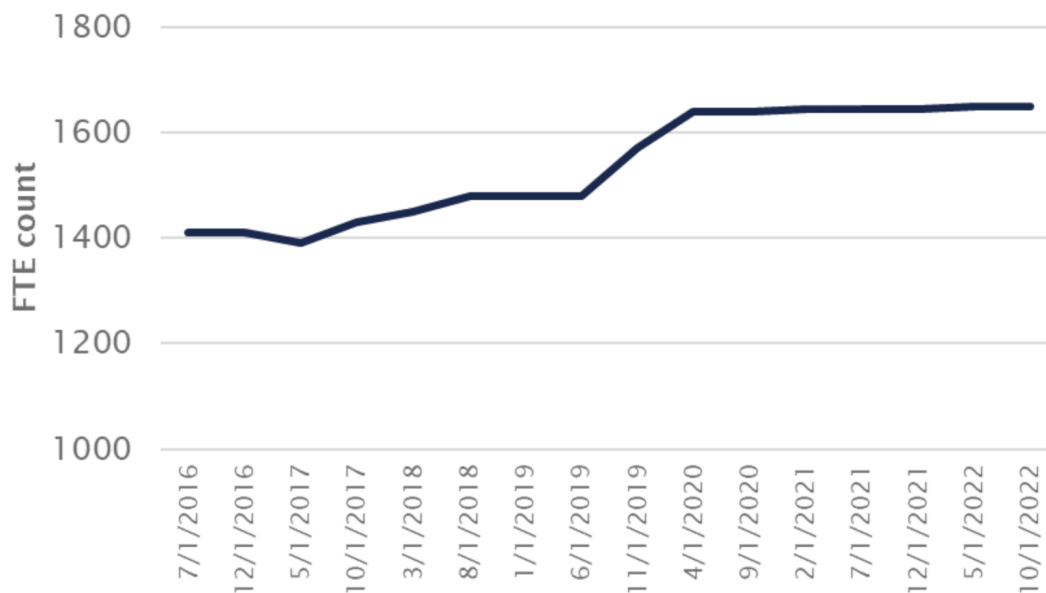
Key Theme	Description
Training and Coaching	CW progressed in training and coaching the workforce but has more room for improvement. CW has recognized that the initial training for caseworkers needs to fully prepare them for working with families and has created additional training pathways for roles and specialties. This addresses new staff training, but it is not ongoing. To address ongoing training, CW is building a coaching model and supporting supervisors in coaching their staff to the CW values.

4.11.2 Staff Recruitment and Retention: Summary of Key Theme

Finding: Since 2016, Oregon has made progress in staff recruitment and retention, with support from the Governor’s Office and legislature in the form of approval for several hundred new positions and an oversight board to advise the division. In 2020, CW created the position of Deputy Director for Equity, Training, and Workforce Development and hired Aprille Flint–Gerner to lead this effort. Since January 2021, CW has seen an increase in hiring and decreased staff separations for caseworker positions.

The Oregon Legislature approved funding for 300 new positions during the 2019 legislative session, and in July 2019, CW began a hiring surge. The increase in the number of SSS1 FTE positions from July 2016 to October 2022 is shown in the graphic below.

Figure 17. Number of CW SSS1 FTE





This hiring effort was driven by an executive order in April 2019 establishing an oversight board to address the crisis in Oregon’s child welfare system.¹³¹ The Governor’s Office convened the Child Welfare Oversight Board to advise CW on the development and administration of child welfare policies, programs, and practices. To support the hiring surge, CW identified a Program Manager and additional employees, including an outside consultant and representatives from other agencies, to create the Child Welfare Recruitment Team. This team drafted a plan to identify candidates, developed application questions, and identified the hiring team.¹³²

According to assessment participants, as part of this hiring effort, statutory requirements were lowered to attract a broader range of potential candidates. CW leadership clarified that the minimum qualifications for hiring were changed in 2018, before the hiring surge in 2019. Current job postings for entry-level social service workers require a bachelor’s degree unrelated to human services and either one year of human services-related experience or completion of coursework consistent with Oregon Caseworker Competency or an associate degree with some experience and either two years of human services-related experience or one year of human services-related experience and related training, coursework, or certification consistent with Oregon Caseworker Competency.

As of the second quarter of 2022, CW had 1,143 ORCAH screeners and caseworkers and 20,717 child abuse reports.¹³³ Before centralizing the hotline in 2019, each district and county looked at the total number of staff to determine how many workers would screen on any given day, and there needs to be a mechanism to map those allocations across each county prior to centralization. CW made progress in hiring new caseworkers in 2019 through the hiring surge supported by the legislature, but the COVID-19 pandemic and nationwide Great Resignation likely increased turnover and departures over the past two years. However, turnover within ORCAH decreased between January 2021 and December 2022, and never rose above 8 percent.

CW created a Deputy Director for Equity, Training, and Workforce Development position and hired Aprille Flint-Gerner to fill the role in 2020. She now serves as the Child Welfare Director, but under her leadership as Deputy Director, CW began redesigning the hiring processes to put the right people in the right roles and focusing on equity so CW staff reflect the people they serve. Best practice from other states indicates this will increase the likelihood of people receiving the services they need.

¹³¹ Executive Order No. 19-03: Establishing an Oversight Board to Address the Crisis in Oregon’s Child Welfare System. https://www.oregon.gov/gov/eo/eo_19-03.pdf

¹³² Alvarez & Marsal: Foster Care Work Plan Overview. 7/10/2019.

¹³³ Oregon Child Welfare Data Set, ROM Data. <https://oregon.rom.socwel.ku.edu/>



CW is creating a pathway for development, providing learning opportunities, developing transfer of learning opportunities, and supporting middle managers and leaders. Supporting the workforce is a pivotal piece of the Vision for Transformation, as described in Oregon’s Child Welfare Caseload Ratio Standards, which were created in 2021. The Standards state that “a supported, skilled, respected, and engaged workforce that reflects and embraces the communities we serve will ensure we have a network of services promoting prevention and well-being for Oregon’s children and families.”¹³⁴ These Standards are essential as they allow CW to monitor worker caseloads and ensure that the caseload and workload are appropriate and manageable for each caseworker. Having these Standards and these data can help supervisors and leaders ensure that caseworkers can manage their work.

In 2016, CW turnover was 23 percent,¹³⁵ and Oregon generally has a lower turnover than national averages. The national child welfare turnover rates have been between 30–40 percent annually, with an average caseworker tenure of two years.¹³⁶ Additionally, the average tenure of a child welfare director is 18–24 months,¹³⁷ and Ms. Jones Gaston held the Director position for three years.

4.11.3 Caseload Management: Summary of Key Theme

Finding: Since 2016, Oregon has made progress in caseload management, most notably with the creation of the Caseload Ratio Standards. CW now tracks caseloads via an internal dashboard created in 2021. The Governor’s Office and CW leadership are providing additional resources to manage caseloads and have prioritized supporting the workforce. Some caseworkers feel that their workloads are higher than the quantitative data show, likely due to an increase in complex needs in the children and young adults in the child welfare system. CW leadership and management review caseloads and workloads weekly to monitor both for caseworkers.

A CW caseworker’s caseload determines the amount of time they can spend directly with children, young adults, and families to support them in making progress toward their case plan and permanency goals. CW has caseload standards and now tracks caseloads but does not formally regulate them. In December 2021, CW developed a caseload dashboard for managers to understand staff caseloads better and determine the number of new cases

¹³⁴ ODHS Child Welfare Caseload Ratio Standards. (Revised 1/20/2022).

¹³⁵ Secretary of State Audit (2018): Foster Care in Oregon: Chronic management failures and high caseloads jeopardize the safety of some of the state’s most vulnerable children.

¹³⁶ United States General Accounting Office. (March 2003). Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff. <https://www.gao.gov/assets/gao-03-357.pdf>

¹³⁷ Rawlings, Tom. “Leading Child Welfare Systems Past the Worst Tragedies.” The Imprint. (August 15, 2019). <https://imprintnews.org/opinion/leading-child-welfare-systems-past-the-worst-tragedies/36979>



staff could effectively serve. This is a significant improvement from 2016, when assessment participants shared that CW did not track caseloads for caseworkers and instead relied on self-reported time studies to estimate workloads. The dashboard was created as part of CW leadership's commitment to improving outcomes for children and families.

The caseworker dashboard pulls real-time data from OR-Kids to quantify the number of assessments, cases, or providers for each caseworker. The dashboard shows the number of assessments, cases, or providers for each caseworker to allow managers to understand their workers' current caseloads better and determine the number of new cases they can effectively carry. The data are updated in real-time and subject to change as the quality of information about staff assignments depends on information being entered timely and accurately within OR-Kids. The dashboard is organized by categories, including caseworker type, district, and county level, and can be filtered by supervisor and worker level to provide data on assigned cases. The goal for the dashboard is to eventually include human resources data, including current staffing, vacancies, rotations, and other hire statuses, to provide additional detail. This is an internal management tool to assist in assignments and work management. Child Welfare leadership will use an internal monthly and quarterly average to inform allocations, needs, and trends.

The Child Welfare League of America (CWLA) historically recommended using caseload standards to help manage caseworker workloads, and child welfare agencies in many states adopted them. CWLA provided recommended standards of 12 to 15 children per caseworker but recommended that child welfare agencies develop their specific caseload standards. However, CWLA reported that workload studies used by child welfare agencies to establish caseload standards do not account for all the variables that affect workload.

According to a 2018 CWLA report, the "field needs to move past establishing blanket caseload standards that do not take into account the complexities of workload." For these reasons, the CWLA reported it is moving away from focusing on numerical caseload standards to outcome-based workload standards and creating a methodology for managing them. This shift is represented in ODHS' Child Welfare Caseload Ratio Standards as well, stating that "an exceptional workforce that is developed and supported at all levels will result in a decrease in vacancies, an increase in retention rates, an increase in longer tenures, increased promotion, manageable caseloads, and higher workforce morale."¹³⁸ The Governor, legislature, and CW are prioritizing workforce capacity and resources.

The table below shows a statewide snapshot of average caseload data for CPS, Permanency, and Certification caseworkers from September 2023¹³⁹. These data were pulled from the

¹³⁸ ODHS Child Welfare Caseload Ratio Standards. (Revised 1/20/2022).

¹³⁹ ODHS Caseload Report Dashboard. (September 30, 2023).



dashboard mentioned earlier in this section that CW developed for managers and leaders to understand current caseloads. In September 2023, CW caseloads exceed best practices according to COA standards.¹⁴⁰ These low caseloads demonstrate ODHS' commitment to their own standards and to managing workloads for their staff. While these quantitative data do not demonstrate the complexity of each child, family, or case, the lower caseload numbers allow caseworkers to provide quality support and supervision to each child and family. CW also recognizes that hiring additional safety staff will enable new caseworkers to carry lighter caseloads, as data from Spring 2023 show that new caseworkers carried up to 11 cases, and that their caseload ratios increased with their tenure.¹⁴¹

¹⁴⁰ Council on Accreditation. (2022). Standards for public agencies: <https://coanet.org/standard/pa-cfs/2/>

¹⁴¹ Child Welfare Division: Workforce and Respite Care Presentation. April 18, 2023. <https://olis.oregonlegislature.gov/liz/2023R1/Downloads/CommitteeMeetingDocument/270889>



Table 17. Caseload Information: September 2023

CPS Caseload	
Average Assessments Assigned to Workers	21.9
Permanency Caseload	
Average Children/Young Adults Served Assigned to Workers	10.5
Certification Caseload	
Average Resource Homes Assigned to Workers	14.1

Oregon’s Caseload Standards meet, and in some cases are more strict, than the national standards, as shown in the table below. For reference, a worker’s caseload (or the number of children or families assigned to an individual worker) is equal to the number of Workers divided by Cases.¹³⁸

Table 18. Oregon Caseload Standards

Oregon Caseload Ratio Standards		2022 Edition of COA Standards for Public Agencies	Meets Best Practice?
Screening	1:561 calls	12 active investigations at a time (Note: COA Standards include recommendations for investigations, not screening)	Unclear based on data shown above. ORCAH policy requires one screening report per hour.
Child Protective Services	1:7 newly assigned assessments	No more than 8 new investigations per month	Yes
Permanency (in-home, substitute care, and adoption)	1:12 children	<ul style="list-style-type: none"> • 15–17 families receiving ongoing in-home services • 12–15 children in substitute care (and their families) • 8 children in treatment foster care (and their families) 	Yes
Certification	1:21 homes	*Not included in COA Standards	Unclear as there is no national standard



As mentioned earlier in this report, participants noted that CW does not have the option to refuse to provide services and placement resources for all children and families. In some cases, CW serves families with needs that a child welfare system is not traditionally equipped to meet, and the workforce is suffering. Some young adults are a greater danger to their community than their parents are to them, but they get involved with child welfare because, as an agency, CW cannot turn children away.

4.11.4 Training and Coaching: Summary of Key Theme

Finding: Since 2016, Oregon has made some progress in building a coaching model and providing coaching to staff. CW recognized that the current initial training for caseworkers needs to fully prepare them for working with families and requires improvement. CW has initiated revisions to the Essential Elements training and have created additional training pathways for roles and specialties. CW is building a coaching model and supporting supervisors in coaching their staff to the CW values.

The child welfare workforce depends on training at various levels of their careers to stay current on state and local law, agency policy, best practices, and expectations for their work with children, young adults, and families. Child welfare agencies provide initial training to their workforce and ongoing training, depending on their specialty within child welfare.

To address ongoing professional development, CW has received approval to build a coaching infrastructure, which includes a 30-person training team to support the continued development and delivery of curriculum and training and focus on coaching and leadership. CW is adopting an adaptive leadership supervision model with a coaching and reflective supervision foundation. Supervisors will be taught to ask good questions when meeting with caseworkers and are taught prevention plan-building skills associated with appreciative inquiry and motivational interviewing.

CW uses an apprentice or coaching model for continued learning. This model recognizes the expertise of supervisors and managers and expects them to provide ongoing training and support to their staff. Some assessment participants report they would like CW to move to a more formal apprentice system where new workers are trainees for their first six months, then provide on-the-job coaching for their first few cases before they take on a full caseload. They requested that CW invest more in on-the-job training over classroom training to prepare caseworkers for the job adequately. As CW continues to implement an adaptive leadership model and supports supervisors and managers as they coach their staff, caseworkers will likely gain confidence and experience while getting to begin working with children, young adults, and families and receive on-the-job training simultaneously.



Assessment participants shared that CW has work to do to ensure that the transfer of learning has happened and that values are embedded throughout the workforce. They stated that they need to get supervisors coaching on those values to entrench them in the caseworkers' practice and build caseworkers up as an integral part of the workforce. This embedding of CW values will also logically increase as the adaptive leadership coaching model is more prominent across the state.

As stated earlier, CW implemented the Essential Elements training in 2017 to provide caseworkers with three weeks of initial training and two weeks of follow-up training and resources. CW leadership reports that staff are adequately trained through this curriculum. They say that Essential Elements includes training to determine what individual children or families need, and when they see other needs, they infuse more training. Leadership is working to make sure caseworkers have a defined skillset. It will then introduce more training to help move workers along a continuum from introductory to mid-career to advanced through the additional training pathways mentioned previously in this section.

However, some caseworkers disagree and shared in focus groups that new caseworkers must be prepared to work with families. They noted that new caseworkers are often very clinical or rote and lack the smooth communication, people, and critical thinking skills to adapt to working with families, as it takes time to practice and master these skills. Central Office staff agreed and were concerned that Essential Elements does not completely prepare workers to engage with families. Participants state that the curriculum needs to be more comprehensive to prepare caseworkers for their first case focusing on permanency and more content regarding safety practices. As mentioned throughout this report, the implementation of new initiatives and practices takes time, and the adaptive leadership model is in progress. While some members of the CW workforce are understandably concerned about the existing state of training and coaching, this new model will positively impact the preparedness of caseworkers moving forward.

CW is revising the Essential Elements process to respond to the needs of their staff. These revisions for preparing caseworkers include:¹⁴²

- An on-ramp process that begins after completing the 15-day Essential Elements course. During this, workers are introduced to their Coaching and Training Specialist, who provides direct field support, tutoring, group learning sessions, and individual guidance.
- A reduced caseload for the first month following completion of Essential Elements in which the new caseworker is only assigned one case per week. Supervisors can

¹⁴² Deposition of Kim Aaron Lorz. September 12, 2023.



assess the caseload after this first month to determine whether the caseworker is prepared for additional case assignments.

- Six months of on-the-job training, including the on-ramp process and completion of the remaining Essential Elements courses regarding well-being, trauma-informed practices, family conditions, and court preparation. During these six months, caseworkers receive support from their Coaching and Training Specialist and direct supervision from their casework supervisor.
- A supervisory assessment following the on-ramp and completion of the additional courses to determine whether the caseworker needs additional support or training.

CW is also developing a training academy and will pilot it in 2024 to provide additional support to new caseworkers.

Caseworkers have additional training requirements based on their tenure and their role. More information on these requirements and curricula can be found in the appendix.

CW logs the completion of initial and ongoing training for caseworkers in WorkDay Learn, which began in 2021. CW managers can pull a report that shows which workers attended a specific training, and CW is working to provide more reports to managers. Portland State University (PSU) can also track ongoing caseworker training. The PSU reports can be uploaded into WorkDay to consolidate training information, making it simpler for managers to track completion. CW is adding new components to WorkDay each year to build the training infrastructure and manage talent throughout the division.

If called as a witness, I would offer testimony as to the matters set forth in this report. The report contains complete statements of my opinions in this case and the basis and reasons for those opinions. The conclusions are reached with a reasonable degree of professional certainty.

A handwritten signature in blue ink that reads "Stacey Moss".

Stacey Moss
President, Public Knowledge®

Appendix A: Supplemental Evidence

This appendix contains additional context to support the findings listed in Section 4.

1 Child Safety

1.1 Implementation of 2016 Recommendations

Redesigning the Process of Responding to Allegations of Abuse in Care

CW implemented changes in responding to allegations of abuse in care required by the passage of Senate Bill (SB) 155 in 2019, which addressed the increase in child abuse assessments and investigations¹⁴³. SB 155 also divided responsibilities for assessing and investigating reports of child abuse between CW and the Office of Training, Investigations, and Safety (OTIS).

Table 19. SB 155 Child Abuse Assessment Responsibility Changes

Child Welfare will assess reports of child abuse involving:	Office of Training, Investigations, and Safety (OTIS) will investigate reports of child abuse involving:
Familial alleged perpetrators	Child Caring Agencies (CCAs)
CW certified resource families	Childcare providers
Minors as alleged perpetrators	Office of Developmental Disabilities Services group or foster homes
Commercial Sexual Exploitation of Children	Oregon Youth Authority foster homes
Third party intimate partner alleged perpetrators	School or educational providers
Third party relative alleged perpetrators	Other third-party alleged perpetrators

¹⁴³ ORS 419B.020 and 419B.026.



The Planning Council for Health and Human Services, May 2009 “Child Safety in Foster Care” publication outlines best and evidence-based practices that enhance safety for children in foster care, listed in the table, below.¹⁴⁴

Table 20. Best Practices Related to Enhanced Safety of Children in Foster Care

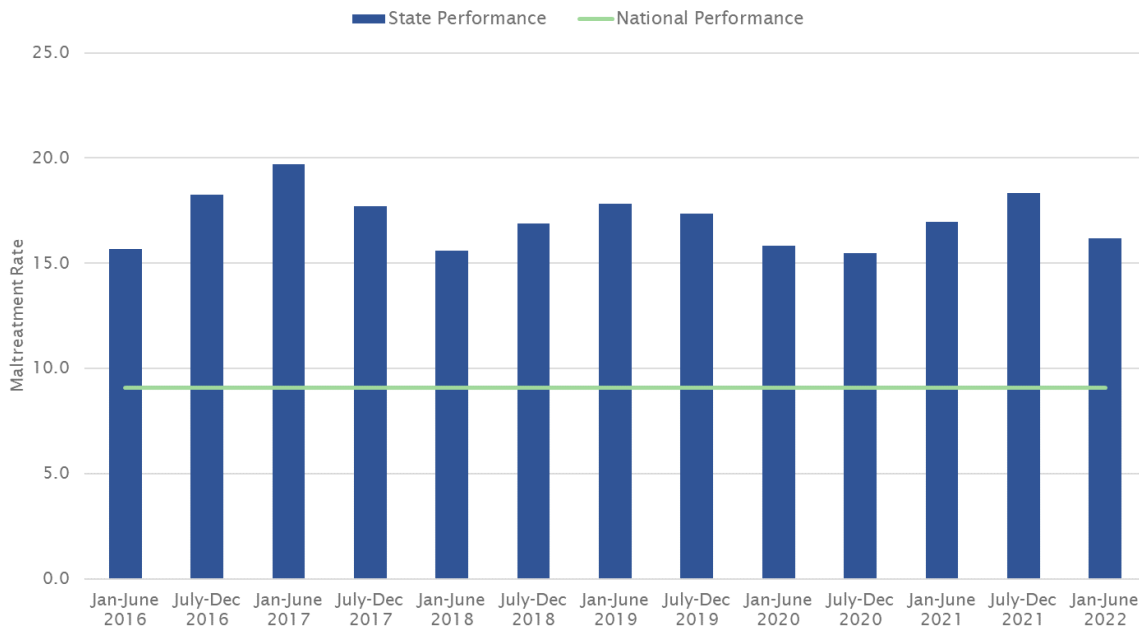
Best Practice	2016 Oregon Practice	2022 Oregon Practice
Efforts to prevent maltreatment by a foster parent begin with a screening and assessment process (including screening and assessment tools)	Unknown	Meets best practice.
Develop ongoing targeted recruitment and retention campaigns to meet the needs of the population of children in foster care	Did not meet best practice	Meets best practice: See Section 4.4.
Foster parents must have the necessary training to meet the challenges that arise when caring for foster children, including specialized training for kinship providers	Unknown	Nearly meets best practice: See Section 4.4.
To ensure a child’s safety in a foster care setting, parents, caregivers, agencies, and providers must understand a child’s healthcare needs, as well as the services and supports required to meet those needs	Met best practice	Meets best practice: See Section 4.7.
Workforce issues, including training and retention, are essential aspects of preventing maltreatment in foster care. Caseworkers must have realistic workloads to have time to make required visits to children in foster care.	Did not meet best practice	Meets best practice: See Section 4.11.

From July 2015 to June 2017, the rate of maltreatment in care rose from 14.8 to 19.7 victimizations per 100,000 days in foster care. The national threshold is 9.67, and in Oregon since June 2017, the rate has fluctuated, however it has decreased to 17.7 in July 2022, as shown in the figure below.

¹⁴⁴ Best and Evidence-Based Practices that Enhance Safety of Children in Foster Care. (May 2009). https://ncwwi.org/files/Evidence_Based_and_Trauma-Informed_Practice/Best_Evidence-Based_Practices_that_Enhance_Safety.pdf



Figure 18. Change in Maltreatment in Care from 2015 to 2021¹⁴⁵



1.2 Implementation of the Oregon Child Abuse Hotline (ORCAH)

Centralized Intake

Intake systems can be centralized or decentralized. Reports received at either local or regional offices are decentralized, while centralized systems receive reports at one centralized location.

Correct screening decisions may provide much needed assistance to families in need and can assist child welfare agencies working with families in impacting safety, permanency, and well-being for children and young adults in need. Incorrect screening decisions lead to unnecessary invasion of families’ rights, burdening an overworked child welfare workforce, and losing opportunities to help children and families in critical need.

The centralized Oregon Child Abuse Hotline (ORCAH) was launched on April 4, 2019, to provide the state with constant access in reporting child abuse and provide consistency in how reports are screened.

Oregon’s vision for Centralized Intake is to “engage our communities, including mandatory reporters, and respond to reports of child abuse in a transparent way. Our vision is to do

¹⁴⁵ Results Oriented Management (ROM) Data Site, Oregon Department of Human Services, Report SA.01, 6/27/2022. <https://oregon.rom.socwel.ku.edu/reports/100>



so while ensuring our children and youth, in their own communities, are safe.” Oregon’s mission for ORCAH “is to receive reports of child abuse and provide excellent customer service with equitable and consistent decision-making to ensure safety for Oregon’s Children.”

The 2022 Procedure Manual includes information about the screening process for information received at the hotline, including how the screener should engage the reporter, building rapport with the reporter, information about being trauma informed while engaging reporters, interviewing and questioning techniques (including asking open versus closed ended questions, paraphrasing, giving verbal cues, reflective listening, exploration, affirming, and other techniques), the stages of the interview (introduction, exploration, and close), and screening decision-making.¹⁴⁶ The 2022 Procedure Manual provides instruction on how to conduct a child welfare history review, make the screening decision, assign response times, close cases at screening (if appropriate), and document the report.¹⁴⁷ ORCAH offers an Oregon Child Abuse Hotline Screening Training Academy for new screeners before taking calls. The Training Academy trains on topics including:

- Customer Service and Engagement
- Types of Callers and Exploring Mandatory Reporting
- Definitions of Abuse and Types of Screening
- Interviewing and Information Collection
- History Review and Safety Plans
- Screening Decision-Making and Restricted Cases
- OTIS Reports
- Trauma Informed Screening
- Assigning a Report
- Notifications
- Documentation
- CARES
- Indian Child Welfare Act for Screeners
- ORCAH Continuous Quality Assurance
- OpenScape
- ODG/OR-Kids and Technical Training

¹⁴⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (pp. 105–119).

¹⁴⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (pp. 119–143).

- Ecourt

Not included in the 2016 Procedure manual, the 2022 Procedure Manual contains a new section for screeners with information on how to handle reports for six different types of calls including:

- Potential reports of abuse
- Requests for assistance from Child Welfare that fall under Family Support Services
- Notifications to Child Welfare
- Information involving a setting screened and investigated by OTIS
- Information involving an open CPS assessment, open Child Welfare case or a Child Welfare certified resource home
- Requests for other types of community resource information or referrals

The Procedure Manual outlines the process for using the Structured Decision Making tool to determine the screening decision, which workers use along with the ORCAH Document Guide.¹⁴⁸

There are mentions throughout the 2021 Procedure Manual that services provided to families should be of sufficient quality, however, there does not appear to be a procedure in policy to instruct staff how to indicate or rectify poor service quality.

Child Welfare has a few policies in place to guide staff on how to make decisions based on data. These policies seem to primarily concern both the Oregon Child Abuse Hotline and the use of the Child and Adolescent Needs and Strengths (CANS) tool.

ORCAH Implementation

Screeners expressed implementation challenges and adjustments for ORCAH including the following listed in the table, below.

Table 21. ORCAH Implementation Challenges and Adjustments

Implementation Challenges	Implementation Adjustments
Screeners shared with ORCAH managers the difficulties in completing quality intake reports in timeframes required by CW (such as completing eight reports for an eight-hour shift) and complete pending cases work is challenging (including cases that	CW adjusted timeframes to complete intake reports and numbers of intake reports required to be completed during a shift needs to be flexible and responsive to call volume, call wait times, and call abandonment rates.

¹⁴⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 8/23/2023, (p. 123).



Table 21. ORCAH Implementation Challenges and Adjustments

Implementation Challenges	Implementation Adjustments
<p>have not yet completed the entire intake process, such as all required screenings, background checks, and other requirements for completing an intake before making a screening decision).</p>	
<p>Screeners noted inconsistent decisions of supervisors and program managers on reports of child maltreatment with similar issues.</p>	<p>CW is conducting ongoing quality assurance reviews, training, and coaching for supervisors and program managers to assist in improvements in consistency of decision-making. COVID-19 impacted ORCAH by shifting staff from in-person to virtual within a very short timeframe (a matter of a few days). Decision-making that normally would have occurred in person had to shift to virtual. ORCAH implemented SDM® tools for screeners, supervisors, and program managers to further assist in consistency of decision-making at intake.</p>
<p>Screeners noted communication between shifts is difficult</p>	<p>CW implemented new communication protocols are in place to assist with communication between shifts.</p>
<p>Screeners note tools for screening reports change frequently</p>	<p>ORCAH is in a constant state of continuous quality improvement. ORCAH uses data driven decision-making to adjust and make improvements to change. SDM® Screening and Response Time Assessment implemented in 2022.</p>
<p>Screeners report the structure of the job changes frequently, as the protected time to finish reports is no longer in place, post-call processing time allotment changes frequently, and time for meetings and training is no longer in place</p>	<p>CW notes the structure of job changes to mirror call volume ebbs and flows. High call volume means job structure has to change so calls can be answered.</p>



Table 21. ORCAH Implementation Challenges and Adjustments

Implementation Challenges	Implementation Adjustments
Screeners state the technology for taking the calls changes frequently	Technology updates happen frequently for hardware and software for systems. It is important to update technology to improve system bugs and failures.
Staff note that answering calls of reports of child maltreatment quickly does not equate to reports of those calls and information being sent to districts and counties quickly. Wait times may be down for callers but screenings, documentation, and reports take time to complete.	Caseworkers need to balance how much information is collected at screening and researching history.

1.3 New Ways to Assess Safety

The most important decision in CW is to assess the safety of a child in response to an allegation of harm. Screening and assessment protocols have been improved by three strategies: implementation of the centralized hotline, adoption of a standard protocol for closed at screening, and implementation of analytics tools to support decision-making.

Survey results show perceptions of staff are that CW is ensuring children, reported to the agency and under CW supervision, are safe. Staff perception is critical as staff are carrying out the everyday activities of the agency. Staff perception shows that CW has processes, procedures, and standardize responses to accepting, screening, and assessing allegations of child abuse and ensuring safety of children under CW supervision.

Program Managers stated that child welfare leaders promote safety for children under child welfare supervision by providing training and support to staff regarding safety practices. Safety is emphasized through the agency’s involvement with families, either in the home or in foster care. Leaders focus on responding to safety in a consistent way across Oregon by continuous refinement of procedures for alignment.

Timeliness

In 2022, CW successfully met the CFSR Program Improvement Plan Item 1, Timeliness of Investigation, exceeding the 65 percent improvement goal set by the Children’s Bureau. The Program Improvement Plan is a plan put in place by the Children’s Bureau with ODHHS for improvement of performance for CFSR items not meeting national performance. During 2021, 42,389 CPS reports were assigned to delivery offices, and 12,187 of those reports



were assigned as a 24-hour response outside of typical business hours. The 2023 Annual Progress and Services Report (APSR)¹⁴⁹ states that:

“ORCAH is staffed and designed to screen 24/7 year-round, but delivery offices across Oregon continue to primarily work Monday through Friday, 8 am to 5 pm. CW continues to explore and evaluate strategies to best develop and train a sustainable workforce with ability to respond timely to new reports. Several districts developed alternative work schedules, but this continues to be challenging for staff. Some districts and counties have required on-call rotations. Statewide efforts are underway to evaluate workforce structure and operationalize processes to effectively respond to 24-hour response reports and ensure CPS workers make intentional, trauma-informed contacts with children and families within required timeframes.”

In-Home Services

The 2021 Child Welfare Information Gateway Issue Brief *In-home services to strengthen children and families* highlights best practices for safety assessment and management for caseworkers working with families while children remain in the home as described in the table below.¹⁵⁰

Table 22. Best Practices Related to Safety Assessment and Management for In-Home Services

Best Practice	2016 Oregon Practice	2022 Oregon Practice
Caseworkers use safety assessment models and tools to help assess ongoing level of safety for the child in the home and develop plans for managing threats.	Meets best practice. The Action for Child Protection Model has all the required assessments and plans to assess safety, risk, and manage risk throughout the family’s involvement with child welfare services. ¹⁵¹	Meets best practice as it did in 2016. ¹⁵²

¹⁴⁹ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR), 2023.

¹⁵⁰ Child Welfare Information Gateway. (2021). *In-home services to strengthen children and families*. U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. https://www.childwelfare.gov/pubPDFs/inhome_services.pdf (pp 8–9).

¹⁵¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 2016, (pp. 244–508).

¹⁵² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (pp. 242–544).



Table 22. Best Practices Related to Safety Assessment and Management for In-Home Services

Best Practice	2016 Oregon Practice	2022 Oregon Practice
Risk assessments are used to assess a family’s risk and protective factors to assess for future maltreatment.	Meets best practice. The Action for Child Protection Model has all the required assessments and plans to assess safety, risk, and manage risk throughout the family’s involvement with child welfare services.	Meets best practice as it did in 2016.
Caseworkers receive training on using safety and risk assessment tools and developing safety plans.	Meets best practice.	Meets best practice. In 2022, a new Child Protective Services Toolkit was developed to support onboarding of new staff. ¹⁵³

1.4 CFSR Findings

Table 23. Performance on CFSR Safety Indicators

CFSR Item	Oregon Performance 2016 % Strength	National Performance 2016 % Strength ¹⁵⁴	Oregon Performance 2021 % Strength	National Threshold to be Rated as a Strength
Item 1: Responses initiated, face to face contact with children made within timeframes	73%	73%	76%	95%

¹⁵³ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023. (p. 32).

¹⁵⁴ Administration for Children and Families, Children’s Bureau. Child and Family Services Reviews Aggregate Report, Round 3, Fiscal Years 2015–2018. [Child and Family Services Reviews Aggregate Report \(hhs.gov\)](https://www.hhs.gov/child-family-services-reviews) (p.13).



CFSR Item	Oregon Performance 2016 % Strength	National Performance 2016 % Strength ¹⁵⁴	Oregon Performance 2021 % Strength	National Threshold to be Rated as a Strength
Item 2: Prevent entry or re-entry into foster care	88%	65%	86%	95%
Item 3: Assess and address risk and safety concerns	66%	56%	65%	95%



2 Agency Culture

2.1 Leadership Vision

Survey respondents had mixed responses regarding whether culture has improved under Ms. Jones Gaston. Fifty three percent selected “I’m not sure,” and nineteen percent of respondents reported that organizational culture had not improved under Ms. Jones Gaston. Of those staff who were unsure whether the culture had improved, staff with zero to five years’ tenure had the highest incidence of uncertainty. This can likely be attributed to their short tenure, leading to a lack of exposure to the CW organizational culture before Ms. Jones Gaston’s arrival in November 2019.

2.2 Leadership Modeling

The Procedure Manual notes that using respectful and appropriate terminology around SOGIE creates a sense of safety and signals to young adults that staff honor them. The 2021 Procedure Manual does not expressly include nondiscrimination policies for SOGIE status, or for any group, but requires CW employees treat all children with respect and dignity. The Procedure Manual includes language that emphasizes the importance of supporting all children and young adults in the healthy development of these dimensions (sexual orientation and gender identity and expression) of themselves, stating that “all young adults should be treated with respect and dignity”¹⁵⁵ and outlines approaches to follow when working with LGBTQIA2S+ young adults. This includes information needed when seeking LGBTQIA2S+ medical and mental health services and the identification and determination of services for mental health support. The Procedure Manual notes that personal care items and supplies necessary for the health and well-being of an LGBTQ+ young adult are not considered medical supplies. If purchase of these items causes a financial strain for resource parent, ODHS branch funds should be used. This includes stand to pee devices, breast shapers, breast binders, straps and harnesses, and prosthetic devices.

Supervisors report the agency should do a better job with finding a solution to the issue of temporary lodging young adults, especially young adults with mental health changes.

2.3 Worker Safety

Assessment participants recognized that leaders are working to improve the agency safety culture but did cite a significant difference in CW’s focus on child safety versus worker safety. Safety caseworkers report that worker safety is one area in which they feel the

¹⁵⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/1/2022, (p. 1048).



organization has the most work to do. They noted that the focus on safety for children is vital, whereas worker safety can be an afterthought. Caseworkers report a perceived expectation that their safety is second to the client's comfort, triggers, or trauma. They also discussed the nuance between worker safety in the field with clients and families versus psychological safety within the workplace. Because of this nuance, participants noted a need to define worker safety and increase efforts to keep workers safe.

Physical Safety

The physical safety of workers in CW buildings and their personal lives was a concern for some assessment participants. Some focus group participants felt that physical or emotional safety is only prioritized after an unsafe or traumatic event. Focus group participants felt that worker safety is an afterthought when case timelines are the priority.

They said CW does what it can to provide secure and safe offices, but there is a struggle to balance worker safety with public access and the need to deliver services to clients. Staff report that some facilities are insecure, and clients have broken into some. Cameras are not used in CW offices because of confidentiality concerns. Some noted they or colleagues had been threatened or stalked by parents of children in the child welfare system. The availability of personal information online is a broad threat. The public can find out information online that can lead to harassment, stalking, or threats, and felt that CW could do more to educate or train staff on privacy, protecting personal data, and how to address threats from parents.

Some focus group participants discussed feeling unsafe going to extremely dangerous locations and noted that local law enforcement does not even go to certain homes. Participants felt that workers should visit certain homes in pairs, but that it rarely happens due to staffing issues. There is inconsistency in when caseworkers are allowed to visit clients in pairs versus when caseworkers can only go out individually. In some districts, when caseworkers have overdue cases, they are not allowed to go out in pairs. Caseworkers agree that the decision about going out in pairs should be made on a case-by-case basis, according to safety concerns being assessed. CW leadership shared that while caseworkers may have responded to reports in pairs in the past, this has not been standard CW policy. To stay safe during assessments and house visits, some workers note in their shared calendars where they are going, when they expect to return, and check in with supervisors while out of the office. Some supervisors check on their staff's safety via phone call while they are in the field. Caseworkers contact law enforcement to accompany them, when appropriate but noted that there is a debate about whether to take law enforcement along on certain visits because of the negative perception of law enforcement and the trauma it may trigger for the client. Focus group participants felt that there is an expectation that their safety is second to the comfort of the children and families.



Policy requires the screener to try to gather information about worker safety concerns¹⁵⁶ and discusses planning for worker safety.¹⁵⁷ It notes that every CPS case has the potential for unexpected confrontation and suggests the worker evaluate the situation before initial contact and use effective engagement skills to de-escalate situations and engage families in difficult conversations to ensure safety. An accompanying procedure provides the CW worker questions to think about and provides information on precautions they should take such as have a phone nearby and avoiding dangerous areas at night.

If there is a concern with a resource family, staff are encouraged to discuss concerns with certifiers or the foster care coordinator. They said this is a shift, as CW has not always been a place where it feels safe to speak up or share concerns.

Psychological Safety

Permanency caseworkers felt the psychological and emotional safety of caseworkers is not well understood or acknowledged in the agency as staff report inconsistencies with support from managers and leaders. Caseworkers are sent mixed messages about taking time off for self-care and being given unlimited overtime to complete work tasks. Program Managers state that the agency is trying to improve safety culture, but there is historical trauma around how CW has managed changes in the system and practice.

Assessment participants mentioned hearing that CW may offer support groups for staff and provide training specific to safety of staff. CW has done a good job of allowing virtual visits during COVID-19.

The 2021 Procedure Manual includes language that screeners must consult with a supervisor on every report of a child fatality to ensure they are supported through secondary trauma and directs supervisors to be more supportive in the event of a child fatality.¹⁵⁸

¹⁵⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 112).

¹⁵⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 182–183).

¹⁵⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 157).



3 Data-Driven Decision-Making

3.1 Continuous Quality Improvement

Federal regulations require that state child welfare agencies use CQI.¹⁵⁹ CW has been working to increase its organizational change management (OCM) competencies, and building the CQI structure is a primary focus for CW. According to interviewees, the OCM and CQI work is relatively new and underdeveloped but is improving. CW implemented a project management office (PMO) to manage projects and system changes in a structured and coordinated manner and to help implement long-term change. CW is working with local jurisdictions, the CQI team, and the PMO to increase the use of data to inform their processes. Still, most staff felt that CQI processes were consistently applied across counties, district, and the state at least sometimes.¹⁶⁰ One interviewee stated that the level of continuous quality improvement at the district level depended on whether the district had dedicated CQI staff. This interviewee also reported an increase in dedicated district-level continuous quality improvement staff in 2021–2022 and that dedicated technical assistance was also being provided at the district level. Still, managers and caseworkers saw room for improvement in the daily use of data to make case decisions.

The level of support for CQI may vary depending on the capacity of the team in each local area showing a need for consistency across the state.¹⁶¹ QA processes occur, but the frontline staff completing the work may not consistently use the results. Program Managers and district staff work very differently, with some Program Managers and district staff open to input and pushing to improve work. In contrast, other districts may struggle to implement change. Qualitative input from the survey confirmed that practice has improved, but there are still pockets where improvement efforts are less observable.

The CQI process helps CW understand what is working and what obstacles exist. According to assessment participants, the case review process is built into the agency's CQI processes and is, in part, dedicated to understanding and improving strengths for and barriers to permanence. Each CW program conducts Quality Assurance (QA) as part of the case review process, and each district may still create action plans as outputs of these processes. There are multiple QA processes that occur biweekly, but assessment participants shared that the information is not always used consistently by the workforce in decision-making.

Staff shared that different Program Managers work differently, and that some use the information to revise practice, and others struggle to implement the necessary changes.

¹⁵⁹ ACYF-CB-IM-12-07. <https://www.acf.hhs.gov/sites/default/files/documents/cb/im1207.pdf>

¹⁶⁰ Interview and survey results.

¹⁶¹ Staff and Manager surveys, interviews, and focus groups.



CW uses the information from the CFSR case reviews to target outcomes in local districts. Information gained from ongoing CFSR case reviews is now shared with the districts and counties, including information on how to improve outcomes. Safety and Permanency Consultants are involved in the CFSR debriefs and creation of action plans. Permanency Consultants regularly gather and analyze data on reunification and permanence and work directly with local offices to initiate change. Despite these improvements, the survey findings identify a need to better train and coach staff on how to use data for decision-making. Nearly a third of staff and managers reported that staff were never trained to use data in their work. One participant shared that their district doesn't use the information often but is open to having more workers participate in the QA and CQI process to increase the impact.

Additionally, supervisors use the 90-day staffing review tool with their direct reports to concentrate on the family's progress on the conditions for return and the expected outcomes. A 2020 ODHS strategy to improve data-based decisions was the creation of Quarterly Target Reviews (QTR) to report key metrics across all areas of the human services. Also in 2020, CW started its own QTRs to give program and District Managers the opportunity to review data as a team and discuss cross-program implications. A regular cadence and structure to these discussions allowed for better collaboration on identifying outcomes for families and understanding the impacts of decisions.¹⁶²

One aspect of CW's CQI process includes a comprehensive file review for every provider every two years. CW also conducts quarterly onsite visits, excluding when COVID-19 restrictions prevented onsite visits.

The CQI Workgroup, mentioned earlier in this report, identified several challenges, including:

- Lack of a centralized child welfare CQI implementation structure
- Communication regarding CQI needs, including clearly articulated benchmarks, clear articulation on how CQI is related to day-to-day work, and strong feedback loops
- District offices lack sufficient infrastructure
- A need for statewide technical support
- Lack of confidence in data, limitations to data collection, inconsistent performance measures, and the need for a child welfare specific philosophy around data usage¹⁶³

¹⁶² Oregon Child Welfare Division Vision for Transformation Update (July 2022).

<https://www.oregon.gov/odhs/child-welfare-transformation/Documents/2023-10-23-progress-report-2022.pdf>

¹⁶³ ODHS CWI Workgroup PowerPoint: Recommendations for Statewide CQI Structure. 10/19/2021.



3.2 Data Capacity

Central Office expectations and supports for increased data capacity and quality have improved as has the implementation of data-driven practices across counties. Central Office expects regional offices to use data and case review results to develop and implement improvement strategies, but the implementation of many new practices has been inconsistent.

CW now has a statewide systemic, targeted case review process called the Quarterly Target Reviews; has procured and implemented the ROM reporting tool; and has begun performance-based contracts with service providers. The ROM tool also has a public-facing site for stakeholders to track outcomes and the number of children removed over time and across counties.

CW has Data Quality Plans that support agency-wide data use for decision-making and to guide the development of the Comprehensive Child Welfare Information System (CCWIS) enhancements. Oregon has two data quality plans required as part of federal technology funding, both submitted in 2021, one focused on enhancements to OR-Kids¹⁶⁴ and one focused on progress towards a CCWIS.¹⁶⁵

Effective data management best practice recommends that the state information system be the single source of child welfare data and that additional information is not tracked elsewhere. Reporting tools like ROM and other dashboards should source data from OR-Kids, which is CW's practice. However, the Office of Training, Investigations, and Safety (OTIS) tracks daily activities in a data system external to OR-Kids.¹⁶⁶ OTIS provides completed assessments to Child Welfare staff, which are then scanned and uploaded into OR-Kids. Workers may use Excel or other tools external to OR-Kids to track tasks and activities, transferring data into OR-Kids later. According to focus group participants, some ADA and equity work is also tracked externally to OR-Kids. While these accommodations may add confusion in the reporting environment, the practice of tracking information is also evidence of the workforce using data to improve their work.

¹⁶⁴ CCWIS 2021 Project One OR-Kids Advanced Planning Doc Final. 03/05/21.

¹⁶⁵ CCWIS 2021 Project Two Implementation Advanced Planning Doc IAPD Final 03/05/21.

¹⁶⁶ Staff focus groups and interviews.



4 Recruitment, Retention, and Support

4.1 Diligent Recruitment

Information collected from interviews and focus groups did not demonstrate a consensus regarding CW's current ability and capacity to recruit and retain resource parents who can meet the identified needs of children in substitute care. Some interviewees stated that there have been recent, dedicated efforts to improve recruitment and retention strategies and that these efforts are central to the redesigned CW agency, including the use of data by Resource Retention and Recruitment Champions to inform recruitment and retention strategies. Some focus group participants shared that finding placements for teens is consistently difficult and noted that the recruitment efforts are more child-specific now.

Some organizations and programs outside of the agency, such as Every Child, coordinate with ODHS to recruit and retain resource parents. Another program, called KEEP, is an evidence-based support and skill building group for resource and kinship parents of children and young adults. KEEP is available to all resource and kinship parents throughout Oregon and offers affinity groups for parents caring for children and young adults with similar characteristics.

Data show that the number of certified relative and kith providers had decreased as the number of children in care decreases. However, CW showed improvement in late 2021 regarding the initial placement of children with relatives.

Survey respondents said that CW is able to recruit and retain providers to care for children with high needs. According to interviews and focus group participants, efforts to recruit resource parents who are open and supportive to caring for children and young adults in the LGBTQIA2S+ community are not always successful, despite CW encouraging same-sex couples and other members of the LGBTQIA2S+ community to become resource parents. Some recruitment efforts with faith-based communities engage families with “big hearts but narrow minds,”¹⁶⁷ which can cause barriers to caring for children and young adults in the LGBTQIA2S+ community. Certifiers have also faced obstacles when children placed with their grandparents change or share their sexual orientation or gender identity to one their grandparents do not support.

Regarding recruitment of guardians, Child Welfare policy states that prospective guardians must display the ability to meet current and long-term needs of the child or young adult and are approved by caseworker and certification staff. Prospective guardians must have a current certificate of approval from ODHS or another related department, or another state

¹⁶⁷ Focus Group Discussion.



in which the potential guardian lives, as well as a home study. The home study includes considerations of how the family meets the needs of the child or young adult and will provide a lifelong commitment. The Procedure Manual now includes guidance on when guardianship is most appropriate and outlines the procedure to change a plan to Guardianship.¹⁶⁸

To identify potential adoptive resources, Procedure allows caseworkers to consult with birth families to identify up to three resources who have the knowledge, skills, abilities, and commitment to raise the child or siblings and the capacity to meet current and lifelong safety, permanency, attachment, and well-being needs of the child. CW also has mechanisms outlined in Procedure to select general applicant adoptive families.

4.2 Resource Home Capacity

When prospective resource parents initiate the certification process, CW must be transparent about the reality of foster care without scaring them away from the process. Certifiers need people to understand how caring for children in the CW system can impact their family and their livelihood while also sharing the benefits to them and their families. This includes discussing the possibility of having reports of maltreatment brought against them by children or their families. Certifiers also must share the financial impact of fostering, as the reimbursement to families may not cover the total cost of caring for a child. Resource parents are eligible for different rates¹⁶⁹ depending on the child’s age, placement type, and needs, as shown in the table below. Oregon Administrative Rule, which was revised in October 2020 and will be revised again when the rate increase takes effect on July 1, 2024, outlines payments provided to certified families.¹⁷⁰

Table 24. Resource Parent Rate Breakdown

Rate Type	Description	Rate
Base Rate	Cost of food, clothing, housing, personal incidentals, and transportation	\$693–\$795 per month depending on the child’s age

¹⁶⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 8/23/2023, (pp. 1472–1486).

¹⁶⁹ Oregon ODHS Foster Care Payments and Rates website: <https://www.oregon.gov/odhs/providers-partners/foster-care/pages/rates.aspx>

¹⁷⁰ OARs 413–090–0005 to 413–090–0010.

http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_90.pdf



Rate Type	Description	Rate
Shelter Care	Provided to a certified family during the first 20 days of substitute care for a child or young adult in the care or custody of the Department (not made each time a child moves to a new home)	\$30.66–\$34.03 per day depending on the child’s age
Enhanced Shelter Payments	Provided to a family for a child or young adult during the first 20 days of substitute care with a certified family after a child or young adult has been in placement with a Behavior Rehabilitation Service provider and there is no current level of care payment determination applicable to the child or young adult.	\$54.33–\$57.70 per day depending on the child’s age
Child and Adolescent Needs and Strengths (CANS) Level of Care	Provided to an approved or certified family, a guardian, a pre-adoptive family, or an adoptive family based on the need for enhanced supervision of the child or young adult as determined by the results of the CANS screening	\$240–\$960 per month depending on the child’s level of need
Personal Care Services	Assist with functional activities involving mobility, transfers, repositioning, basic personal hygiene, toileting, bowel and bladder care, nutrition, medication management and delegated nursing tasks that a child or young adult requires for his or her continued well-being	\$231–\$692 per month depending on the level of care needed, with the possibility of higher rates determined by ODHS



Rate Type	Description	Rate
Mileage Reimbursement	Reimbursement for transportation for a child or young adult to remain in the same school they were attending before placement in substitute care; to and from visitation when family visitation is part of the service plan; and in-state transportation by airline for children only if the cost of the air fare does not exceed all the actual costs of transporting the child by car	Current ODHS mileage reimbursement rate for CW staff

Reimbursement rates have increased slightly for congregate care providers who are involved with the OYA and OHA, and the legislature also increased BRS rates, which take effect July 1, 2024.

4.3 Training Supports

CW has been in the process of redesigning the training and development for resource parents. The delivery of resource parent training previously was managed by a university partnership contract, but CW is taking ownership over this training and is implementing an NTDC national curriculum, outlined in Section 4.4. This decision was driven by demand from communities and data from incidents of allegations of maltreatment. As mentioned in Section 4.4.4, resource parents now receive training content from the NTDC and the Resource and Adoptive Family Training (RAFT). Interviewees mentioned that CW understands there is still more to improve related to onboarding and supporting resource parents.

Resource parents create a Training Plan for ongoing training to be completed during each two-year certification period. This plan is tailored by the resource parent(s) and certifier to meet the parents’ interests and training needs, based on the age and gender of children in their homes, and any unique mental and medical health, educational, or developmental needs.¹⁷¹ At least half of the training hours should be completed through face-to-face or interactive training, including classroom training, remote delivery, support groups, or

¹⁷¹ ODHS Resource Parent Certification and Renewal Requirements: <https://www.oregon.gov/odhs/providers-partners/foster-care/Pages/training-renewal.aspx#options>



conferences. The remaining half can be completed through reading books or articles, watching videos, or listening to audio recordings.

4.4 Placement Matching

Child Welfare policy is very clear to “always select the least restrictive substitute care option able to meet the child’s needs for safety and well-being,”¹⁷² but this does not happen consistently. Interviewees shared that the use of the least restrictive placement must be documented in the court reports and presented to the Citizen Review Board. Others stated that caseworkers have received training on using the least restrictive placement, but that at times, caseworkers are more focused on just trying to find a placement and cannot always prioritize the least restrictive. Caseworkers also face challenges in matching placements when placing young adults who are sexually aggressive, especially those who have not been adjudicated on this behavior, as there are safety risks placing them with other children. Because they do not have formal charges, these young adults are not served by juvenile justice, leaving the child welfare system to find solutions for them.

The survey results demonstrated difficulties in placement matching, in that over half of the respondents shared that CW sometimes appropriately matches children to their caregivers. Approximately a quarter of respondents stated that matching always occurs.

Procedure requires caseworkers to choose initial and subsequent placements based on the caregiver’s capacity to participate in the ongoing safety plan and meeting the child’s safety and well-being needs.¹⁷³

CW prefers for children and young adults to be placed with relatives (including kith and kin), and there is a process to temporarily certify relatives with an immediate certification. This process allows for criminal background checks to be conducted and references are collected while children are placed with a trusted relative.

¹⁷² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 713).

¹⁷³ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 721–722).

5 Permanence

5.1 Prioritization of Permanence

When asked whether CW leadership encourages or promotes improving permanence for children in substitute care, the majority of respondents felt that leadership is supportive. Interviewees and focus group participants agreed that leadership encourages improving permanence for children in care. They did recognize, however, that the workforce as a whole doesn't celebrate enough. They illustrated this by sharing that CW's goal has been to equitably reduce the number of children and young adults in substitute care, which they have done. The number of young adults in care has been trending down since the beginning of 2018, and they haven't celebrated this as a group yet.

CW prioritizes permanence in multiple ways:

- CW prioritizes the initial placement of children with relatives, as shown in Section 4.10. These data are supported by over 71 percent of survey respondents agreeing that CW prioritizes the placement of children with relatives. This initial placement preference is a core message throughout the caseworkers' Essential Elements training¹⁷⁴ and enhanced by ongoing trainings. During this training, which caseworkers must complete before carrying a caseload, participants learn how to monitor permanence and about the criteria for determining whether a child's permanency needs are being met, including family interaction. Participants also learn how to collaborate with community partners and tribes to achieve permanence, work with courts to follow permanency timeframes, conduct permanency planning activities (including concurrent planning), and recommend placements that promote permanence. CW has established caseworker competencies that guide their training provision, and the competencies are divided among nine skill sets, including fundamentals of placement and permanency.¹⁷⁵ Permanency is woven throughout the training competencies, underscoring permanency as one of the pillars of Oregon child welfare practice. More information on Essential Elements training can be found in Section 4.10.
- Beyond the placement preference of relatives, interviewees and focus group participants confirmed that CW properly promotes ongoing searches for relatives, but the use of this process is varied. For example, in some adoption cases, diligent searches occur early on, but once safety is addressed, ongoing searches are not

¹⁷⁴ Essential Elements summaries: <https://www.pdx.edu/center-child-family/essential-elements-session-summaries>

¹⁷⁵ Portland State University Center for Improvement of Child and Family Services: <https://drive.google.com/file/d/1cTaysiB2Ejv4G37ZFQSOOLGrazwOUBXU/view>



prioritized. According to interviewees and focus group participants, processes for relative searches differ by district, and there are currently new processes for relative engagement being implemented across the agency. These new processes may resolve the disconnect in coordinated efforts between the district offices and the central office. Some CW offices have bilingual staff to conduct search for relatives and have successfully found quality results. However, not all CW offices have this resource. According to interviewees and focus group participants, the Court Appointed Special Advocates (CASA) program conducts ongoing relative searches using Family Finding¹⁷⁶, and this information is shared with CW. Family dynamics were identified as a barrier to ongoing relative searches. A parent sometimes refuses to give any relative names, forcing CW to implement more creative search methods to locate relatives. When children and young adults are in temporary lodging, they are asked daily about relative placement options and must provide verbal confirmation if there are none. If a child is in any placement not with a relative, but a relative wants to be considered as a placement resource, the relative must be assessed.

- Since 2016, CW introduced a Youth Decision Making Meeting (YDM)¹⁷⁷ that may only occur with young adults ages 13–20, and one of the outputs of the meeting is to assist young adults in finding permanence. This opportunity for the child’s team to discuss the young adult’s goals, plans, dreams, and needed support further demonstrates CW’s focus on prioritizing permanence for children and young adults in care. Youth Decision Meetings may occur to respond to urgent needs, to build community connections or supportive relationships, discuss how to increase time with family members, talk about goals/share accomplishments, prepare and plan for major events, preparing young adults for upcoming meetings, and creating a transition plan. This meeting is young adult–centered, and carries a motto of “nothing about us, without us.” The four key values for a YDM are to be young adult–driven, strengths–based, trauma–informed, and culturally responsive.
- According to interviewees and focus group participants, there are several processes, procedures, and people involved in reviewing termination of parental rights (TPR) standings in the last few years.
- CW utilizes guardianships as an acceptable permanency plan for a child in substitute care when a child cannot be safely returned to the home of a parent.¹⁷⁸ The Procedure Manual continues by outlining adoption as the preferred plan; however, guardianship is an acceptable alternative plan when adoption does not best serve the interests of the child. A decision to pursue guardianship as a plan

¹⁷⁶ A Family for Every Child: <https://www.afamilyforeverychild.org/about-us/>

¹⁷⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 473).

¹⁷⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1447).



must be based on the individual safety, permanency, and well-being needs of the child. Only a child who has an approved plan of guardianship with a relative is eligible for a subsidized guardianship. There are also policies in place regarding guardianship assistance.¹⁷⁹

- Assessment participants shared that the focus on permanence runs throughout their initial and ongoing training, including discussing the need for permanence and moving toward prioritizing returning children to their family. CW facilitates Permanency Summits, which include a training component, and quarterly meetings with supervisors that also include training. There has been substantial effort in the permanency unit to develop family engagement plans and some districts have been piloting family time programs.
- According to interviewees and focus group participants, there is a strong checks and balances system in place between state office and delivery teams regarding the prioritization of children in high needs and out-of-state placements, as required.

Interviewees and focus group participants identified a need for a different certification and placement process for relatives. Risk-averse staff or certification consultants may shy away from outside-the-box or exception-required relative placements if there are some potential concerns and lack a strong search and connection resource to help them navigate the concerns more effectively. Challenges from supervisors to these determinations are not often successful. A family's history, paired with current CW policies around who can be certified, can be a significant barrier to relative placement options, leading to a tendency of CW to do more for resource parents than what is done for relatives.

5.2 Placement Matching

Interviewees and focus group participants had varying responses when discussing whether CW follows federal requirements for placement preferences for American Indian or Alaskan Native children. One participant mentioned that they are not always able to follow placement preferences for refugee children because there are no families available who share cultural heritage and traditions and that recruitment for those families is lacking. Participants mentioned confusion and contradiction in placement preferences, including one example where the Interstate Compact for the Placement of Children (ICPC) requirements conflict with a Tribal placement preference for an out-of-state placement that is currently occurring. Workers shared a "constant worry" that children and young adults are not safe in that placement because of logistical issues causing delays in decision-making. Others expressed fear of making the wrong decision and cited the extra

¹⁷⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 1463–1472).



attention placed on ICWA cases and mentioned that the lack of leadership attention on this issue is frustrating.

Other participants mentioned working hard to include tribes as much as possible in their case practice. Some participants shared that they are often incompliant with the Indian Child Welfare Act (ICWA) placement preferences, partly due to the lack of statewide recruitment for American Indian and Alaskan Native families. Local offices may include recruitment for American Indian and Alaskan Native families as part of their targeted campaigns.

The Procedure Manual directs staff to initiate a supervision plan when a CANS screening results indicate a level of care that requires enhanced supervision or when a child with a level of care moves from one substitute care placement to another substitute care placement.¹⁸⁰ CW does meet state requirements for using the CANS to determine the Level of Need of children in care. There was consensus among assessment participants that the CANS is used consistently to document the strengths and needs of children and young adults, which also indicates the level of reimbursement. Please see Section 4.4 for more information on reimbursement based on CANS results.

Assessment participants shared that CW attempts to appropriately assess prospective adoptive parents to match with children, but that there can be limitations to this. As with resource parents, there is a lack of prospective adoptive parents for teens who are legally free for adoption. Adoptive resources undergo a SAFE Home Study tool as resource parents do, and they must also “understand the importance of and demonstrate the ability and willingness to sustain parenting responsibilities for a child until the child reaches adulthood.”¹⁸¹

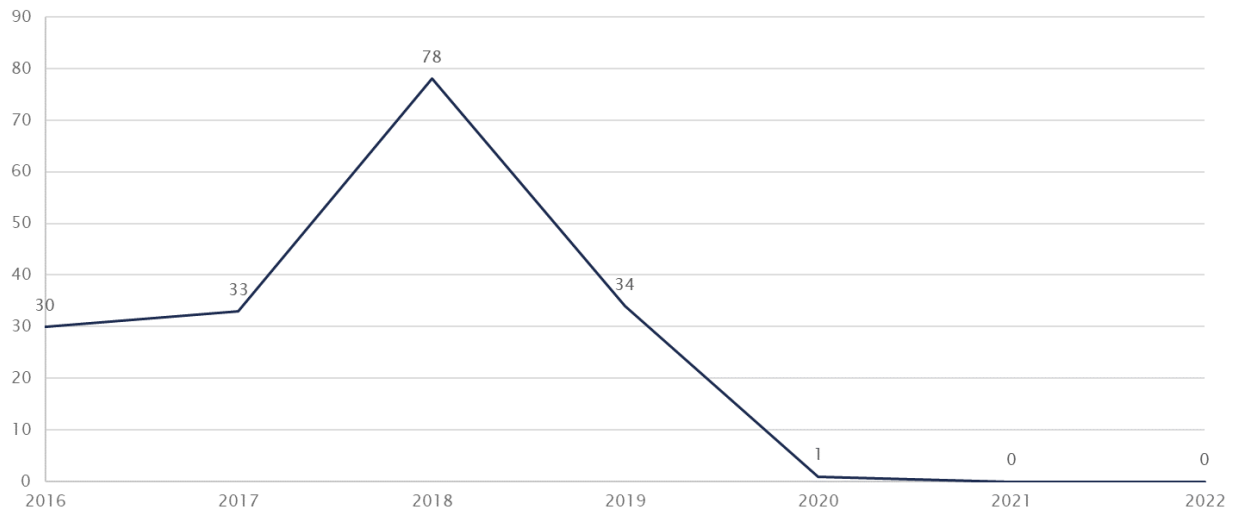
Policy improvements over the last two years have led to the elimination of the use of out-of-state facilities. Previously, out-of-state placements were intended for use only when there were no comparable services in-state. Keeping children and young adults in Oregon facilities allows CW to have oversight and input into the supervision and care provided to them. The figure below illustrates the decline of children being placed out of state since 2016, and shows that since 2021, no children have been placed out state.

¹⁸⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 759).

¹⁸¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1553).



Figure 19. Out of State Residential Placements



5.3 Placement Stability

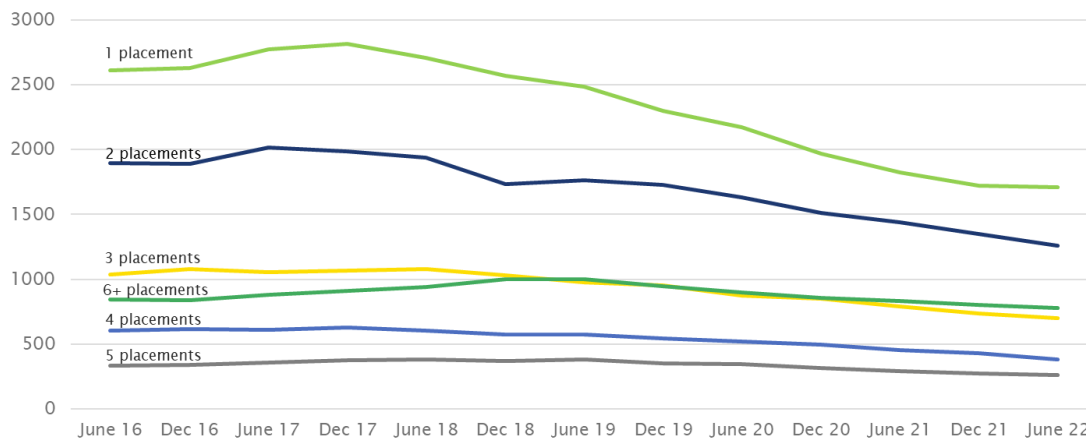
The federal CFSR process measures the number of placement moves per 1,000 days for children in substitute care. It is a measure calculated in the aggregate, and Oregon has consistently not met this measure since it was added as a federal performance measure in 2016. The state exceeded the national standard in the most recent period with a score of 5.5 moves, well above the federal standard.¹⁸²

As shown in the graphic below, the overall number of children placed in substitute care decreased sharply over the last several years. While the steepest decline was in the number of children having one or two placements, this graphic illustrates that fewer children are experiencing more than two placements as well.

¹⁸² See the Appendix tables for data detail.



Figure 20. Number of Placements Over Time¹⁸³



Oregon’s time to permanence is below the national standard. The national standard for permanency in 12 months is 40.2 percent, and as of June 2022, CW is just under the national standard at 38.7 percent. Previous reporting periods showed Oregon meeting the national threshold.

5.4 Timeliness

CW has made concerted efforts to achieve permanence in a timely manner:

- Monthly staffings are held with established timelines to keep caseworkers moving forward.
- Citizen Review Boards offer insight into areas of improvement.
- CASAs assist with searches for relative placement to improve outcomes, and the Vision for Transformation has established a high-quality standard for relative searches.

There are many competing lenses regarding improvement of achieving timely permanence, which can sometimes cause a conflict between family readiness, CW expectations, court timelines, and federal timelines. The effort to achieve timely permanence is an ongoing process and requires balancing different inputs and requirements.

Termination of Parental Rights

Policy requires that “when a caseworker and their supervisor determine that a child is appropriate for adoption, and the parent will not voluntarily relinquish their parental rights, the caseworker shall refer the child’s case to the Legal Assistance Program for consideration of petitioning the court to terminate parental rights. If the child’s case is

¹⁸³ Oregon Child Welfare Data Set: OR.08 Number of Placements for Children in Foster Care. <https://oregon.rom.socwel.ku.edu/reports>



approved to pursue freeing the child for adoption and the court concurs, the legal assistance specialist and the legal assistance attorney will work with the caseworker to prepare and litigate the case.”¹⁸⁴ Parental rights can also be terminated through voluntary relinquishment, “when ODHS has determined that adoption is an appropriate permanent plan for the child, and after approval has been given by the Central Office’s legal assistance specialist and by the parent’s attorney, parents may relinquish their rights for the purposes of achieving an adoption.”¹⁸⁵ There is adequate determination and procedural language regarding TPR by Child Welfare, and they do pursue the termination of parental rights as required by federal law.

There have been impacts to the timeliness of TPRs due to COVID-19 and variances in the use of remote hearings and re-opening courts across districts.

Collaboration with Courts

CW attempts to collaborate with the courts to ensure timely permanency hearings. Success varies by district, with typically more success in smaller districts. Courts are overwhelmed with COVID-19 impacts, and focus group participants felt that judges might be more willing to collaborate to produce better outcomes if the backlog was not so large. Interviewees and focus group participants continued by stating that beyond COVID-19 impacts, there has been improvement in the last 15 years, yet collaboration can still be a struggle and differ by jurisdiction. The differences by jurisdictions were explained through the example of how a permanency worker in one district would likely have no idea how to present a case in a different district.

Some districts have seen positive collaboration with the Juvenile Court Improvement Project (JCIP), while in other areas it continues to be a challenge. CW meets regularly with model court teams. Focus group participants felt there was a lack of respect for CW workers by courts, which makes it harder for staff to provide quality permanency plans. They feel that courts do not see CW workers as content experts, or do not take into consideration that many CW are fairly new and are still learning and building confidence. If courts are disrespectful of workers, their confidence may never get established, leading to frustration, impacts to permanency goals, and ongoing staff turnover.

Legislative changes or procedural changes that impact CW are not always well communicated with the courts, leading to inconsistent approaches to cases between CW and a local judge.

¹⁸⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1274).

¹⁸⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 8/23/2023, (p. 1227).



5.5 Temporary Lodging

Focus group participants discussed frustration in temporary lodging decisions, especially those in which the caseworkers felt the children were not appropriate candidates for temporary lodging or foster care. For example, there was mention that children have come with a referred placement and may not be appropriate for a temporary lodging or foster care placement, but a judge will order the placement anyway. This leads to CW having to appeal some of these decisions, taking additional administration time because their input was not fully heard or valued. The adversarial nature of these situations also causes ongoing damage to the relationship between the courts and child welfare agency. Interviewees and focus group participants noted the trauma impact when young adults are in temporary lodging for days, weeks, and months.

A primary challenge to the continued use of temporary lodging stems from placement facilities and the young adult's ability to reject available placement options. These licensed placement facilities can also request that a child or young adult be removed from the facility for behaviors that the facility is licensed to treat.

Participants mentioned that CW is working on an MOU to bring cross-system partners back to the table to grow mental and behavioral health programs so there is more placement capacity for children who need higher levels of care. CW lost an entire structure around Therapeutic Foster Care, which was the most appropriate structure for many of these young adults. Many challenges about placement options lie in systemic issues that are beyond CW's authority, including the availability of statewide mental health services and available beds. An additional challenge is that CW cannot be solely responsible for recruiting and retaining resource parents who can provide higher levels of care.

6 Permanency Planning

6.1 Leadership Prioritization of Permanency Planning

Assessment participants were divided in their perceptions of leadership support for permanency planning. Approximately half (54 percent) of survey respondents believe leadership advocates for improving permanency planning, while 36 percent were unsure, and 10 percent did not feel that leadership supported these efforts. There is not a consensus from assessment participants on whether CW identifies permanency goals appropriate to the child's needs, with 47 percent of survey respondents sharing that this always happens, while 51 percent felt this sometimes happens. A small percentage, 2 percent, responded that this never occurs.

The majority (61 percent) of CW staff felt that they have access to training and coaching on permanency planning with families, while 32 percent were unsure if this training was provided, and 7 percent did not believe it was. The uncertainty or belief that this training is not offered may be due to varying roles within the agency. Safety caseworkers or supervisors, for instance, may not participate in permanency planning training as this responsibility lies more with permanency caseworkers and supervisors.

The 2021 Procedure Manual contains a section on documenting the case plan,¹⁸⁶ of which the permanency plan is a component, and the 2023 Procedure Manual retains this policy.¹⁸⁷ The case plan, which describes why CW is involved and the actions and services required to change behaviors, conditions, or circumstances that led to the child being unsafe, must be developed within 60 days of placement in substitute care or within 60 days of the CPS assessment when the child remains home and in the parent's custody.¹⁸⁸

Data collected during this assessment did not allow PK to determine whether permanency plan goals are changed in a timely manner and according to state requirements, however, CW does recommend placement decisions based on the identified needs and permanency plan of the child, including updating a child's CANS prior to a placement change (except in emergent situations).¹⁸⁹

¹⁸⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 489–501).

¹⁸⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 8/23/2023, (pp. 499–511).

¹⁸⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 490).

¹⁸⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 862).



Collaboration with Courts

Collaboration with courts is a challenge mentioned several times during this assessment. The barriers to collaboration are dependent upon the judge and on the backlog a particular court is dealing with due to COVID-19 restrictions and delays in court hearings. Courts lack the docket time needed to hear all the cases before them, and cases can be continued for months. Some judges are seen as micromanaging cases and setting unrealistic expectations for caseworkers and families to meet, further exacerbating the delays in hearings and permanency outcomes.

Caseworkers experience a power struggle with courts and feel that the compliance mindset is a barrier. In their words, courts order people to do things, which is not a collaborative process. One participant shared that the courts prevent reunification in their area of the state, and that the bullying and belittling caseworkers' experience in court leads to staff turnover issues.

The collaboration has reportedly improved over the last 15 years. It was noted that smaller jurisdictions seem to have better collaboration, and judges are often more invested in those communities. They insert themselves into the cases and may make changes differently than those in larger communities and make recommendations based on policy language. In these smaller jurisdictions, attorneys generally have smaller caseloads, allowing them more time to collaborate on cases. In some areas of the state, delays occur because judges believe the parents need more time to make changes, while others are strict about permanency timelines.

According to assessment participants, judges sometimes make case decisions contrary to the wishes of the department. According to some participants, meetings are held, plans are made, but then judges make their own decisions. While CW has rules and policies to follow, staff sometimes feel that the laws are vague enough that judges can make emotional, inconsistent rulings that cause significant frustration. One participant mentioned that sometimes young adults come into a hearing with a preferred placement, and judges make other decisions, including temporary lodging, based on their own preferences. Judges' decisions can also impact community support if they do not make rulings that include community services. This adversarial process is difficult for agency staff when they feel the placement ordered is inappropriate for the child. CW staff feel at times that the child welfare dependency program is a default for cases that don't easily fit elsewhere, and the child welfare system cannot say no to children who need services and support.

Participants pointed out an issue with the public defenders' contracts and shared that many children and parents are now being represented by attorneys from other counties. Some participants mentioned that less cases are being opened through protective



services and that more family-led safety plans are being drafted, which have been successful.

6.2 Family Engagement in Permanency Planning

Staff report that leadership supports seeing families as individuals, which the CW Safety Model supports, and there are now tools in place to support family engagement and recognizing strengths. They found the silver lining with COVID-19 by using technology to facilitate virtual contacts with children and to connect children to their families easier when they couldn't be together in person. Interviewees and focus group participants shared that the Family Report, which is part of the Case Plan, includes efforts to engage the child and the family, and this has been a focus for the agency over the last three years. The permanency plan and the family plan are components of the overall case plan, which are developed for every child under CW supervision.

When discussing whether CW recommends placement changes based on the child's identified needs and permanency plan, staff shared that internal communication occurs and allows them to review recommended changes. During focus groups, participants reflected on obstacles in working with juvenile court, and shared that at times, there is disagreement between the agency and the court about recommendations for placement changes.

The timeframe for initial CANS screen shifted from 14–20 days in out-of-home care in 2016 to 14–21 days in 2021.¹⁹⁰ There is an additional sub-section included in the 2021 policy entitled Case Planning¹⁹¹, which provides specific and detailed instructions on how to use the results from the CANS in placement matching, reunification, provision of services and interventions. There is an addition to the 2021 policy that CANS rescreening may be completed if the last screen was completed more than 90 days prior to the most recent request, which was not present in the 2016 Procedure Manual.¹⁹²

¹⁹⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 757).

¹⁹¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 762–764).

¹⁹² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 765).



7 Individualized Assessments

7.1 Family Engagement

There is a 90-day staffing review tool that supervisors use with caseworkers during supervision to assess progress. The primary focus of the case review staffing tool is the family’s progress, conditions for return, and expected outcomes. CW completes QA reviews with the certification team quarterly. Home studies, stability of placements, recurrence of maltreatment, and other data measures are reviewed. During focus groups, caseworkers stated that case reviews are often viewed as punitive and not as a learning and improvement process.

7.2 Scope of Assessments

The table below outlines the changes in assessments provided to children, young adults, and families from 2016 to 2021. In most cases, the requirements have been clarified and instructions have been provided. For each assessment, more information is provided to caseworkers to outline their responsibilities and timelines.

Table 25. Assessments Provided to Children, Young Adults, and Families

Assessment Type	2016 Policy	2021 Policy ¹⁹³
Comprehensive Health	Medical assessment within 30 days of entering substitute care. ¹⁹⁴	The language was changed from “medical” to “comprehensive health” ¹⁹⁵ assessment that must be completed by the child’s primary care provider, within the same timeframe.
Intake Nursing	The 2016 Procedure Manual recommends following procedures to request a nursing assessment for injured, critically ill, or terminally ill children, but does not provide instructions. ¹⁹⁶	The language was changed to require an “intake nursing assessment” to be done by an ODHS–contracted nurse, shortly after entering substitute care. ¹⁹⁵ This assessment has resulted in children under five being

¹⁹⁴ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p. 149).

¹⁹⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 281).

¹⁹⁶ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p.720).



Assessment Type	2016 Policy	2021 Policy ¹⁹³
		identified and referred to personal care services sooner. ¹⁹⁷
Dental	Dental assessment within 30 days of entering substitute care. ¹⁹⁸	The timeline is the same as 2016, but for children aged one and older.
Mental Health	Mental health assessment within 60 days of entering substitute care. ¹⁹⁸	The timeline is the same as 2016, but for children aged three and older.
Early Intervention Screening	The 2016 Procedure Manual recommends working with parents to obtain a developmental assessment through Early Intervention/Early Childhood Services. ¹⁹⁹	The Procedure Manual requires this screening for children up to 2 years old within 60 calendar days of entering substitute care. ¹⁹⁵
Independent Living (IL) Planning	The 2016 Procedure Manual outlines making referrals to contracted providers for IL services, ²⁰⁰ and requires caseworkers to complete the Ansel–Casey Life Skills Assessment with young adults. ²⁰¹	The 2021 Procedure Manual requires caseworkers to complete an IL assessment when using the planned permanent living arrangement. ²⁰² One focus group shared that providers complete an assessment for IL needs, but it can be cumbersome.
Indian Child Welfare Act (ICWA)	The 2016 Procedure Manual outlines requirements for	The 2021 Procedure Manual now includes assessing ICWA status

¹⁹⁷ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR) 2023, (p. 112).

¹⁹⁸ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p. 149).

¹⁹⁹ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p. 272).

²⁰⁰ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p. 688).

²⁰¹ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p. 610).

²⁰² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1814).



Assessment Type	2016 Policy	2021 Policy ¹⁹³
	asking about and documenting American Indian heritage. ²⁰³	as part of the Family Support Services Assessment. ²⁰⁴
Child and Adolescent Needs and Strengths (CANS)	The 2016 Procedure Manual instructs caseworkers to refer every child entering substitute care for a CANS screening but does not specify who completes the screening. ²⁰⁵	The 2021 Procedure Manual outlines expectations for using the CANS for identifying services and interventions and instructs caseworkers to discuss assessment results with service providers and families to determine what family services and interventions are appropriate. ²⁰⁶ The 2021 Manual requires an individual trained and certified by the department to conduct the CANS screening and instructs caseworkers to submit the CANS referral to the staff member in the branch office who coordinates referrals and sends the information to the CANS screener. ²⁰⁷
Family Support Services	The 2016 Procedure Manual describes Family Support Services but does not include an assessment for such services.	The 2021 Procedure Manual now requires an assessment within 30 days of receiving the screening information by having face-to-face contact with parents, legal guardians, the former foster child, and the child to assess specific services needed. ²⁰⁸

²⁰³ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p. 43).

²⁰⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1502).

²⁰⁵ 2016 Oregon Department of Human Services Child Welfare Procedure Manual, (p. 541).

²⁰⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 763).

²⁰⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 756–757).

²⁰⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1501).



Assessment Type	2016 Policy	2021 Policy ¹⁹³
Qualified Residential Treatment Program (QRTP)	Not included, as these programs are tied to the 2018 Family First Prevention Services Act.	The 2021 Procedure Manual now outlines the process by which to approve placement in a QRTP. ²⁰⁹

The focus of the CPS assessment is the child’s or young adult’s safety. CW Procedure requires several types of assessments, outlined in the table below.

Table 26. Assessment Consultation

Provider	Role in Assessment
Medical personnel	Assess and respond to the medical needs of a child or parent and possibly document the nature and extent of abuse.
Mental health personnel	Assess the effects of any alleged abuse and help determine the validity of specific allegations. They may also evaluate the parent or caregiver’s mental health status and its effect on the child’s safety.
Substance abuse specialists	Evaluate parental, or caregiver substance use or misuse and its impact on the child’s safety.
Domestic violence experts	Assist in examining the child’s safety in cases where partner abuse and child abuse coexist. DV experts may also help in safety planning.
Multidisciplinary teams	Help CPS analyze the information for proof of abuse and the assessment of risk and safety.
Designated Medical Professional (DMP)	Must be consulted per ORS 419B.022–024. In cases where there is suspicion that injuries are caused by abuse, they must be addressed in the coordinated comprehensive way required by Karly’s Law. ²¹⁰
Local or regional Child Advocacy and Intervention Centers (CAICs) ²¹⁰	Frequently used by caseworkers and law enforcement to conduct forensic interviews of children who are suspected victims of abuse. Often, medical evaluations are conducted as well, and

²⁰⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1197).

²¹⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 223).



critical information is gathered during the evaluation processes.

The 2021 Procedure Manual also contains information on multiple types of assessments and their scope, including:

Specific condition or behaviors. The 2021 Procedure Manual instructs caseworkers to consult other providers when there is a specific client condition or behavior that requires additional professional assessment,²¹¹ including:

- The child exhibits undiagnosed physical health concerns or the child’s behaviors, or emotions do not appear to be age-appropriate, such as hyperactivity, excessive sadness and withdrawal, chronic nightmares, bed wetting, or aggressive behavior at home or at school.
- The parent exhibits behaviors or emotions that do not appear to be controlled. Examples are violent outbursts, extreme lethargy, depression, or frequent mood swings.
- The child or parent has a chemical dependency.

Caseworkers may also consult other providers as part of the assessment process.

The six domains. The 2021 Procedure Manual also states the comprehensive CPS assessment thoroughly documents information relating to the six areas, and that by gathering enough information about these six domains, caseworkers can determine whether there is impending danger:²¹²

1. Extent of maltreatment
2. Circumstances surrounding the maltreatment
3. Child functioning
4. Adult functioning
5. Parenting practices
6. Disciplinary practices

Nursing Assessments. The 2021 Procedure Manual states Child Welfare Contracted Field Nurses will conduct nursing assessments for children and families on trial reunification cases and will include:²¹³

²¹¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 222).

²¹² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 173).

²¹³ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1072).



- All children who enter trial reunification
- All children under age 3 on an in-home case
- Children and families with health issues at the request of the caseworker

Specific Evaluation. The 2021 Procedure Manual provides guidance for situations when the assessment identifies the need for specific evaluation. The referral to those specific professionals should specify the following:

- The reason for referral, including specific areas for assessment as they relate to the present or impending danger safety threats.
- The parents' knowledge about the referral and their response.
- The timeframe in which the evaluation must occur and when the agency needs the report back from the provider.
- The purpose and objectives of the evaluation.
- The specific questions the CPS worker wants answered to assist in decision-making.²¹⁴

Routine Medical Care. The 2021 Procedure Manual requires caseworkers to discuss routine medical care at each monthly face to face visit with parents and children and document the updated information.²¹⁵ The Procedure Manual contains more sections on managing physical health of children, medical care management, and information regarding pregnant and parenting children in care. The Procedure Manual contains instruction on obtaining immunizations and vaccinations to ensure all children are up to date on their immunizations and vaccinations within 90 days of entering care.²¹⁶ If the parent objects to the vaccinations and immunizations, parents can obtain a court ruling. Child ages 15 and older can consent to receiving vaccinations and immunizations.

Psychotropic Medications. The 2021 Procedure Manual contains information about authorization for new psychotropic medication that originates from the Health and Wellness Services Program Manager or Nurse Consultant as opposed to Program Manager or designee.²¹⁷ Health and wellness services work in collaboration with the Oregon Psychiatric Access Line-Kids (OPAL-K). When concerns or questions, Health and Wellness Services may request OPAL-K consult with the health care provider regarding psychiatric services. Consent decisions made by Health and Wellness Program Manager or Nurse Consultant, and if not approving consent, must consult with OPAL-K, as they have more experience than the child welfare Program Manager or designee.

²¹⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 223).

²¹⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 869).

²¹⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 866).

²¹⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 875).



Mental Health Assessments. The 2021 Procedure Manual clarifies that a mental health assessment must have been conducted within 3 months for a new psychotropic or antipsychotic medication to be given.²¹⁷ Mental health assessment updates should be completed yearly. The 2021 Procedure Manual adds an annual review must be completed on all youth receiving psychotropics where prior procedure stated the annual review was for a child or young adult under 6 years of age or young adult with two or more prescriptions.²¹⁷



8 Service Provision

8.1 Cross-System Collaboration

CW has a strong dependency on services over which they have no oversight and the services available to families vary by county. The systems and services in place to ensure timely and appropriate behavioral health services vary by district. This is due largely in part to the local agency's responsibility for identifying and contracting necessary services. Another dependency is local leadership's knowledge of behavioral health service array and their identification as a leadership priority.

Delivery of services to children is critical in achieving positive outcomes for children. The 2021 Procedure Manual states that successful intervention in the lives of abused and neglected children requires concurrent involvement of many different systems²¹⁸:

- The child and family
- Child welfare
- The court
- Education
- Medical and mental health professionals
- Attorneys
- CASAs
- Other local agencies that serve children and families

The working relationships between CW and the Oregon Health Authority (OHA) and the Office of Developmental Disabilities Services (ODDS) is improving, evidenced by more formal and informal interaction. Contracted Services and systems leaders identified service gaps in their contracted services, including services that are regulated or procured by Medicaid, child caring organizations, and OHA.

Child welfare partners provide services to children and families. Service providers include the child's substitute caregiver, school, medical and mental health professionals, and other community agencies. Children with complex needs cross system boundaries and can pose a challenge to coordinating services. Caseworkers and supervisors reported some evidence of patchwork availability of services across the state. This was substantiated by focus group participants.

Meeting the behavioral health needs of children in care continues to be a struggle for CW. This is despite concerted effort to better assess, engage, and address the needs of

²¹⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 710).



families. Staff report that there is still a lack of mental health treatment in the state for children with high needs. Finding high quality service providers that meet the individual needs of children is the most challenging part of providing care to the family, according to a focus group of state staff. CW is forced to rely on other systems to provide services such as addiction treatment programs, family violence treatment, and other behavioral health needs.

Three areas were identified as service gaps by focus group participants:

- Drug and alcohol treatment programs
- Prenatal care services
- Behavioral health treatment

8.2 Process Improvements

The 2021 Procedure Manual states that Oregon’s child welfare system focuses on child safety and urgency of planning to meet the individual child’s needs for permanency and well-being²¹⁸. Caseworkers are responsible for²¹⁵:

- Coordinating the systematic delivery of services to provide meaningful intervention and support
- Not increasing a child’s isolation or sense of victimization
- Well-planned and coordinated service delivery increases the likelihood of achieving positive outcomes

Temporary adjustments were made to ODHS procedure to align with the temporary policy change with ODDS, which is currently experiencing pandemic-related critical workforce shortages impacting their services system. The corresponding Developmental Disabilities Services Policy Transmittal Number: DD-PT-21-087, issued on 9/29/21, reflects the broader ODDS temporary changes. The temporary change states:

“Due to a current staffing crisis impacting the developmental disability services system, ODHS Child Welfare procedure is being temporarily changed to reflect temporary changes in ODDS policy. Policy APD-PT-14-038 is being temporarily waived to allow greater flexibility and more timely decision-making when exploring placement options for children who are in the legal custody of Child Welfare. When Child Welfare (CW) and the Community Developmental Disabilities Program (CDDP) are working together as a team to identify a placement option that best meets the child’s needs, the team may choose a DD-funded foster care placement (provided the prospective



foster provider is not a relative) without first needing to rule out the option of a CW-funded foster care placement with DD-funded In-home supports.”

The 2021 Procedure Manual contains description of flex funds for providing services to families.²¹⁹ Flex funds can be used for prevention of imminent placement of a child in foster care or a child to reunify with a parent within 30–45 days. The following expenditures are acceptable uses of flex funds: housing expenses, utility payments, transportation, necessary furnishings, and bedding needed for minimum safety and well-being of family members, necessary clothing or diapers for family members, safety items, emergency food, emergency childcare or respite care, or other. The only individuals who can authorize “other” expenditures are the district manager, Program Manager, or designee with budget authority.

8.3 Targeted Services

According to focus group participants, CW struggles to find stable placements for youth with high medical needs and significant mental health needs. Examples identified by staff include younger children with complex needs and needing targeted services or unadjudicated youth who are sexually aggressive and have no fit in the child welfare system. There is the perception among staff that there is an increase in children with developmental delays who are not well served by child welfare or juvenile justice. This speaks to a mismatch between needs and services. Caseworkers express some frustration at not being able to always provide the services children need. This concern is also reflected in survey findings where 20 percent of staff report “Never” being able to find providers for children with high needs.

The 2021 Procedure Manual contains a description of In-Home Safety and Reunification Service (ISRS).²²⁰ These services are intended to: provide immediate child protection, reduce time children spend in substitute care, and reduce the re-abuse or neglect of children. The service help parents in building additional problem-solving skills to eventually become self-sufficient, identifying strategies for predictable problems relating to child’s behavior, child safety, depression, mood stabilization, and other adult relationships. The goal is to reduce trauma to children removed from their families because of abuse or neglect by offering family-focused services starting during the assessment phase and extending into aftercare services when children return home. Services include intervention programs in the home and community and services to support and maintain

²¹⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp.1034–1035).

²²⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp.1040–1046).



in-home placement and services in the home, community and with the resource parent, child, and biological parents to support early reunification programs. The goals are to reduce length of stay in foster care, maintain child safety at home with their parents or caregivers, reduce re-referral and re-entry rates of families into the child welfare system, and increase timeliness to permanency.

Some of the child welfare workforce perceive Oregon as experiencing an increasing trend of transgender young adults unable to access the services they need. According to focus group participants, access to services for young adults in the LGBTQIA2S+ community is a concern, especially in Eastern Oregon.

The 2021 Procedure Manual requires that services are provided to children and families with sensitivity to culture and ethnicity and states that caseworkers are responsible for coordinating referrals to services that meet the child and family's unique cultural composition.²²¹

For children identified as having a high level of needs, the 2021 Procedure Manual has added language regarding certifying homes for children with intellectual or developmental disabilities to ensure communication between caseworker, certifier, and Community Developmental Disabilities Program service manager, as well as consideration for any additional safety measures.²²²

The 2021 Procedure Manual contains description of In-Home Safety and Reunification Service (ISRS).²²³ These services are intended to: provide immediate child protection, reduce time children spend in substitute care, and reduce the re-abuser or neglect of children. The service help parents in building additional problem-solving skills to eventually become self-sufficient, identifying strategies for predictable problems relating to child's behavior, child safety, depression, mood stabilization, and other adult relationships. The goal is to reduce trauma to children removed from their families because of abuse or neglect by offering family-focused services starting during the assessment phase and extending into aftercare services when children return home. Services include intervention programs in the home and community and services to support and maintain in-home placement and services in the home, community and with the resource parent, child, and biological parents to support early reunification programs. The goals are to reduce length of stay in foster care, maintain child safety at home with their parents or caregivers, reduce re-referral and re-entry rates of families into the child welfare system, and increase timeliness to permanency.

²²¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1024).

²²² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 836-842).

²²³ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1041).



Families should be referred to ISRS for reunification when the purpose is to return the child home to a parent within the next 30–45 days, and to motivate and engage parents to improve and maintain parental protective capacities related to identified safety threats in the home.

Reunification Supports

Procedures and processes are intended to support the timely reunification of children. When planning for a return home, caseworkers share and use the current CANS results as part of the reunification process. At the same time, caseworkers assess parental protective capacities after services are provided to the parents. Caseworkers share CANS results with the parent(s) or current guardian and child. This will help them become aware of the needs the child is exhibiting. Caseworkers also share CANS results with others involved in the reunification process, including the child’s school or mental health providers. Caseworkers discuss with the family how the parental protective capacities are, or are not, suited to meet the needs of the child. Furthermore, caseworkers discuss how the parent(s) will address those needs.

For children who are reunified, in-home services are intended to support family stability by preventing maltreatment and placement. Most workers and supervisors (43 percent) believe that CW “always” provides in-home services to families to prevent re-entry, while another 54 percent feel that these services are “sometimes” provided.



9 Case Planning

9.1 Case Plan Completion

Case planning includes identifying the specific services needed to meet each child's needs. Caseworkers need to consider all information gathered during both the child safety and protective capacity assessments, and doing so helps develop a focused, systematic, time-limited plan to meet the child's needs.

The Case Plan consists of multiple inputs, including:

- **CANS Tool.** CW has used the Child and Adolescent Needs and Strengths (CANS) Tool for years to assess needs and strengths of children and young adults to determine reimbursement rates and service plans for children and young adults, but since 2016, has expanded its use. The CANS is an evidence-based, internationally recognized assessment tool implemented in child welfare jurisdictions in all 50 states and throughout the world. CW now uses the CANS to determine applicable services and complete comprehensive case plans. Since 2016, CW began using the CANS for placement matching, reunification planning, services, and interventions, which was not the case in 2016.
- **Safety Plans.** The first safety plan, an initial safety plan, is defined as “a documented set of actions or interventions sufficient to protect a child or, if applicable, a young adult from an impending danger safety threat to allow for completion of the CPS assessment.”²²⁴ The 2021 Procedure Manual also contains three separate, but almost identical, definitions for an ongoing safety plan. The first definition defines an ongoing safety plan as “a documented set of actions or interventions that manage the safety of a child or, when applicable a young adult after Child Welfare has identified one or more impending danger safety threats at the conclusion of a CPS assessment or anytime during ongoing work with a family.”²²⁵ Oregon also uses a protective action plan defined as “an immediate, same day, short-term plan, lasting a maximum of 10 calendar days sufficient to protect from a present danger safety threat.”²²⁶
- **Permanency Plan.** The permanency plan is targeted at supporting the reunification of children with their family. Other types of case planning should occur throughout the life of a case.

²²⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1863).

²²⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1865).

²²⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1869).



- **Family Plan.** The permanency plan includes a family plan which is “a written document developed at the [Family Decision Making Meeting] that includes family recommendations on planning for the child and may include a permanency plan, concurrent permanent plan, placement recommendations, or service recommendations. The ‘family plan’ also includes expectations of the parents of the child and other family members; services the Department will provide; timeliness for implementation of the plan; benefits of compliance with the plan; consequences of noncompliance with the plan; and a schedule of future meetings if appropriate. The Family Plan described in ORS 417.375(1) is incorporated into the case plan to the extent that it protects the child, builds on family strengths, and is focused on achieving permanency for the child within a reasonable time.”²²⁷

9.2 Inclusion in Case Planning

The Vision for Transformation includes a focus on timeliness and family engagement, both of which strongly relate to case planning. The Family Report was recently introduced as a part of engaging the family in case planning. From late 2021 through spring 2022, the rate of timely completion of the initial Family Report, done within 60 days of placement, has increased from 37 percent to 52.6 percent complete, including two districts that have 100 percent completed timely.²²⁸

CFSR data show that family involvement in the case planning process has remained stable. In 2016 and 2021, cases sampled for the CFSR showed families were participating throughout the case planning process in approximately 61 percent of the cases sampled. One focus group commented that they believed families were involved in case planning.

9.3 CFSR Data

In Oregon’s 2016 CFSR, the items in Permanency Outcome 2 needed improvement as they did not meet the 95 percent threshold required for an item to be considered a strength. For placement with siblings, 89 percent of sampled cases in Oregon were a strength,²²⁹ compared with 81 percent of cases rated as a strength nationwide.²³⁰ Concerning visiting with parents and siblings in foster care, 82 percent of cases were a strength, compared

²²⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1858).

²²⁸ Oregon Department of Human Services Child Welfare Division, Annual Progress and Services Report (APSR), 2023. (June 2022).

²²⁹ Children’s Bureau: Oregon 2016 CFSR Final Report.

<https://www.oregon.gov/DHS/CHILDREN/Documents/Oregon%20CFSR%20Round%203%20Final%20Report%202016.pdf>

²³⁰ Child and Family Services Reviews Aggregate Report, Round 3: Fiscal Years 2015–2018. Children’s Bureau: <https://www.cfsrportal.acf.hhs.gov/document/download/XqXpKG>



with 62 percent nationwide, and 88 percent of cases were rated as a strength for preserving connections, compared with 67 percent nationwide. For relative placement, 77 percent of cases were marked as a strength, compared with 70 percent nationwide, and 79 percent of cases were rated as a strength for a relationship with parents, compared with 58 percent nationwide.

9.4 Vision for Transformation

Since 2016, ODHS has re-committed to engaging with the community by integrating the voices of children, young adults, parents, families, Tribal Nations, and partners to be more responsive to the needs of families and community partners. The Vision for Transformation frames the focus on strengthening and preserving connections to family and community by keeping kids home and in their community, when possible, as well as maintaining connections when placed in substitute care and prioritizing permanence. Programs such as the Oregon Kinship Navigator help build protective factors as they engage families, build skills, and identify opportunities for support.



10 Preserving and Improving Connections

10.1 Family Interaction

ODHS policy states that maintaining family contact and regular visitation is the single most important factor in supporting a child’s attachments to his or her parents, siblings and other family members and can lessen both the child’s and the parents’ anxiety about the child being placed in substitute care.²³¹

Child Welfare provides support to the family to meet the parents’ identified needs, bolster familial connections, promote reunification, and encourage success. These supports include parenting time, which, like family time, is meant to maintain, strengthen, or develop attachment between children and parents, and the frequency of this time impacts both the likelihood of parental engagement in the case plan and successful reunification. Time spent between children and parents is likely to motivate parents to engage in the case planning process and increase the likelihood of reunification. CW encourages parents’ participation in caregiving responsibilities and sharing the parenting role with resource parents. This can include bath time, bedtime, and mealtime; medical appointments; school activities; cultural events and faith-based activities; community functions; and time with extended family.²³² These opportunities for parents do not require a formal “visit,” and resource parents are expected to continually offer opportunities for parents to learn and practice new skills. Certification requirements state that resource parents must support the child’s family and facilitate connections between the child and their siblings and parents. When resource parents renew their certification, they must demonstrate that they have worked with the child’s family and share what worked and what could be improved.²³³

National best practices for family time²³⁴ are outlined in the table below, along with Oregon’s practice.

Table 27. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
Family time is a right, not a privilege: family time is a fundamental right for children and	Meets best practice: <ul style="list-style-type: none"> An appendix to Oregon’s Procedure Manual states that “visitation should 	Exceeds best practice: <ul style="list-style-type: none"> ODHS policy on prohibiting visits mirrors the 2016

²³¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 898).

²³² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 505).

²³³ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1579).

²³⁴ Casey Family Programs: <https://www.casey.org/family-time/>



Table 27. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
<p>should not be used as a bonus or reward.</p>	<p>never be used as a reward or punishment,”²³⁵ and that any changes in visitation arrangements should reflect the risk assessment and progress toward the child’s permanency goal, not any attempts to reward or punish either the child’s or parent’s behavior.</p> <ul style="list-style-type: none"> The 2016 policy language includes reasons to prohibit visits, including when there is reason to believe the acts or omissions of a parent or guardian would result in abuse or neglect, the child or young adult’s safety cannot be managed by supervision, the visit does not meet the child or young adult’s best interest, or if a court order prohibits it. The policy also clearly states that visits cannot be canceled solely due to the act or omission of a parent unrelated to the safety or 	<p>Procedure Manual language.²³⁸</p> <ul style="list-style-type: none"> ODHS policy continues to require arrangement for “Special Visitation Considerations.”²³⁹ Oregon’s administrative rule language, updated in July 2022, states that children and young adults have the right to visit with their parents, guardian, and siblings in substitute care as often as reasonably necessary to maintain and enhance their attachment.²⁴⁰

²³⁵ Oregon Procedure Manual 2016, Appendix 4.15:

http://www.dhs.state.or.us/caf/safety_model/procedure_manual/appendices/ch4-app/4-15.pdf

²³⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 899).

²³⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 903).

²⁴⁰ OAR 413-070-0830: http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_70.pdf



Table 27. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
	<p>well-being of a child during that visit.²³⁶</p> <ul style="list-style-type: none"> The 2016 Procedure Manual includes “Special Visitation Considerations,” requiring visits with extended family members, including siblings, teachers, coaches, pastors, rabbis, or neighbors, to maintain children’s connections to their families, culture, and communities as this is important for the child’s well-being.²³⁷ 	
<p>Focus of family time: children should be able to spend time building connection with their parents, siblings, and extended family, and not be focused on “visitation.”</p>	<p>Meets best practice:</p> <ul style="list-style-type: none"> The 2016 Procedure Manual states that maintaining family contact and regular visitation is the single most important factor in supporting a child’s attachments to his or her parents, siblings and other family members and can lessen both the child’s and the parents’ anxiety about the child being placed in substitute care.²⁴¹ 	<p>Meets best practice:</p> <ul style="list-style-type: none"> ODHS policy continues to meet best practices in that it reiterates that maintaining family contact and regular visitation is the single most important factor in supporting a child’s attachments to his or her parents, siblings and other family members and can lessen both the child’s and the parents’ anxiety about the child being placed in substitute care.²⁴³

²³⁶ 2016 Oregon Procedure Manual, Chapter 4 – Services to Children, (pp. 2–3).

²³⁷ 2016 Oregon Procedure Manual, Chapter 4 – Services to Children, (p .7).

²⁴¹ 2016 Oregon Procedure Manual, Chapter 4 – Services to Children, (p. 1).

²⁴³ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 898).



Table 27. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
	<ul style="list-style-type: none"> • The 2016 Procedure Manual requires the creation of a visit and contact plan when a child first enters substitute care or by the time of the first court hearing, whichever is first. • 2016 ODHS Policy requires including “a timeframe for regular review and revision of the visit and contact plan,” and states that the review must be part of the 90–day case plan review.²⁴² • 2016 ODHS Policy requires documentation of family and other visitation contacts, and includes the date, time, and length of visit, the participants, activities that occurred, any missed visits and the reasons, and any visits that were interrupted or ended early, along with the reasons. 	<ul style="list-style-type: none"> • ODHS requires the creation of a Visit and Contact Plan as part of every case plan, which is developed at the time of removal. This plan is reviewed to ensure that visits and contacts are happening as planned and that visitation and contacts conform with the ongoing safety plan. The requirement to establish this plan is a strength in that it requires focusing on sustaining connections between children and their families. • However, the child welfare field is moving away from using the words “visitation” and “visitation plans” as they can imply that each family receives a standardized amount of time together. The Children’s Bureau, in a 2020 Information Memorandum,²⁴⁴ suggests a shift from “visits” to “family time” to prioritize the importance of the time that children spend with their parents, siblings, and other family members.

²⁴² 2016 Oregon Procedure Manual, Chapter 4 – Services to Children, (p. 3).

²⁴⁴ ACYF–CB–IM–20–02: <https://www.acf.hhs.gov/sites/default/files/documents/cb/im2002.pdf>



Table 27. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
<p>Frequency of family time: typically, the goal is to increase the number and duration of family time to prepare for reunification. Research shows that regular, meaningful family time enhances outcomes for children and families, including timely reunification.²⁴⁶ Family time should occur within 24–48 hours of removal and should occur as often as possible.</p>	<ul style="list-style-type: none"> • Meets best practice: • The 2016 Procedure Manual states that “frequent high–quality visits support parental engagement and motivation for change.”²⁴⁷ • The 2016 requirement for the first visit is within a week of the child’s placement in substitute care, preferably within the first 48 hours of entering care. 	<ul style="list-style-type: none"> • Monthly face–to–face contact notes must describe progress on the case plan, including how the child’s team is supporting attachment to the child’s parents, siblings, and other natural supports.²⁴⁵ <p>Exceeds best practice:</p> <ul style="list-style-type: none"> • The 2021 ODHS policy also states that “frequent high–quality visits support parental engagement and motivation for change.”²⁴³ • ODHS policy continues to require that the first visit occurs within a week of the child’s placement in substitute care, preferably within the first 48 hours.²⁴⁸ • As part of co–case management between a CPS caseworker and a permanency caseworker, the permanency caseworker reviews the Visit and Contact Plan (created by the CPS caseworker) to “ensure there is as much contact as possible with the parents

²⁴⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 633).

²⁴⁶ ACYF–CB–IM–20–02: <https://www.acf.hhs.gov/sites/default/files/documents/cb/im2002.pdf>

²⁴⁷ 2016 Oregon Procedure Manual, Chapter 4 – Services to Children, (p. 1).

²⁴⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 898–899).



Table 27. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
		knowing that frequent contact promotes timely reunification and is good for the parents and the child.” ²⁴⁹
<p>Involving the appropriate people: family time has evolved from supervised visits to quality time that promotes connections and includes many members of a child’s extended family and community members.</p>	<p>Meets best practice:</p> <ul style="list-style-type: none"> The 2016 Procedure Manual requires involving the parents in planning for visits, and states it is important to invite the child’s substitute caregivers, the child, and other relevant people (the child’s attorney, CASA, therapist, or relatives) to participate in planning for parent–child contact.²⁵⁰ 	<p>Meets best practice:</p> <ul style="list-style-type: none"> ODHS policy continues to require requires involving the parents, the child, the child’s caregivers, and other relevant people (the child’s attorney, CASA, therapist, or relatives) to participate in planning for parent–child contact.²⁵¹
<p>Caregiver involvement: resource parents can help children prepare for and transition back to their homes following family time. Caregivers can provide transportation and, if appropriate, can offer coaching or support to the child’s parents.</p>	<p>Exceeds best practice:</p> <ul style="list-style-type: none"> The 2016 Procedure Manual requires that caseworkers discuss with resource parents that children may have varying reactions to time with their families and that the child may express their feelings through behaviors rather than through 	<p>Exceeds best practice:</p> <ul style="list-style-type: none"> ODHS policy requires the same discussion with caseworkers about children’s varying reactions to time with their families and that these reactions are normal and are not grounds for limiting visitation.²⁵³ ODHS caseworkers continue to be responsible for

²⁴⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 433).

²⁵⁰ 2016 Oregon Procedure Manual, Chapter 4 – Services to Children, (p. 1).

²⁵¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 898).

²⁵³ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 899–900).



Table 27. Best Practices Related to Ensuring Adequate Family Time

Best Practice	2016 Oregon Practice	2022 Oregon Practice
	<p>words. These reactions are normal and are not grounds for limiting visitation.²⁵²</p> <ul style="list-style-type: none"> • The 2016 policy requires the caseworker to explain benefits to resource parents, including healthy attachment, strengthening of the parent–child relationship, easing the pain of separation and loss for the child, helping provide motivation for parents, and allowing parents to learn and practice new skills.²⁵² • The 2016 policy supports resource parents in prioritizing visits between siblings when the visits are safe and in the child’s best interests.²⁵² 	<p>explaining the benefits of frequent visitation to resource parents.²⁵³</p> <ul style="list-style-type: none"> • ODHS continues to support resource parents in prioritizing visits with a child’s siblings when such visits are safe and in the child’s best interests.²⁵³

Oregon’s statutory language, updated in July 2022, states that children and young adults have the right to visit with their parent, guardian, and siblings while in substitute care, as often as reasonably necessary to maintain and enhance their attachment.²⁵⁴

ODHS policy outlines reasons to prohibit visits, including when there is reason to believe the acts or omissions of a parent or guardian would result in abuse or neglect, the child or young adult’s safety cannot be managed by supervision, the visit does not meet the child or young adult’s best interest, or if a court order prohibits it. Policy also clearly states that visits cannot be canceled solely due to the act or omission of a parent that is unrelated to the safety or well–being of a child during that visit.²⁵³

²⁵² 2016 Oregon Procedure Manual, Chapter 4 – Services to Children, (p. 3).

²⁵⁴ OAR 413–070–0830: http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_70.pdf



ODHS policy also requires arrangements for visits with extended family members, including siblings, teachers, coaches, pastors, rabbis, or neighbors, to maintain children’s connections to their families, culture, and communities as this is important for the child’s well-being.²⁵⁵

ODHS requires the creation of a Visit and Contact Plan as part of every case plan, which is developed at the time of removal. The requirement to establish this plan is a strength in that it requires focusing on sustaining connections between children and their families:

- The Plan must be reviewed every 90 days as part of the case plan review and can be reviewed more frequently. This plan is reviewed to ensure that visits and contacts are happening as planned and that visitation and contacts conform with the ongoing safety plan. This review includes examining how any changes in the parents’ protective capacities impacted supervision of visits, whether the visitation plan meets the child’s safety and well-being needs and if it is the least restrictive plan, what opportunities exist for the child to visit with other family members, and whether the visitation plan supports progress toward the conditions for return and achieving the case plan and permanency plan goal.
- However, the child welfare field is moving away from using the words “visitation” and “visitation plans” as they can imply that each family receives a standardized amount of time together. The Children’s Bureau, in a 2020 Information Memorandum,²⁵⁶ suggests a shift from “visits” to “family time” to prioritize the importance of the time that children spend with their parents, siblings, and other family members. Despite the use of the outdated “visit” language, the intention of this plan is to ensure children remain connected to their families and that their time together supports the achievement of their permanency goal.
- The Visit and Contact Plan also focuses on interactive face-to-face contact, and can be supplemented by phone calls, letters, emails, and sharing pictures and gifts.²⁵⁷ Caseworkers have been creative in facilitating sibling and family interaction, using technology such as FaceTime when children cannot be in person with siblings.
- If for some reason visits do not occur between a child or young adult and their parent(s), visits between siblings should continue to occur regularly unless there is a safety risk or threat to the child or young adult’s well-being.²⁵⁸ The Visit and Contact Plan ensures “Siblings are able to visit one another if they are not in the same substitute care setting or if some siblings are in the parents’ home.”²⁵⁹ Focus

²⁵⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 903).

²⁵⁶ ACYF-CB-IM-20-02: <https://www.acf.hhs.gov/sites/default/files/documents/cb/im2002.pdf>

²⁵⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 898).

²⁵⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 899).

²⁵⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021. (p. 433).



group participants mentioned that facilitating contact between children and young adults placed separately can be a challenge despite their best intentions and efforts.

When parents have met the conditions for return and reunification, the caseworker must “prepare the child for the return home.”²⁶⁰ As part of co-case management between a CPS caseworker and a permanency caseworker, the permanency caseworker will review the Visit and Contact Plan (created by the CPS caseworker) to “ensure there is as much contact as possible with the parents knowing that frequent contact promotes timely reunification and is good for the parents and the child.”²⁶¹

CW has specific policy language focused on supporting family interaction, including considering the child’s best interests. Several states, including Oregon, incorporate emotional ties between children, their families, and caregivers as part of the best interest determination. Oregon’s statutes require the inclusion of the child or young adult as developmentally appropriate and the parent or guardian in identifying placement resources and requires diligent efforts to place siblings together unless joint placement is not in any of the children’s best interests.²⁶²

CW has taken several steps to address obstacles to family interaction:

- Resource parents do not always have the resources or availability to transport children and young adults to family visits. However, some Oregon districts have volunteer supports and community organizations providing children transportation. Marion County is working with the Children’s Public Private Partnership, CP3, to pilot a volunteer driver program to increase family interaction frequency and expedite reunification in 2022.²⁶³
- Some agencies do not have a space where families can spend time or play together, and it is a challenge for families to have meaningful interaction in an office space or conference room. However, many local branches have redecorated their visitation rooms. CW has an ADA Coordinator who has begun working with branches to create a room designed for individuals and families with sensory concerns. For those districts without updated visitation rooms, many are in the process of creating more welcoming spaces for families. CW has removed cameras from visit rooms, and the leadership continually encourages local teams to consider why family interaction needs to be supervised. These efforts and improvements to creating safe and warm spaces for families increases their ability to engage with each other and strengthen their relationships.

²⁶⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 546).

²⁶¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 433).

²⁶² OAR 413-070-0600: http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_70.pdf

²⁶³ Children’s Public Private Partnership (CP3). <https://www.cp3oregon.org/programs>



- Policy dictates that children are not supposed to miss school or their extracurricular activities for family interaction unless scheduling otherwise is impossible,²⁶⁴ which does not leave much time to schedule those visits. One focus group participant shared that a judge in their district ordered six hours of family time per parent for each child in the family, which is difficult to schedule around school and other responsibilities.

10.2 Relative Placements

One of the pillars of the first guiding principle of the Vision for Transformation is a focus on strengthening and preserving connections with family and community “by keeping children and young adults safely in their own home and communities whenever possible; maintaining connections to family, culture, and community when temporary substitute care is needed; and making permanency the priority, starting with safely reunifying families.”

The definition of kith is broad to include multiple options. According to the CW Procedure Manual, kith is defined as “a person not related to the child by blood or through legal means but are identified by the child or the family and are considered by the child or child’s family as a relative.”²⁶⁵ CW has a process to complete an immediate, Temporary Certification for same day placements in crisis situations. This allows certifiers to conduct criminal background checks and check references. Some participants felt that the background check requirements are too stringent for some criminal history. They felt that the criteria should be more flexible for certain crimes due to the urgent need for placement options and the desire to place with relatives and kith.

A Chapin Hall study showed that children initially placed with relatives are the least likely to experience placement changes for their time in substitute care.²⁶⁶ Another review of relative placements scanning over 100 studies concluded that children in kinship care experience improved behavioral development and mental health functioning outcomes in addition to placement stability.²⁶⁷

²⁶⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 900).

²⁶⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1554).

²⁶⁶ Chapin Hall. (Dec 2007). Foster Care Dynamics 2000–2005: A Report from the Multistate Foster Care Data Archive. <https://fcda.chapinhall.org/wp-content/uploads/2013/10/Foster-Care-Dynamics-2000-2005.pdf>

²⁶⁷ Winokur, M., Holtan, A., and Batchelder, K.E. (March 2014). Kinship Care for the Safety, Permanency, and Well-Being of Children Removed from the Home for Maltreatment: A Systematic Review. <https://doi.org/10.4073/csr.2014.2>



Data from the Annie E. Casey Foundation²⁶⁸ show that kinship placements increased from 25 to 34 percent nationally from 2007–2020, and placement in non–relative foster care decreased from 46 to 45 percent nationally. That same snapshot illustrates the increasing trend of the use of kinship care in Oregon as well, as relative foster home use went up from 32 to 34 percent from 2019 to 2020, giving Oregon one of the higher rates of kinship use in the country.

When children are placed into non–relative substitute care, CW “must continually consider ways in which relatives and persons with a caregiver relationship can be engaged in case planning, safety planning, placement, and ongoing support.”²⁶⁹ This includes periodically reviewing CW’s diligent efforts to place children with a relative or person with a caregiver relationship, including asking whether siblings are placed together, and if not, what can be done to place them together and what is being done to maintain contact between siblings. These diligent efforts are required by the courts and are in Oregon Administrative Rule (OAR 413–070–0069) as well. During this review, caseworkers will consider whether the child or young adult has been given every possible opportunity to be reunified with an in–home safety plan, be placed with a relative or siblings, or to have ongoing connection with their family.²⁷⁰

The 90–day Child Welfare Case Plan review must include an update on the search for relatives, a review of the visitation plan, and consideration of a child or young adult’s siblings.²⁷¹ The search for relatives is ongoing during the child’s case, and as part of this review, caseworkers will identify relatives who have been identified and contacted, how they have responded, what connections they wish to have with the child, whether it is appropriate to contact them again, and if they are able to participate in the child’s life even if they cannot serve as a placement or adoptive resource. This ongoing review is critical, as relatives’ ability to engage with and potentially act as placement resources may change over time.

Kinship providers are eligible to receive a Temporary Assistance for Needy Families (TANF) grant for a child. Still, less than 12 percent of caregivers receive this²⁷², at least in part because providers typically have to assign the state the right to collect child support from

²⁶⁸ The Annie E. Casey Foundation. Kids Count Data Center:

<https://datacenter.kidscount.org/data/line/6247-children-in-foster-care-by-placement-type?loc=1&loct=2#2/2-8/false/574,1729,37,871,870,573,869,36,868,867/asc/2622,2621,2623,2620,2625,2624,2626/12995>

²⁶⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 741).

²⁷⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 742).

²⁷¹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 520–525).

²⁷² Chapin Hall. Kinship Care Leads to Better Outcomes for Children.

<https://www.chapinhall.org/project/kinship-care-leads-to-better-outcomes-for-children/>



the child's birth parents.²⁷³ Many relatives hesitate to do so as this can compound the stress and trauma on the birth parents and leave kinship providers with less financial resources while caring for a child. The federal government allows states to waive that requirement for a good cause. While the Oregon Kinship Navigator website (<https://oregonkinshipnavigator.org>) outlines the TANF program in Oregon, it does not share information regarding a waiver to the child support requirement.

10.3 Sibling Connections

Children placed with their siblings or whose connections with siblings are maintained while in substitute care experience similar positive outcomes as those placed with relatives, leading to improved well-being and permanency outcomes. Children placed with siblings have more placement stability than children placed separately from any or all their siblings.²⁷⁴ There is some evidence that placement with siblings improves permanency through reunification, guardianship, and adoption.

Oregon prioritizes placing sibling groups together appropriately and in their home communities when possible. When an immediate substitute care placement is necessary, caseworkers are required to determine whether siblings can be placed together, and if they cannot, arrangements must be made and documented in the Temporary Visit and Contact Plan regarding visitation with siblings.²⁷⁵ ODHS policy encourages caseworkers to “act quickly” when the initial placement does not allow siblings to be placed together due to a lack of capacity in the placement resources available at the time of initial placement.²⁷⁶ When choosing a placement, the procedure requires placement with relatives and keeping siblings together whenever possible (when in the best interests of the children).²⁷⁷ If siblings are not able to be placed together, CW requires efforts to be made to reunite them as soon as possible, and in the interim, document routine contact and visitation in temporary visits, ongoing visits, and contact plans. When caseworkers cannot place siblings together, the procedure requires caseworkers to “document explanations of... how the placement preserves the child's connections and attachments including proximity to the child's biological family, including siblings and the child's school.”²⁷⁸ CW policy states

²⁷³ Generations United. (2020). TOOLKIT African American Grandfamilies: Helping Children Thrive Through Connection to Family and Culture. <https://www.gu.org/resources/african-american-grandfamilies-helping-children-thrive-through-connection-to-family-and-culture/>.

²⁷⁴ Sattler KMP, Font SA, Gershoff ET. Age-specific risk factors associated with placement instability among foster children. *Child Abuse Negl.* 2018 Oct;84:157-169. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7357603/>

²⁷⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 718).

²⁷⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 719).

²⁷⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 722).

²⁷⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 492).



that children's separation from siblings to be placed into foster care is considered temporary.

It is generally in children's best interest to be placed together when considering adoption. In situations where siblings are separated for adoption, caseworkers must have "compelling reasons" to request permission from the CW Permanency Committee to separate siblings in need of adoptive resources, and these requests require Program Manager Approval.²⁷⁹ This request must be documented in OR-Kids and include information supporting the separation, and the caseworker will be expected to present the request to the Permanency Committee.

Focus group participants shared that they attempt to place children with their siblings, but they cannot do this as often as they would like due to differing needs of the children, best interests of the children, or differing capacities of the providers. Some focus group participants mentioned that placing siblings in the same home can be a detriment to some children if they have differing levels of need. Siblings can disrupt placements more as groups than they may have individually and can cause the need for placement changes for multiple children. It can be difficult to place children together if they are not jointly placed from the initial placement, as moving children causes placement disruptions for some of them. Focus group participants mentioned that it becomes harder to bring children together once you separate children in placements. The survey reflected the difficulty in consistently placing siblings together. The 2022 survey questioned whether CW facilitates contact between siblings according to the case plan. Responses show that this happens most of the time, with 51 percent of respondents sharing that it happens sometimes and 48 percent stating that it always occurs. Less than two percent of respondents shared that sibling contact never occurs according to the plan.

The Oregon legislature codified the Foster Children's Sibling Bill of Rights²⁸⁰ in May 2017 (and associated rules²⁸¹ were effective January 1, 2018) to give children and young adults in foster care rights designed to protect and strengthen bonds with their siblings.

The Foster Children's Sibling Bill of Rights includes:

- Caseworkers provide children and young adults with documentation of their rights and a verbal explanation of their rights (in an age and developmentally appropriate manner) within 60 days of being placed in substitute care and of any placement change, at least annually.

²⁷⁹ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 1255).

²⁸⁰ Oregon Foster Children's Bill of Rights:

<https://sharedsystems.dhsoha.state.or.us/DHSforms/Served/de9014a.pdf>

²⁸¹ Oregon Foster Children's Sibling Bill of Rights, ORS 418.608:

https://oregon.public.law/statutes/ors_418.608



- Siblings have the right to be placed together whenever safe and appropriate. When this placement does not occur, the caseworker must continue to work toward joint placement.
- Siblings have a right to have a Sibling Visit and Contact Plan and be actively engaged in the plan's development.
- Children and young adults have the right to be immediately notified of specific changes and life events of siblings in ODHS custody, including placement and placement changes, catastrophic events, and emergencies.
- Children and young adults have the right to have continued contact encouraged in any adoptive or guardianship placement when safe and appropriate.
- Children and young adults in ODHS custody may have other rights not specified and as appropriate to the child or young adult's age and developmental stage.

Caseworkers must consider a child's siblings at various points in the case process, including inviting a child's siblings "who can support the young adult's goals, answer questions, and assist with decision-making²⁸² to a Youth Decision Meeting (YDM). A YDM can also include a family and permanency team meeting in which the team can determine their placement preferences and discuss how the preferred placement meets the child or young adult's needs, including the need for siblings to be placed together. In addition, caseworkers are required to provide young adults with a Transitions Tool Kit when the young adult is reaching independence, and the court dismisses custody. The Transition Tool Kit includes, among other things, the location and status of the young adult's siblings and their contact information.²⁸³ Each child's case plan must also outline whether siblings are in the same placement, and if not:²⁸⁴

- Why not? (Lack of placement resources, safety issues, different level of care needs currently?)
- What is being done to address issues that contribute to siblings being apart?
- How has Child Welfare conveyed to all involved that sibling separation should be temporary?
- What efforts are being made to reunite siblings?
- In what ways are sibling connections being maintained (siblings visit at weekly parent-child visits and every other week facilitated by foster parents, phone calls, letters, etc.)?

²⁸² Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 483).

²⁸³ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 962).

²⁸⁴ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 496).



- If siblings are placed together, are there any issues that may threaten continued placement together?
- If so, what is being done to address this to preserve the sibling placement together?
- Orders of the court and the efforts ODHS is making toward meeting those orders.

The 90-Day Case Plan Review must also state whether siblings are placed together, and if so, what services are in place to address any supervision or therapeutic issues, and if they are not placed together, what efforts are underway to place them together and keep them connected. In addition, the review asks if a permanency committee has recommended that it is not in the children's best interest to be placed together, and if so, what efforts are ongoing to assess their need for connection and how that is being facilitated.²⁸⁵

10.4 Community Connections

CW procedure requires that placement decisions include considerations of community connections. At the first 30-day contact with a substitute caregiver, ODHS involves an assessment of whether the caregiver meets the statutory placement preferences of keeping the child or young adult near their parents and their community, keeping siblings together, and supporting the child's culture and family identity. Suppose the caregiver or placement does not meet any of these preferences (and additional caregiver criteria). In that case, the placement decision will be reevaluated, and the worker will determine whether this placement is in the child's or young adult's best interest.²⁸⁶ A similar review is done during the 90-day review of the child's substitute care placement. The policy also requires that, when assessing prospective substitute care providers, one consideration is whether that person can meet the child's education needs, including the "child's needs to continue in the same school or educational placement."²⁸⁷ The provider's ability also factors into the determination of the least restrictive placement. Maintaining connections to a child or family's faith is also included in CW procedure, and members of the child's faith-based community must be included in Family Engagement Meetings, Youth Decision Meetings, and assessments of parental capacity.²⁸⁸

CW engages the community through the Parent Advisory Council (PAC) of Oregon, which includes parents who have been involved with child welfare, who are in recovery, and who are now community leaders. The PAC meets monthly with state child welfare leadership and provides feedback to ODHS on new initiatives, concepts, and documents based on

²⁸⁵ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 523–524).

²⁸⁶ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 725).

²⁸⁷ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 721).

²⁸⁸ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (pp. 444, 451, 474, 483, 667).



their lived experience; and since 2020, has led training, shared their stories, and answered questions for new resource families throughout Oregon. The PAC allows the voice of lived experience to further permeate the decision-making process at every level of child welfare in Oregon and highlights the expertise within families. The culturally diverse Parent Advisory Council includes members from six CW districts, and shares information via a Facebook page and through a bimonthly newsletter.

Oregon statute requires “state agencies to develop and implement policy on relationships with Tribes” and “cooperation with Tribes.”²⁸⁹ These policies must promote communication between the state agency and Tribes and positive government-to-government relationships. ODHS is also currently revising its Tribal Consultation Policy to ensure the inclusion of the Tribes in the development of ODHS policies and programs that impact Tribes, establish communication pathways, and build trust, respect, and shared responsibility.

During the 90-Day Staffing, supervisors must review permanency goals for children to determine whether they have stability and permanence in their living situations. They must check the current placement to determine if it is stable and the most appropriate and least restrictive option for that child. Supervisors must also review tribal placement preferences and whether connections to the child’s family, siblings, community, culture, and faith are being maintained. They must also consider whether visitation can be increased and if children and young adults are visiting their siblings while in this placement.²⁹⁰

²⁸⁹ Oregon State Administrative Agencies, Relationships of State Agencies with Indian Tribes. ORS 182.162 to ORS 182.168. https://www.oregonlegislature.gov/bills_laws/ors/ors182.html

²⁹⁰ Oregon Department of Human Services Child Welfare Procedure Manual, Rev. 10/4/2021, (p. 688).



11 Staffing Resources

11.1 Staff Recruitment and Retention

Assessment participants report that high turnover is a detriment to CW. Assessment participants felt like turnover was high, but the data do not support this. They may be feeling the effects of employee absences, new employees being onboarded and not yet having a full caseload, the severity of cases in their caseload, or other COVID-19 stressors contributing to the feeling of overwhelm among staff.

11.2 Caseload Management

The Oregon Department of Human Services ORS 409.161 Workload Report, June 15, 2021, stated that staffing increases are not the only answer for improving outcomes. “Child Welfare is being responsive to staffing by creating management tools to inform the current state (including the Caseload Dashboard) and redesign workforce training and workforce development programs and tools to build engagement, increase retention, and provide ongoing support for the workforce.”²⁹¹

Despite the data regarding low caseload numbers, many assessment participants reported feeling overwhelmed by their workload. This may be due to the severity of the needs of the children. Staff turnover and worker absences (due to COVID-19 and other factors) may also increase the burden on some staff and contribute to the feeling of overwhelm. Additionally, assessment participants shared that too many assignments coming from ORCAH make safety management challenges. Children in care and individual cases have varying needs and degrees of severity, which means that a caseworker with five high-needs cases could have a higher workload than a caseworker with ten children in safe and stable placements. Workloads are balanced to the best of CW’s ability.

In addition to information shared in Section 4.11, Oregon’s Caseload Ratio Standards include standards for staff supervision, outlined in the table below.

Table 28. Oregon Frontline Support Staff Supervision Ratio Standards

Frontline Support Staff Supervision Ratios	
Frontline Supervisor (PEMC)	1:7 SSS1 + 1:12 SSA, PLG
Case Aid (SSA)	1:7 SSS1
Social Services Assistant (SSA)	1:7 SSS1
Paralegal (PLG)	1:28 SSS1

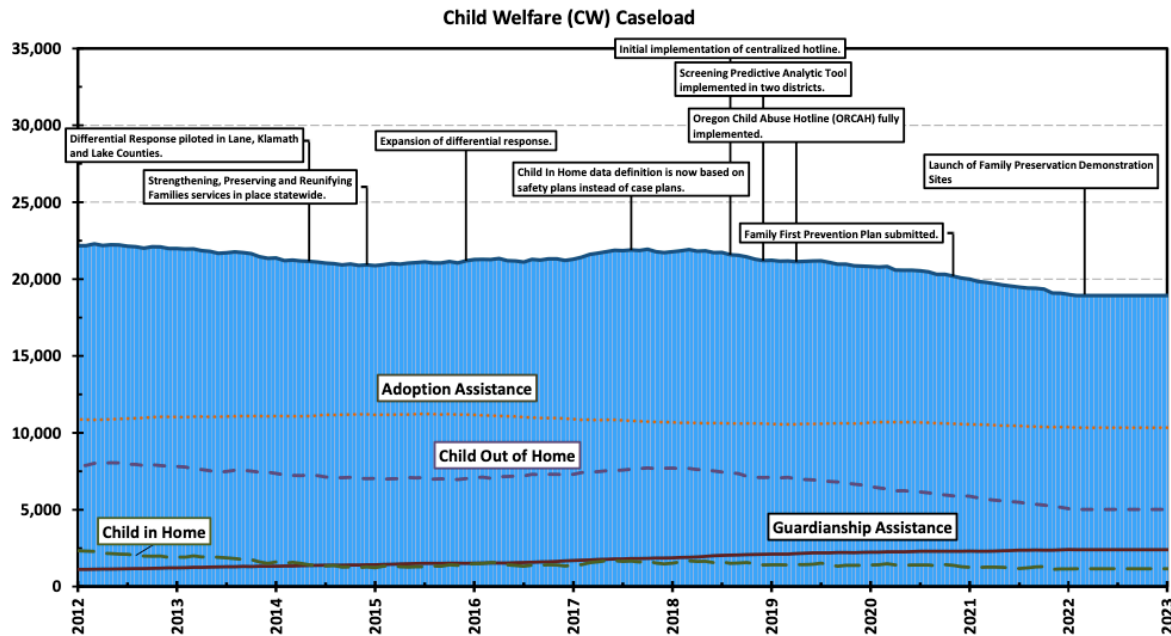
²⁹¹ Oregon Department of Human Services ORS 409.161 Workload Report, 6/15/2021.



FRS/IV-E Specialists	1:200 FC/Adoption cases
Office Support (OS2)	1:3 SSSI
Office Manager (OM3)	1:12 OS2

The graphic below illustrates trends of CW caseloads over the past ten years in various areas of the child welfare system.

Figure 21. CW Caseload Trends²⁹²



11.3 Training and Coaching

Survey responses were mixed regarding the training caseworkers and supervisors receive. Most respondents felt that CW trains caseworkers to conduct assessments and case planning before working with families on an ongoing basis. Staff were evenly split on responses regarding receiving training on working with providers, with approximately 40 percent stating that this training is offered and the same percentage expressing uncertainty. Survey results show 63 percent of supervisors and caseworkers agree that child welfare provides training and coaching to staff in assessing individuals, including children and families.

In addition to Essential Elements, caseworkers have training requirements including:

- On-the-job opportunities to increase the transfer of learning

²⁹² <https://www.oregon.gov/odhs/data/pages/forecasting.aspx>



- Curricula that must be completed within six months and one year of hire
- Topic-specific courses for certifiers and adoption workers
- Role-based training for assessment workers, screeners, permanency workers, certifiers, and adoption workers

Staff in the safety, permanency, and foster care programs attend quarterly training on safety or other specific components of their work. According to interviewees, CW wants to establish a formal learning path that encourages workers to take courses to develop skills in defined areas, such as interviewing or documentation, and increases clarity on the promotional path. CW does not want to require a mandatory learning path or a set number of courses per year. Safety Consultants conduct quarterly trainings via safety labs or train specific safety issues based on data.



Appendix B: Key Terms

These definitions clarify the meaning of operative terms included in the research questions, inquiry questions, and throughout the methodology. Sources are included for reference. Where possible PK used a definition from Oregon CW policy or Oregon statute. Those definitions attributed to Public Knowledge® indicate that PK developed a definition based on experience and expertise.

Term	Definition	Source
Abuse [Can also refer to Maltreatment or Neglect]	<p>Abuse: (a) For purposes of screening a report of “abuse” of a child subject to ORS 419B.005, “abuse” means any of the following, except that “abuse” does not include reasonable discipline unless the discipline results in one of the conditions described in this subsection.</p> <p>Mental Injury. Any mental injury to a child, which includes only observable and substantial impairment of the child’s mental or psychological ability to function caused by cruelty to the child, with due regard to the culture of the child.</p> <p>Neglect. (i) Negligent treatment or maltreatment of a child, including, but not limited to, the failure to provide adequate food, clothing, shelter, or medical care that is likely to endanger the health or welfare of the child.</p> <p>(ii) Buying or selling a person under 18 years of age as described in ORS 163.537. (iii) Permitting a person under 18 years of age to enter or remain in or upon premises where methamphetamines are being manufactured. (iv) Unlawful exposure to a controlled substance, as defined in ORS 475.005, or to the unlawful manufacturing of a cannabinoid extract, as defined in ORS 475B.015, that subjects a child to a substantial risk of harm to the child’s health or safety.</p> <p>Physical Abuse. Any assault, as defined in ORS chapter 163, of a child and any physical injury to a child which has been caused by other than</p>	<p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (pp.1944-1945)</p>



Term	Definition	Source
	<p>accidental means, including any injury which appears to be at variance with the explanation given for the injury.</p> <p>Sexual Abuse. (i) Rape of a child, which includes, but is not limited to, rape, sodomy, unlawful sexual penetration and incest, as described in ORS chapter 163. (ii) Sexual abuse, as described in ORS chapter 163. (iii) Sexual exploitation, including, but not limited to: (I) Contributing to the sexual delinquency of a minor, as defined in ORS chapter 163, and any other conduct which allows, employs, authorizes, permits, induces, or encourages a child to engage in the performing for people to observe or the photographing, filming, tape recording, or other exhibition which, in whole or in part, depicts sexual conduct or contact, as defined in ORS 167.002 or described in ORS 163.665 and 163.670, sexual abuse involving a child or rape of a child, but not including any conduct which is part of any investigation conducted pursuant to ORS 419B.020 or which is designed to serve educational or other legitimate purposes; and (II) Allowing, permitting, encouraging, or hiring a child to engage in prostitution as described in ORS 167.007 or a commercial sex act as defined in ORS 163.266, to purchase sex with a minor as described in ORS 163.413 or to patronize a prostitute as described in ORS 167.008.</p> <p>Threat of harm to a child, which means subjecting a child to a substantial risk of harm to the child’s health or welfare. (b) For purposes of screening a report of abuse of a child or young adult living in a home certified by Child Welfare or ODDS, unless the abuse alleged is familial, “abuse” means any of the following: (A) Abandonment, including desertion or willful forsaking of a child or young</p>	



Term	Definition	Source
	<p>adult, or the withdrawal or neglect of duties and obligations owed a child or young adult by a home certified by Child Welfare or ODDS, a caregiver, or other person. (B) Financial exploitation. (i) Financial exploitation includes: (I) Wrongfully taking the assets, funds, or property belonging to or intended for the use of a child or young adult. (II) Alarming a child or young adult by conveying a threat to wrongfully take or appropriate moneys or property of the child or young adult if the child would reasonably believe that the threat conveyed would be carried out. (III) Misappropriating, misusing, or transferring without authorization any moneys from any account held jointly or singly by a child or young adult. (IV) Failing to use the income or assets of a child or young adult effectively for the support and maintenance of the child or young adult. (ii) Financial exploitation does not include age-appropriate discipline that may involve the threat to withhold, or the withholding of privileges. (C) Involuntary seclusion. Involuntary seclusion means confinement of a child or young adult alone in a room from which the child or young adult is physically prevented from leaving. (i) Involuntary seclusion includes: (I) Involuntary seclusion of a child or young adult for the convenience of a home certified by Child Welfare or ODDS or a caregiver; (II) Involuntary seclusion of a child or young adult to discipline the child or young adult; (ii) Involuntary seclusion does not include age-appropriate discipline, including but not limited to a time-out. (D) Neglect, which includes: (i) Failure to provide the care, supervision, or services necessary to maintain the physical and mental health of a child or young adult; or (ii) The failure of a home certified by Child Welfare or ODDS, a caregiver, or</p>	



Term	Definition	Source
	<p>other person to make a reasonable effort to protect a child or young adult from abuse. PUBLIC KNOWLEDGE® Physical abuse, which includes: (i) Any physical injury to a child or young adult caused by other than accidental means, or that appears to conflict with the explanation given of the injury; or (ii) Willful infliction of physical pain or injury upon a child or young adult.</p>	
<p>Accepted Professional Standards</p>	<p>PK uses the following accepted professional standards for the definitions in this document and the research questions:</p> <ul style="list-style-type: none"> • Oregon Department of Human Services • Department of Health and Human Services, Administration for Children and Families, Children’s Bureau • Onsite Service Review Instrument 2016 (OSRI) from the Child and Family Service Reviews (CFSR) • Child Welfare Information Gateway 	<p>Public Knowledge®</p>
<p>Address</p>	<p>To direct to the attention of; to take action.</p>	<p>Public Knowledge®</p>
<p>Adequately</p>	<p>Meeting minimum standards or requirements.</p>	<p>Public Knowledge®</p>
<p>Adoption</p>	<p>A legal or administrative process that establishes a permanent legal parent–child relationship between a child and an adult who is not already the child’s legal parent and terminates the legal parent–child relationship between the adopted child and any former parent.</p>	<p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p.1946)</p>
<p>Agency Culture</p>	<p>Values and behaviors that contribute to the social and psychological environment of CW, including</p>	<p>Public Knowledge®</p>



Term	Definition	Source
	the five CW core values of integrity, stewardship, responsibility, respect, and professionalism.	
Appropriate	Suitable or proper for the circumstances based on best practice guidelines, CW policies, or federal expectations.	Public Knowledge®
Assess	To collect information to inform decision-making about a child, young adult, or family.	https://www.childwelfare.gov/topic/systemwide/assessment/overview/terms/
Barriers	Obstacles to achieving intended outcomes. These can exist at the individual level, such as preventing or delaying permanence for a child, or at the organizational or system level, which result in policies or procedures that prevent populations of children and families receiving services to achieve intended outcomes.	Public Knowledge®
Basic Needs	Fundamental necessities including food, water, clothing, and shelter, as well as sanitation, education, and healthcare.	Public Knowledge®
Behavioral Rehabilitation Services (BRS)	<p>A program that provides services and placement-related activities to the BRS client to address their debilitating psychosocial, emotional, and behavioral disorders in a community placement utilizing either a residential care model or a proctor care model.</p> <p>Note: Child Caring Agencies (CCAs) can also be licensed to provide BRS services, and many are, but they are not synonymous.</p>	<p>https://www.oregon.gov/oha/HSD/OHP/Policies/170-0020-092120.pdf</p> <p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-</p>



Term	Definition	Source
		Manual.pdf (p. 1948)
Case Plan [Can also refer to the Child Welfare Case Plan, Case Planning or Individualized Service Planning]	A written, goal-oriented, and time-limited individualized plan for the child and the child’s family, developed by the agency and the parents or guardians, to achieve the child’s safety, permanency, and well-being. The Case Plan, along with the Permanency Plan and Court Report, are part of the Family Report.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (pp. 1949, 1961)
Caseload [Can also refer to Case(s)]	Individuals (usually a child) for whom a caseworker is responsible in a given time period, as expressed in a ratio of clients to staff members.	Public Knowledge®
Caseworker(s)	A child welfare employee assigned primary responsibility for a child or young adult served by child welfare.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1949)
Centralize	To bring together into one location.	Public Knowledge®
Certification and Licensing Standards	Regulations in each state, for foster parents and providers, that ensure children are cared for in physically and developmentally safe environments.	https://www.childwelfare.gov/glossary/glossary/
Certified Family [Can also refer to CW Certified]	An individual or individuals who hold a current Certificate of Approval from the Department to operate a home to provide care, in the home in which the individual or individuals reside, to a	http://www.ODHS.state.or.us/policy/childwelfare/ma



Term	Definition	Source
Resource Home]	child or young adult in the care or custody of the Department.	nual_1/division_200.pdf
Child [Can also refer to Children or Young Adult]	A person under 18 years of age, or a person under 21 years of age if the Department of Human Services determines that the person has a mental or physical disability that warrants the continuation of assistance.	ORS 418.330(1)(a)
Child and Adolescent Needs and Strengths (CANS) Tool	<p>The CANS is a decision-making tool to determine level of care and service planning, and to monitor service outcomes.</p> <p>In Oregon, the CANS is used to determine the Level of Need (LON) for children in substitute care and to determine reimbursement rates for substitute care providers.</p>	<p>https://praedfoundation.org/tools/the-child-and-adolescent-needs-and-strengths-cans/</p> <p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1948)</p>
Child Caring Agency (CCA) [Can also refer to Institution or Residential Facility]	Any private school, private agency, private organization or county program providing: Day treatment for children with emotional disturbances; Adoption placement services; Residential care, including but not limited to foster care or residential treatment for children; Residential care in combination with academic education and therapeutic care, including but not limited to treatment for emotional, behavioral or mental health disturbances; Outdoor young adult programs; or Other similar care or services for children. It includes the following: A shelter-care	ORS 418.205



Term	Definition	Source
	<p>home that is not a foster home subject to ORS 418.625 to 418.645; An independent residence facility as described in ORS 418.475; A private residential boarding school; and A child-caring facility as defined in ORS 418.950. It does not include: Residential facilities or foster care homes certified or licensed by the Department of Human Services under ORS 443.400 to 443.455, 443.830 and 443.835 for children receiving developmental disability services; Any private agency or organization facilitating the provision of respite services for parents pursuant to a properly executed power of attorney under ORS 109.056. For purposes of this subparagraph, “respite services” means the voluntary assumption of short-term care and control of a minor child without compensation or reimbursement of expenses for the purpose of providing a parent in crisis with relief from the demands of ongoing care of the parent’s child; A young adult job development organization as defined in ORS 344.415; A shelter-care home that is a foster home subject to ORS 418.625 to 418.645; A foster home subject to ORS 418.625 to 418.645; A facility that exclusively serves individuals 18 years of age and older; or A facility that primarily serves both adults and children but requires that any child must be accompanied at all times by at least one custodial parent or guardian.</p>	
CPS Assessment	<p>An investigation into a report of abuse pursuant to ORS 419B.020 or ORS 418.258 that includes activities and interventions to identify and analyze safety threats, determine if there is reasonable cause to believe abuse occurred, and assure safety through protective action plans, initial safety plans, or ongoing safety planning.</p>	<p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 65)</p>



Term	Definition	Source
CPS Case Closure	The process of a CPS caseworker terminating the ongoing safety plan by ensuring all case notes are completed, the case file is in order and ready for filing, all services to the family have been closed, and completing the case closure narrative in the child welfare electronic information system.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 573)
Children in Care	Children and young adults who are in the custody and supervision of Oregon CW and living in substitute care.	Public Knowledge® and Oregon CW
Children Living with High Needs [Can also refer to Child(ren) with Disabilities, High Needs]	Children and young adults with cognitive, behavioral, and/or mental health issues. Children and young adults with high needs may require “intensive” authorized levels of care, which dictates the amount of payments for care; challenging diagnoses, behaviors, and other characteristics where placements disrupt frequently and require new placements frequently.	Oregon Department of Human Services, Office of Child Welfare
Children Who Identify as LGBTQIA2S+	Refers to a child who identifies as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Two-Spirit, and includes those who may not identify with these terms and may use other words to describe themselves (LGBTQIA2S+). The Oregon CW Child Welfare Procedures Manual states that every person has a sexual orientation, gender identity and expression (SOGIE) and they may be congruent or completely different. Some children and young adults with diverse SOGIE may identify as lesbian, gay, bisexual or transgender, and some may be questioning their sexual orientation or gender identity (LGBTQ). Other young adults may not identify with these terms	Public Knowledge® http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-



Term	Definition	Source
	and may use other words to describe themselves including but not limited to non-binary, genderqueer, gender fluid, gender expansive, agender, gender diverse, two-spirit, queer, asexual, pansexual, etc. For this reason, there are various permutations of acronyms used in conversation and written materials to reflect diversity of SOGIE. The acronyms SOGIE or LGBTQ+ will be used.	Manual.pdf (p. 1067)
Concerted Effort	Cooperative and directive planning toward a mutually agreed upon goal.	Public Knowledge®
Concurrent Planning	A case planning approach that involves considering all reasonable options for permanency at the earliest possible point following a child's entry into foster care and simultaneously pursuing those that will best serve the child's needs. Typically, the primary plan is reunification with the child's family of origin. This primary plan and an alternative permanency goal are pursued at the same time, with full knowledge of all case participants. Concurrent planning seeks to eliminate delays in attaining permanency for children.	https://www.childwelfare.gov/glossary/glossary/
Conditions for Removal	Conditions in which CW and law enforcement have established that a child is in imminent threat of severe harm and use their authority to remove a child from home.	ORS 419B.150
Conditions for Return	A written statement of the specific behaviors, conditions, or circumstances that must exist within a child's home before a child can safely return and remain in the home with an in-home ongoing safety plan.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-



Term	Definition	Source
		Manual.pdf (p. 1951)
Connections	Proximity to the child’s biological family, including siblings and the child’s school. Connections that should be considered include school, church, culture, community, and other significant people in the child’s life who are important to the child’s well-being.	Oregon Department of Human Services, Office of Child Welfare
Contacts [Can also refer to Caseworker Contacts]	Any communication between Child Welfare staff and a child, young adult, parent or guardian, foster parent or relative caregiver, provider, or other individual involved in a Child Welfare safety plan or case. “Contact” includes, but is not limited to, communication in person, by telephone, by videoconferencing, or in writing. “Contact” may occur, for instance, during a face-to-face visit; a treatment review meeting for a child, young adult, parent, or guardian; a court or Citizen Review Board hearing; or a family meeting.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1951)
Continuous Quality Improvement (CQI)	A strength-based process that relies on teamwork to improve processes, services, and outcomes. It is an ongoing cycle of collecting data and then testing, implementing, learning from, and revising solutions.	https://www.oregon.gov/odhs/child-welfare-transformation/Pages/principle-3.aspx
Continuum of Care	Provides ongoing services for children in substitute care from entry to exit. The goal of this approach is to use the most appropriate and least restrictive interventions, both in and out of the home, while ensuring that safety issues and needs are addressed.	https://www.childwelfare.gov/topics/outofhome/foster-care/achieving-continuum/
Courtesy Supervision [Can also refer	Supervision provided when a child is placed outside the county or state where the presenting issue originated. Courtesy supervision is provided	http://www.dhs.state.or.us/caf/safety_model/procedure



Term	Definition	Source
to Cross-County Supervision or Inter-County Case Work]	<p>by a caseworker in the receiving county or state, and should address the child’s ongoing safety and well-being, and the reports should include dates and locations of face-to-face contact as well as updates concerning the child’s education, medical/ mental health services, and assessment of the child’s living environment.</p> <p>Cross-county case supervision refers to when one or more counties is providing ongoing case management services for a county who holds primary jurisdiction over the case.</p>	<p>re_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 707)</p>
Critical Incident	<p>An incident that resulted in the death of a child if the Department reasonably believes the death was the result of child abuse and:</p> <ul style="list-style-type: none"> (a) The deceased child was in the custody of the Department at the time of the fatality; or (b) The deceased child, the deceased child’s sibling, or any other child living in the household with the deceased child was the subject of a CPS assessment by the Department within the 12 months preceding the fatality; or (c) The child, the child’s sibling, or any other child living in the household with the child had a pending child welfare or adoption case with the Department within the 12 months preceding the fatality; or (d) The deceased child, the deceased child’s sibling, or any other child living in the household with the deceased child was the subject of a report of abuse made to the Department or a law enforcement agency within the 12 months preceding the fatality, whether the report of abuse was closed at screening or assigned for CPS assessment. <p>A fatality or serious injury where child abuse or neglect is suspected; an event or situation which</p>	<p>OAR 413-017-0059(4)</p>



Term	Definition	Source
	is highly concerning, may pose a potential liability, is of emerging public or media interest or represents an interest of security; any other incident designated by the CW Director.	
Data Integrity and Accuracy	Validity of data over the entire life cycle.	Public Knowledge®
Data Driven Decision-Making	Decision makers using objective information to improve outcomes for the people they serve.	https://www.oregon.gov/odhs/child-welfare-transformation/Pages/principle-3.aspx
Data Quality Plan	The comprehensive, purposeful, and iterative efforts taken by Title IV-E agencies to ensure the reliability and fitness of data for use as intended in the support of child welfare policies, goals, and practices. The agency must develop, implement, and maintain a data quality plan in a manner prescribed by the Administration for Children and Families and include it as part of Annual or Operational APDs.	https://www.acf.hhs.gov/sites/default/files/documents/cb/ccwis_data_quality_plans_presentation.pdf
Diligent Relative Search	The ongoing identification and contact with a child’s relatives and persons with a caregiver relationship for the purposes of establishing ongoing connections and supports for families and placing a child with his or her relatives on a temporary or permanent basis. Diligent relative search may begin as early as the CPS assessment and continues throughout provision of ongoing services.	Public Knowledge® and Oregon CW
Effective	Producing an intended result or outcome.	Public Knowledge®



Term	Definition	Source
Evaluation	Determining the quality of something.	Public Knowledge®
Face-to-Face Contact	An in-person interaction between individuals.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1953)
Family Engagement	Including families in all aspects of decision-making through a collaborative and partnering process of engagement. The intent of family engagement is to assist families in keeping their children safe and thriving in their communities.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (pp. 167, 302, 1867-1868)
Family Interaction	"Child-family contact" means communication between the child or young adult and family and includes, but is not limited to, visitation with the child or young adult, participation in the child's or young adult's activities, and appointments, phone calls, email, and written correspondence. Contact between birth relatives, as defined under ORS 109.305, and the child or young adult in substitute care. Source: OAR 413-120-0000(12) [M]aintain family relationships and cultural connections with the child or young adult in substitute care. Source: OAR 413-070-0060(4) See also OAR 413-070-0072	OAR 413-070-0000(16)



Term	Definition	Source
Family Report	A written, goal-oriented, and time-limited individualized plan for the child and the child’s family, developed by the agency and the parents or guardians, to achieve the child’s safety, permanency, and well-being. The Case Plan, along with the Permanency Plan and Court Report, are part of the Family Report.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (pp. 1949, 1954, 1961)
Federal Background Checks	A background check completed by the Background Check Unit (BCU), who provide background check services and support to all CW and Oregon Health Authority (OHA) divisions for employment purposes, for those who provide services or seek to provide services as a contractor, subcontractor, vendor or volunteer, or are employed by qualified entities that provide care and are licensed, certified, registered or otherwise regulated by CW or OHA. The checks search for crimes prosecuted at a federal level.	https://www.oregon.gov/odhs/background_checks/pages/default.aspx
Foster Care	24-hour substitute care for children placed away from their parents or guardians and for whom the Department, or another public agency, has placement and care responsibility. This includes but is not limited to placements in foster homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes. A child or young adult is in foster care in accordance with this definition regardless of whether the foster care facility is licensed, and payments are made by the Department or local agency responsible for the care of the child, whether adoption subsidy payments are being made prior to the finalization	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1955)



Term	Definition	Source
	of the adoption or whether there is federal matching of any payments that are made.	
Foster Parent(s) [also known as Resource Parent]	<p>A person who operates a home that has been approved by the Department to provide care for an unrelated child or young adult placed in the home by the Department.</p> <p>Please also refer to definition for Relative Caregiver, below.</p>	<p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (pp. 1955, 1966)</p>
Frequency of Visits	The cadence of family interaction for a child in substitute care and may be with their parents, siblings and/or relatives.	Public Knowledge® and Oregon CW
Guardian	An individual who has been granted guardianship of a child through a judgment of the court.	<p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1955)</p>
Guardianship	Guardianship is a strategy and permanency option that is most frequently used when relative caregivers wish to provide a permanent home for the child and maintain the child's relationships with extended family members without a termination of parental rights, as is required for an adoption. Guardianship promotes the preservation of family, community, and cultural ties and potentially reduces racial disproportionality and disparities in child welfare.	<p>Child Welfare Information Gateway</p>



Term	Definition	Source
Identified Needs	Areas of concern or areas needing improvement that are identified through an individualized assessment process.	Public Knowledge®
Identified Timeframe	The time between the publish date of Public Knowledge®'s <i>2016 Child Safety in Substitute Care Independent Review Final Report</i> (September 12, 2016) and present day.	Public Knowledge®
Impending Danger Safety Threat	A family behavior, condition, or circumstance that meets all five safety threshold criteria. When it is occurring, this type of threat is not immediate, obvious, or occurring at the onset of the CPS intervention. This threat is identified and understood more fully by evaluating and understanding individual and family functioning.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1957)
Improve	A measurable change toward an accepted child welfare standard.	Public Knowledge®
Independent Living Services	Skill-building services provided to young adults aged 16 and older and in substitute care to help transition young adults from foster care to independent adulthood. CW is required to provide support to young adults aged 14 and older to create an independent living transition plan and build life skills.	https://www.courts.oregon.gov/programs/jcip/EducationMaterials/2019Eyes/Assessing.pdf
Initial Staff Training	Classroom, field activities, and computer-based learning required for new caseworkers within their first year of employment at CW.	https://www.pdx.edu/center-child-family/essential-elements-session-summaries
Investigations [Can also refer to Abuse in	Assessment into a report of abuse that includes activities and interventions to identify and analyze safety threats, determine if there is reasonable	http://www.dhs.state.or.us/caf/safety_model/procedure



Term	Definition	Source
Care Investigations or CPS Assessment]	cause to believe abuse occurred, and assure child safety through protective action plans, initial safety plans, or ongoing safety planning.	re_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1950)
Kin	Distantly related persons, including those persons who the family or child identifies, or the person self-identifies, as being related by blood, adoption, or marriage but to a degree other than those specified as relatives.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (pp. 620, 1579)
Kith	A person not related to the child by blood or through legal means but are identified by the child or the family and are considered by the child or child’s family as a relative.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (pp. 620, 1579)
Level of Need	The measure of evidence a child is displaying a certain need or behavior and the corresponding action needed, as used in the Child and Adolescent Needs and Strengths (CANS) Tool.	Adapted from the Oregon Comprehensive Screening Tool Manual: https://oregonwvaparound.org/wp-content/uploads/2020/05/607OregonCANSCompre



Term	Definition	Source
		hensiveManual0-5_181214.pdf
Mental or Behavioral Health Needs	Needs identified from a state of mental, behavioral, emotional well-being, and choices and actions that affect wellness.	Public Knowledge®
Middle Manager	A manager at a level between leadership and frontline supervisor.	Public Knowledge®
Oregon Health Authority (OHA)	<p>The Oregon Health Authority works to lower and contain healthcare costs, improve quality, and increase access to healthcare for Oregonians.</p> <p>The OHA provides behavioral health services to children and families throughout Oregon, including early childhood mental health, school-based mental health partnerships, intensive services, in-home services, family supports, substance use disorder programs, and young adult suicide prevention programs.</p>	<p>https://www.oregon.gov/oha/Pages/Portal-About-OHA.aspx</p> <p>https://www.oregon.gov/oha/HSD/BH-Child-Family/Pages/index.aspx</p>
Organizational Change Management	A structured process that makes change happen quicker, smoother, and less painfully for leaders, staff, stakeholders, and customers. It is a structured methodology that, at its core, is helping move an organization from its current state to a new desired state. Simply put, OCM addresses the people side of change management.	Public Knowledge®
Out-of-State Placements	Placements selected when treatment providers or placement options in Oregon are unable to serve a child in Child Welfare’s care due to the child’s unique or severe treatment needs. These placements fall under the Interstate Compact for the Placement of Children.	Public Knowledge® and Oregon CW (ORS 417.200)



Term	Definition	Source
Parents [Can also refer to Biological Families]	The biological or adoptive mother or the legal father of the child. A legal father is a man who has adopted the child or whose paternity has been established or declared under ORS 109.070, ORS 416.400 to 416.610, or by a juvenile court. In cases involving an Indian child under the Indian Child Welfare Act (ICWA), parent means any biological parent of an Indian child, or any Indian who has lawfully adopted an Indian child, including adoptions under tribal law or custom. It does not include an unwed biological father where paternity has not been acknowledged or established. “Parent” also includes a putative father who has demonstrated a direct and significant commitment to the child by assuming or attempting to assume responsibilities normally associated with parenthood, unless a court finds that the putative father is not the legal father.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1961)
Performance-Based Contracting	The process of determining rates paid to providers based on performance on established metrics and data points.	Public Knowledge®
Permanency [Can also refer to Permanence, Legal Permanence, or Relational Permanence]	Stability and lifelong, reliable connections for children and young adults in substitute care. *Legal permanence refers to a child’s relationship with a parenting adult that is recognized by law and that the adult is the child’s birth, kin, foster, guardian, or adoptive parent. *Relational permanence refers to important long-term, stable relationships that help a child or young adult feel loved and connected.	Public Knowledge® and Oregon CW https://www.aecf.org/blog/what-is-permanence/
Permanency Goal	The court’s determination of the permanency plan for the ward that includes whether and, if applicable, when: (A) The ward will be returned to the parent	ORS 419B.476(4)



Term	Definition	Source
	<p>(B) The ward will be placed for adoption, and a petition for termination of parental rights will be filed</p> <p>(C) The ward will be referred for establishment of legal guardianship</p> <p>(D) The ward will be placed with a fit and willing relative</p> <p>(E) If the ward is 16 years of age or older, the ward will be placed in another planned permanent living arrangement</p>	
<p>Permanency Hearings</p>	<p>The hearing that determines the permanency plan for the child. The permanency hearing is conducted by a juvenile court, another court of competent jurisdiction or by an authorized tribal court.</p>	<p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1961)</p>
<p>Permanency Outcome</p>	<p>Preference of permanency plans reflected in statute:</p> <ul style="list-style-type: none"> Reunification Adoption (TPR) Guardianship (durable and permanent) Fit and Willing Relative Another Permanent Planned Living Arrangement (APPLA) 	<p>ORS 419B.476(5)</p>
<p>Permanency Plan</p>	<p>A written course of action for achieving safe and lasting family resources for the child or young adult. Although the plan may change as more information becomes available, the goal is to develop safe and permanent resources with the parents, relatives, or other people who may assume responsibility for the child or young adult</p>	<p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-</p>



Term	Definition	Source
	during the remaining years of dependency and be accessible and supportive to the child in adulthood.	Manual.pdf (p. 1962)
Physical Health Needs	Medical and dental health needs identified and addressed.	Public Knowledge®
Placement	The arrangement for the care of a child in the home of a parent, a foster home, relative foster home, non-paid relative home, or a child-caring agency or institution. It does not include the arrangement for care in an institute caring for the mentally ill, an institution primarily educational in character, or a hospital or other medical facility.	OAR 413-040-0000(55)
Placement Changes [Can also refer to Placement Change Decision]	Movement of a child in substitute care from one placement to another.	Public Knowledge®
Placement Stability	Ensuring that children remain in stable out-of-home care, avoiding disruption, removal, and repeated placements that have harmful effects on child development and well-being.	https://www.childwelfare.gov/glossary/glossaryp/
Placing	The process of removing a child from his or her family of origin or caregivers to a safe, temporary living situation.	Public Knowledge®
Population of Children in Care	An overall demographic representation of children and young adults in the custody of CW.	Public Knowledge®
Present Danger Safety Threat	An immediate, significant, and clearly observable family behavior, condition, or circumstance occurring in the present tense, already endangering or threatening to endanger a child or, when applicable, a young adult. The family	http://www.ODHS.state.or.us/caf/safety_model/procedure_manual/Oregon-ODHS-



Term	Definition	Source
	behavior, condition, or circumstance is happening now, and it is currently in the process of actively placing a child or, when applicable, a young adult in peril.	Child-Welfare-Procedure-Manual.pdf (p. 1963)
Proctor Foster Home	A foster home certified by a Child Caring Agency (CCA). A proctor foster home must meet minimum standards as established by rules adopted by CW or the Oregon Youth Authority. Proctor foster homes also receive a pass-through certification from CW.	http://www.ODHS.state.or.us/policy/childwelfare/manual_1/division_215.pdf
Progress	The actions CW has made to implement recommendations or address concerns through identifiable and credible strategies and processes.	Public Knowledge®
Provider Recruitment	A critical step in finding prospective families for a child and should be tailored to the specific child.	http://www.ODHS.state.or.us/caf/safety_model/procedure_manual/Oregon-ODHS-Child-Welfare-Procedure-Manual.pdf
Qualified Caseworker	Applicants for a caseworker position must meet the following requirements: <ul style="list-style-type: none"> • A bachelor’s degree in Human Services or a field related to human service; or • A bachelor’s degree unrelated to Human Services; and either • One year of Human Services related experience; or • Completion of coursework equivalent to certification consistent with Oregon Caseworker Competency; or • An associate degree and either • Two years of Human Service-related experience; or 	https://apps.oregon.gov/DAS/Classification-Compensation/JobProfile/Title/SocialServiceSpecialist1/JobProfileCode/6612/Category/HumanServicesandMedical/MinimumQualifications



Term	Definition	Source
	<ul style="list-style-type: none"> • One year of Human Services related experience and related training, coursework or certification consistent with Oregon Caseworker Competency 	
Quality	The degree to which an object or entity (such as a process, product, or service) satisfies a specified set of attributes or requirements.	Public Knowledge®
Quality of Visits	<p>Purposeful interactions between caseworkers and children, young adults, parents, and resource parents that reflect engagement and contribute to assessment and case planning processes in order to achieve outcomes.</p> <p>Oregon CW refers to frequency of visits and quality of visits together (see Frequency of Visits as defined above). For purposes of this review, PK separated out frequency of visits and quality of visits as two separate concepts.</p>	Public Knowledge®
Rates	Payments made to substitute care providers intended to offset some of the costs associated with caring for children.	Public Knowledge®
Re-Entry	Of all children who enter foster care in a 12-month target period and discharged within 12 months to reunification, living with a relative(s), or guardianship, what percent re-entered foster care within 12 months of discharge.	https://capacity.childwelfare.gov/sites/default/files/media_pdf/Reentry-to-Foster-Care-508.pdf
Relative	<p>A person related to the child or young adult through a parent, including a putative father, unless the relationship has been dissolved by adoption of the child, young adult, or parent. This includes:</p> <ul style="list-style-type: none"> • Blood relatives that have prefixes of grand, great, or great-great. 	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-



Term	Definition	Source
	<ul style="list-style-type: none"> • Half blood relatives with prefixes of grand, great, or great–great. Individuals with one common biological parent are half–blood relatives. • Aunts/Uncles. • Nieces/nephews. • First Cousins and First Cousins once–removed (a parent’s cousin). • The spouses of any of the above–listed relatives. • The ex–spouses of any of the those persons listed above. if the child or young adult had a relationship with the child PRIOR to entering substitute care. • Siblings, including siblings that are related through a putative father. 	<p>Manual.pdf (p. 743)</p> <p>OAR 413–070–0000(80)</p>
<p>Relative Caregiver [Can also refer to Kinship Caregiver]</p>	<p>A person defined as a “relative” under OAR 413–070–0000 who operates a home that has been approved by the Department to provide care for a related child or young adult placed in the home by the Department.</p>	<p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1966)</p>
<p>Removal [Can also refer to Removed]</p>	<p>Either the physical act of a child being taken from his or her normal place of residence by court order or a voluntary placement agreement and placed in a foster care setting, or the removal of custody from the parent or relative guardian pursuant to a court order or voluntary placement agreement which permits the child to remain in a foster care setting.</p>	<p>http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1966)</p>



Term	Definition	Source
Report [Can also refer to CPS Report]	An allegation of abuse that the screener evaluates to determine if it constitutes a report of abuse as defined in ORS 419B.005 or, when applicable, Oregon Laws 2017, chapter 733.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1966)
Required Timeframe	The accepted amount of time required for a given action based on policy.	Public Knowledge®
Response Time	The time frame to initiate the CPS assessment and is determined by the urgency of the report. Urgency is determined by reported family behaviors, conditions and circumstances that represent a present or impending danger.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1967)
Reunification	Placement with a parent or guardian.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 197)
Risk	The extent to which key factors are present in a family situation that increases the likelihood of future maltreatment to a child or adolescent.	Public Knowledge®
Safe [Can also refer to Safety]	The absence of present danger safety threats and impending danger safety threats.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf



Term	Definition	Source
		ty_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1967)
Safety Culture	Behaviors and practices of an organization that prioritize the safety of children and families as well as the ability of individuals to speak up without fear of reprisal.	https://capacity.childwelfare.gov/sites/default/files/media_pdf/worker-safety-guide-cp-00121.pdf (p.4)
Safety Threat [Can include Present Danger Safety Threats or Impending Danger Safety Threats]	<p>A Present Danger Safety Threat is an immediate, significant, and clearly observable family behavior, condition or circumstance occurring in the present tense, already endangering or threatening to endanger a child or, when applicable, young adult. The family behavior, condition, or circumstance is happening now, and it is currently in the process of actively placing a child or, when applicable, young adult in peril.</p> <p>An Impending Danger Safety Threat is a family behavior, condition, or circumstance that meets all five safety threshold criteria. When it is occurring, this type of threat is not immediate, obvious, or occurring at the onset of the CPS intervention. This threat is identified and understood more fully by evaluating and understanding individual and family functioning.</p>	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 197) OAR 413-015-0115(26)
Safety Threshold	The point at which family behaviors, conditions, or circumstances are manifested in such a way that they are beyond being risk influences and	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf



Term	Definition	Source
	have become an impending danger safety threat. In order to reach the “safety threshold” the behaviors, conditions, or circumstances must meet all of the following criteria: be imminent, be out of control, affect a vulnerable child or young adult, be specific and observable, and have potential to cause severe harm. The “safety threshold” criteria are used to determine the presence of an impending danger safety threat.	re_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1967)
Screening	The process used by a screener to determine the response to information received.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1967)
Service Array	The range of service options that CW provides to clients.	Public Knowledge®
Service Goal [Can also refer to Case Goal]	The observable, sustained change in behavior, condition, or circumstance, that when accomplished, achieves the desired effect.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf#page=1840
Service Provision	The ongoing process of delivering services to clients by CW and its providers.	Public Knowledge®
Service(s)	Assistance that the Department provides to clients.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf



Term	Definition	Source
		re_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf#page=1840
Staff Turnover	The measurement of the number of employees who leave CW during an identified timeframe.	Public Knowledge®
Substitute Care [Can also refer to Placements or Substitute Care Providers]	The out-of-home placement of a child or young adult who is in the legal or physical custody and care of the Department.	http://www.ODHS.state.or.us/policy/childwelfare/manual_1/division_70.pdf
Supervision	The act of overseeing children and young adults in order to assure child safety.	Oregon Department of Human Services, Office of Child Welfare
Supervision and Oversight	The act of monitoring and directing the performance and activities of Child Protective Services (CPS) and Permanency staff, contracted providers, or others delivering services to families, children, and young adults.	Public Knowledge® and Oregon CW
Supporting	The process of providing assistance to address an identified need.	Public Knowledge®
Temporary Placement	A short term, time-limited placement.	Public Knowledge®
Termination of Parental Rights (TPR)	A court of competent jurisdiction has entered an order terminating the rights of the parent or parents, pursuant to ORS 419B.500 through 419B.530 or the statutes of another state. The date of the termination order determines the effective date of the termination even if an appeal	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-



Term	Definition	Source
	of that order has been filed according to ORS 419A.200. Per ORS 419B.500 and ORS 418.270(4), voluntary relinquishment of parental rights is revocable until the child is physically placed in the adoptive placement.	Procedure- Manual.pdf (p. 1970) ORS 419B.500
Tracking	Monitoring and measuring the goals, progress, or outcomes.	Public Knowledge®
Training [Can also refer to Training Resources]	The process of developing a skilled child welfare workforce and to achieving outcomes of safety, permanency, and well-being for children entrusted to the care of the public child welfare system.	https://www.childwelfare.gov/topics/management/training/
Treating	The process of providing care and attention to emotional, behavioral, physical, or social issues or medical needs.	Public Knowledge®
Visit	Planned, in-person contact between the child or young adult and one or more family members.	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/Oregon-DHS-Child-Welfare-Procedure-Manual.pdf (p. 1971)
Visitation	Visitation is an interactive face-to-face contact between a child and his or her parents, siblings or other family members. When reunification is the goal, the visit and contact plan should include progressively increased parental responsibility for the daily care of the child. When reunification no longer is the goal, a visit and contact plan can help family members understand and accept the alternative permanency plan. Whatever the goal,	http://www.dhs.state.or.us/caf/safety_model/procedure_manual/ch04/ch4-section26.pdf



Term	Definition	Source
	visits strengthen and maintain family relationships, enhance a child’s well-being, and affirm the importance of parents in the child’s life. For the duration of Governor Brown’s Stay at Home, Save Lives Order (EO 20-12), visitation takes place as provided in the Protocol for In-Person Parent/Child Visits During COVID-19.	
Well-Being	The physical, dental, behavioral, mental health, and educational needs of children and young adults are being identified and met.	Public Knowledge® and Oregon CW
Workforce [Can also refer to Staffing Resources or Resources]	People employed by Child Welfare to design, deliver and oversee the child welfare agency service array.	Public Knowledge® and Oregon CW



Appendix C: Entities

Term	Definition
CPS	Child Protective Services. CPS responds to child abuse reports. CPS-trained caseworkers across the state listen to reports of abuse, assess the situations, and prepare safety plans to assist children and families.
CPS Hotline	Anyone can report child abuse to the Oregon Child Abuse Hotline by calling 1-855-503-SAFE (7233). The Oregon Child Abuse Hotline receives calls 24 hours a day, 7 days a week, 365 days a year. This toll-free number allows anyone to report abuse of any child or adult to the Oregon Department of Human Services. Child abuse can also be reported by calling a local police department, county sheriff, county juvenile department, or Oregon State Police.
Child Welfare	Child Welfare is a continuum of services designed to ensure that children are safe at home and that families have the necessary support to care for their children successfully. In Oregon, Child Welfare includes Adoption services, Child Protective Services, Foster Care, Family Preservation, and the Independent Living Program.
ODHS [Agency]	Department of Human Services. ODHS is Oregon's principal agency for helping Oregonians achieve wellbeing and independence through opportunities that protect, empower, respect choice, and preserve dignity, especially for those who are least able to help themselves. Divisions include: Assistance, Children & Youth, Seniors & People with Disabilities, and other services.
OCI	The Office of Continuous Improvement works in partnership with ODHS programs. All work is directly requested from the field or from program. OCI and ODHS staff collaborate and work together to improve current processes, create efficiencies, and implement more effective ways of delivering services, all of which directly impacts and ultimately benefits ODHS clients.
ODDS	The Oregon Office of Developmental Disabilities Services supports individuals with disabilities and their families within their communities by promoting and providing services that are



Term	Definition
	individualized, flexible, and community-focused, and that support each person's talents and abilities.
OHA	Oregon Health Authority. OHA is the agency that oversees and administers Medicaid and other public health programs in Oregon such as the Oregon Health Plan, Healthy Kids, the Oregon State Hospital, and other programs.
ORCAH	Oregon Child Abuse Hotline. The hotline was centralized in April 2019, allowing all reports of maltreatment to be reported to a single entity.
OTIS	Office of Training and Investigative Services is part of ODHS and is responsible for training, coordinating and conducting abuse investigations and providing protective services statewide to reports of neglect and abuse of vulnerable adults including adults over the age of 65; adults with physical disabilities; adults with developmental disabilities; adults with mental illness; and children receiving residential treatment services.
OSOQ	Office of Safety, Oversight, and Quality (formerly OLRO). OLRO is part of ODHS and is responsible for licensing or registering regulatory and corrective action functions for long term care facilities and agencies including children's residential care agencies, foster care agencies, adoption agencies, assisted living facilities, and other such facilities and agencies.



Appendix D: Data Sources

DATE	Description	BATES NO. / DKT NO.
2013	Bill of Rights Presentation – Foster Care Ombudsman	Wyatt_DHS_1784249
2014	BRS Training resources – Practitioners Resource Guide Helping Families to Support LGBTQ youth	Wyatt_DHS_0886565
2014	BRS Training resources – Best Practice for Serving Trans youth	Wyatt_DHS_2675657
2016	2016 ODHS Child Welfare Procedure Manual	To produce
2016	DHS District Map	Wyatt_DHS_0774580
2016	Oregon CFSR Round 3 Final Report	Wyatt_DHS_0062317
2016	2016 HB 4080 Establishing CFCAC	Wyatt_DHS_0064311
2016	Foster Care Ombudsman Annual Report	Wyatt_DHS_1785342
2016	DHS Legislative Session Report	To produce
2017	Policy Transmittals	To produce
2017	ORS 418.005	To produce
2017	Foster Care Ombudsman Annual Report (https://www.oregon.gov/odhs/about/gaofco/fco-fy17-report.pdf)	Publicly available
2017	DHS Legislative Session Report	Wyatt_DHS_2547450
2017	2017 Becoming a Data Informed Organization	Wyatt_DHS_0114360
2017	Services for Children with Intellectual or Developmental Disabilities	To produce
2017	2017 Oregon Annual Progress & Service Report (APSR)	Wyatt_DHS_0307093
2018	Policy Transmittals	To produce
2018	CWAC Membership 2018	To produce
2018	Crisis Care Guidance_2018_1	To produce
2018	Year-2-Report-EveryChild	Wyatt_DHS_0057372
2018	Foster Care Ombudsman Annual Report	Wyatt_DHS_0061203
2018	2018 ILP Eligibility	Wyatt_DHS_0072213



DATE	Description	BATES NO. / DKT NO.
2018	SB 413 ORS 418319 Children Placed in Foster Care Leg Report 2018	Wyatt_DHS_0265382
2018	DHS Legislative Session Report	To produce
2018	2018 OAR 413 Temporary Rules (https://www.oregonlegislature.gov/citizen_engagement/Reports/2018-DHS-OAR%20413%20Temporary%20Rules.pdf)	Publicly available
2018	2018 ORRAI Child Welfare Future Research Agenda	Wyatt_DHS_0114663
2018	Child Maltreatment – Children's Bureau (Oregon Excerpt)	To produce
2018	Child Maltreatment – Children's Bureau	To produce
2018	Child Welfare District Listening Tour	Wyatt_DHS_0134291
2018	Oregon CJA Performance Report & Application for 2018–2021	Wyatt_DHS_2242505
2018	2018 Oregon Annual Progress & Service Report (APSR)	Wyatt_DHS_0242922
2019	Policy Transmittals	To produce
2019	2019 CCO Performance Report	Wyatt_DHS_2715220
2019	2019 A&M Communications Process	Wyatt_DHS_0133507
2019	SB 832 Declares purpose of Critical Incident Review Teams	Wyatt_DHS_2092204
2019	SPRF 2019 Legislative Report	Wyatt_DHS_0221635
2019	SPRF Financials for 2019 Legislative report	Wyatt_DHS_0221645
2019	Foster Care Ombudsman Annual Report (https://www.oregon.gov/odhs/about/gaofco/fco-fy19-report.pdf)	Publicly available
2019	2019 APSR_ILP Discretionary Funds_youth served	To produce
2019	2019 Oregon ILP outcomes for 2019 (for managers meeting)	Wyatt_DHS_2689312
2019	2019 Oregon ILP outcomes for 2019 (shorter version)	Wyatt_DHS_4623307
2019	2019 TP & ILP Services–Perm Qtrly	Wyatt_DHS_1642692
2019	SB 171 2019 Joint Plan to Develop In–State Capacity and Minimize Out–of–state Placements of Children Leg Report	Wyatt_DHS_0062551



DATE	Description	BATES NO. / DKT NO.
2019	SB 171 Measure Summary	Wyatt_DHS_1983636
2019	SB 171	Wyatt_DHS_0510470
2019	Senate Bill 1 – Staff Measure Summary (Ways and Means)	Publicly available
2019	Senate Bill 1 – System of Care Advisory Counsel (https://olis.oregonlegislature.gov/liz/2019R1/Downloads/MeasureDocument/SB1/Enrolled)	Publicly available
2019	Comparison of 2015–17 Programs to Governor's Budget for 2017–19	To produce
2019	Comparison of 2017–19 Budget to the 2019–21 LAB	Wyatt_DHS_0223042
2019	Marion County LGBTQ Foster Youth Workgroup Participant List	Wyatt_DHS_0288817
2019	ORCAH Call Volume Q1	Wyatt_DHS_0272900
2019	Safety at Screening– Variables	Wyatt_DHS_3566929
2019	2019 Oregon Child Abuse Hotline Presentation	Wyatt_DHS_2675676
2019	ORS Chapter 417 — Interstate Compacts on Juveniles and Children; Children and Family Services (https://www.oregonlegislature.gov/bills_laws/ors/ors417.html)	Publicly available
2019	ORS Chapter 418 — Child Welfare Services (https://www.oregonlegislature.gov/bills_laws/ors/ors418.html)	Publicly available
2019	ORS Chapter 419B — Juvenile Code Dependency (https://www.oregonlegislature.gov/bills_laws/ors/ors419b.html)	Publicly available
2019	Juvenile Dependency Overview	To produce
2019	2019 Fairness in Machine–Learning–Generated Risk Scores via Equitable Methodology	Wyatt_DHS_0121911
2019	DHS Highlights	Wyatt_DHS_4389657
2019	2019 Oregon Annual Progress & Service Report (APSR)	Wyatt_DHS_0062358
2019	CWOB meeting materials, minutes, and bi–weekly reports	Wyatt_DHS_0133991 – Wyatt_DHS_0134778



DATE	Description	BATES NO. / DKT NO.
2020	District 2 Administrative Org Chart (Portland – Multnomah County)	Wyatt_DHS_2690771
2020	Report and Dashboard Inventory	To produce
2020	Juvenile Dependency Overview	To produce
2020	Placements – Continuum of Care Beyond Foster Care	Wyatt_DHS_0776177
2020	2020 Child Welfare Data Book	Wyatt_DHS_2715987
2020	Policy Transmittals	To produce
2020	2020–21 FYCAPTA Citizen Review Panel Report	Wyatt_DHS_2709742
2020	COVID–19 Resources Combined	Wyatt_DHS_2709771
2020	2020 Annual CCO Metrics Report_FINAL	Wyatt_DHS_2715061
2020	MOU ODHS and CRB signed	To produce
2020	2020 DHS Child Abuse Reporting Guide	Wyatt_DHS_2159379
2020	2020 DHS Family Wellbeing Assessment	Wyatt_DHS_2691417
2020	DHS Fingerprinting for Contracted Service Providers	Wyatt_DHS_3589066
2020	DHS Guidance for Contracted Providers	Wyatt_DHS_2754640
2020	DHS Permanency Work	Wyatt_DHS_2689369
2020	OAR 413–017–0045	Publicly available
2020	ORS 418.804 – ORS 418.813 CIRT	Publicly available
2020	2020 ILP Events for Teens	To produce
2020	2020 Budget Reduction Exercise Information Sheet	Wyatt_DHS_4397064
2020	Legal Name and Sex Change Policy (Ch 9, Sec 7) Depo Exhibit 1024	Wyatt_DHS_0172446
2020	OAR 410–170–0020 BRS facilities gender–responsive approach	Publicly available
2020	OAR 410–170–0030 BRS facilities training	Publicly available
2020	OAR 413–200–0308 qualifications of certified families	Publicly available
2020	OAR 413–200–0335 standards re home environment	Publicly available



DATE	Description	BATES NO. / DKT NO.
2020	OAR 413-200-0352 adequate clothing for gender expression	Publicly available
2020	OAR 413-200-0358 discipline of a child or young adult	Publicly available
2020	OAR 413-215-0031 respect of children in care	Publicly available
2020	OAR 413-215-0061 licensing personnel	Publicly available
2020	OAR 413-215-0316 licensing child caring agencies	Publicly available
2020	OAR 413-215-0326 training	Publicly available
2020	OAR 2020 Chapter 413, Div 40 Case Management – Service Plans	Publicly available
2020	OAR 2020 Compilation Chapter 413 DHS Child Welfare Programs	Publicly available
2020	OAR 413-053-000 – 070 re Strengthening, Preserving and Reunifying Families	Publicly available
2020	ORS 418-575 to 418-598	Publicly available
2020	Oregon DHS Leadership Team website	To produce
2020	SSS Engagement Survey Reporting Examples	To produce
2020	2020 Oregon Annual Progress & Service Report (APSR)	Wyatt_DHS_0218737
2021	Policy Transmittals	To produce
2021	FCCRC FP Version English	Wyatt_DHS_2711566
2021	FCCRC Process Map	Wyatt_DHS_2711561
2021	MV-FC Transportation Pandemic Statement _LR_BD	Wyatt_DHS_2709481
2021	FCCRC FP Version English	Wyatt_DHS_2709487
2021	FAQ FCCRC -V1	Wyatt_DHS_2709676
2021	On ramp Tracking Checklists Combined	Wyatt_DHS_2709628
2021	Training Workforce Plan 2021	Wyatt_DHS_2709674
2021	Comprehensive Plan to Prevent Child Maltx Fatalities	Wyatt_DHS_2709944
2021	SOC Barrier Process	Wyatt_DHS_2709589
2021	ELD Title IV –B2 FFY20 Report	Wyatt_DHS_2709690



DATE	Description	BATES NO. / DKT NO.
2021	Safe Systems Improvement Tool	Wyatt_DHS_2709530
2021	NPCS Charter	Wyatt_DHS_2710079
2021	Virtual Hearing Practice in Child Welfare Perceptions from the Field	Wyatt_DHS_2710090
2021	Oregon Study Responses	Wyatt_DHS_2709651
2021	Training Matrix, May 2019	Wyatt_DHS_2709555
2021	OCWP- COVID 90 days Plan- Treatment Services-FINAL 90 day	Wyatt_DHS_2710111
2021	Oregon Executive Summary	Wyatt_DHS_2704232
2021	Oregon Training Assessment Report to Oregon Final	Wyatt_DHS_2704110
2021	APSR Caseworker Ongoing Professional Development Project Plan	Wyatt_DHS_2710313
2021	38-OR Work Plan	Wyatt_DHS_2710169
2021	D-Chafee Attch3 - Oregon ETV 2020 awards	Wyatt_DHS_2710300
2021	2020-2021 Specs (DHS Custody)	Wyatt_DHS_2715056
2021	Leg Funding	Wyatt_DHS_2697244
2021	ORCAH Annual Report 2021	Wyatt_DHS_2959916
2021	2020 - 2024 FCP Statewide Strategic plan_ 2021 updates	Wyatt_DHS_2716610
2021	D3 Polk-Yamhill CQI Charts Apr-21	To produce
2022	District 10 Org Chart	Wyatt_DHS_2722753
2022	District 11 Org Chart	Wyatt_DHS_2722772
2022	District 12 Org Chart	Wyatt_DHS_2722785
2022	District 13 Org Chart	Wyatt_DHS_2722797
2022	District 14 Org Chart	Wyatt_DHS_2722805
2022	District 15 Org Chart	Wyatt_DHS_2722817
2022	District 16 Org Chart	Wyatt_DHS_2722837
2022	District 2 Org Chart	Wyatt_DHS_2722487
2022	District 3 Org Chart	Wyatt_DHS_2722556



DATE	Description	BATES NO. / DKT NO.
2022	District 4 Org Chart	Wyatt_DHS_2722601
2022	District 5 Org Chart	Wyatt_DHS_2722624
2022	District 6 Org Chart	Wyatt_DHS_2722675
2022	District 7 Org Chart	Wyatt_DHS_2722694
2022	District 8 Org Chart	Wyatt_DHS_2722710
2022	District 9 Org Chart	Wyatt_DHS_2722745
2022	ODHS Org Chart	Wyatt_DHS_2723184
2022	ORCAH Org Chart	Wyatt_DHS_2722978
2022	CFSR Quick Reference List	Wyatt_DHS_2721734
2022	Explanation of Items Measured in CFSR reviews 2022	Wyatt_DHS_2721541
2022	ORCAH Annual Report 2022	Wyatt_DHS_4564326
2022	1149 cheat sheet safety plan lecture activity	To produce
2022	CISM flyer v3	To produce
2022	Scheduling CISM for critical incidents outline draft	To produce
2023	2023 – Legislative Session Highlights Overview	Wyatt_DHS_4562335
2023	2024 APSR State Checklist PI-23-01 docx	Wyatt_DHS_4467220
2023	02 Vision for Transformation	Wyatt_DHS_4466159
2023	03 Sibling Bill of Rights	Wyatt_DHS_4466029
2023	05 Ch 5 Sec 26	Wyatt_DHS_4467003
2023	06 ODE Annual Report Card (2021–2022)	Wyatt_DHS_4466358
2023	07 Item 3 attachment – Communicating effectively with People Who Have SUD AUD	Wyatt_DHS_4466702
2023	08 ADA Resources for Child Welfare Staff	Wyatt_DHS_4466242
2023	09 Textured Tending– Final	Wyatt_DHS_4466928
2023	10 Workforce Safety and Well-Being Procedure	Wyatt_DHS_4466931
2023	11 NPCS SSIT Reference Guide	Wyatt_DHS_4466248
2023	13 OR Children's ITS Rate Study Report_FINAL2	Wyatt_DHS_4466491



DATE	Description	BATES NO. / DKT NO.
2023	14 PRTF Capacity Memo	Wyatt_DHS_4466031
2023	15 Children's Intensive Treatment Services Rate Study February 2023	Wyatt_DHS_4466473
2023	16 Joint JCIP-ODHS Safety Questions Project Update	Wyatt_DHS_4466886
2023	17 CBCS Work Plan	Wyatt_DHS_4467256
2023	18 All Certification Specific Tools	Wyatt_DHS_4466888
2023	19 Yamhill SDDR	Wyatt_DHS_4467258
2023	20 ORCAH Quarterly Report 2023 First Quarter	Wyatt_DHS_4466587
2023	21 OTP FOCUS Protocol for One Time Payments for Start	Wyatt_DHS_4467287
2023	22a Prevention Plan	Wyatt_DHS_4467602
2023	22b 68 pgs	Wyatt_DHS_4467740
2023	22c	Wyatt_DHS_4467808
2023	23 CFPRP Vision for Transformation	Wyatt_DHS_4466569
2023	24 Safe Sleep for Oregon's Infants	Wyatt_DHS_4466516
2023	25 Fatality Protocol	Wyatt_DHS_4466231
2023	26 NPCS Resource Guide 2023	Wyatt_DHS_4466443
2023	27 ELD – Title IV–B2 Family Preservation and Family Support Services 2022 report	Wyatt_DHS_4466639
2023	28 OR_2022FULL_NYTD_Served	Wyatt_DHS_4466570
2023	29 Driver Ed Poster_Flyer	Wyatt_DHS_4466355
2023	30 SB 209	Wyatt_DHS_4466646
2023	31 2021–22 Chafee Graduation Report	Wyatt_DHS_4466644
2023	32 ODHS OJD HB 4214 and SB 562 ORICWA Report September 2022	Wyatt_DHS_4466311
2023	33 CAPTA Coordinator Activities Summary	Wyatt_DHS_4466561
2023	37 Oregon Statewide Maternal, Infant, & Early Childhood Home Visiting Program 2020 Needs Assessment	Wyatt_DHS_4466062



DATE	Description	BATES NO. / DKT NO.
2023	38 2023 Recruitment & Retention Bundled Material	Wyatt_DHS_4466673
2023	39 June-2023-RR-Action-Plan-Summary	Wyatt_DHS_4466824
2023	40 May-2023-Statewide-Recap-Report-Summary	Wyatt_DHS_4466776
2023	43 Training Workforce Plan 2023	Wyatt_DHS_4467599
2023	45 SSS1 12 Month Training Plan	Wyatt_DHS_4466245
2023	46 PEMC 12 Month Training Plan	Wyatt_DHS_4466239
2023	CRB Packets – Where to Find What Information	To produce
2023	Essential Elements Session Summaries – Portland State University	To produce
2023	Social Service Specialist 1 Professional Development Portland State University	To produce
2023	2023_Q2_HB2333xls	To produce
2023	CW Procedure Manual – Ch 6 Adoption, Guardianship and Other Perm Plans	To produce
2023	SOCAC Legislative Report and Recommendations	Wyatt_DHS_4665757
2023	Jan to Sept 2023 Caseload dashboard screenshots	Wyatt_DHS_4665889
2023	Temp Lodging Infographic	Wyatt_DHS_4665939
2023	CW RSN Equity framework	To produce
2023	Fact Sheet: RSN program description 2023	To produce
2023	Treatment Services supports families of children with complex needs	To produce
1/1/2006	Oregon Foster Parent Bill of Rights	Wyatt_DHS_0061258
7/13/2011	CWAC Bylaws	Wyatt_DHS_0271299
3/4/2015	2015 Abuse Hotline Screen Position Description	Wyatt_DHS_0047885
7/6/2015	Initial Safety Plan Template Mapping	To produce
1/17/2016	A.R. v. State Interim Settlement Agreement	To produce
3/24/2016	ILP OR-Kids Reference Guide	Wyatt_DHS_0046947
3/25/2016	CFSR Statewide Assessment	Wyatt_DHS_0815362



DATE	Description	BATES NO. / DKT NO.
5/10/2016	2016-05-10 SB 1515 Staff Message	Wyatt_DHS_0716643
5/25/2016	2016-05-25 SB 1515 Changes to licensing on-site review schedule and process	Wyatt_DHS_0063378
6/28/2016	2016-06-28 SB 1515 DHS Director's Message, Rules Advisory Committee	Wyatt_DHS_0063383
7/20/2016	2016-07-20 Stakeholder Meetings on SB 1515	Wyatt_DHS_0063400
10/13/2016	DHS Director Clyde Saiki letter to Gov Brown identifying improvements	To produce
11/3/2016	cca-reporting-requirements	Wyatt_DHS_0063452
12/5/2016	cirt-xl-initial-final-report	Publicly available
12/13/2016	gj-cirt-initial	Publicly available
1/9/2017	Flow Caseworker Training Redesign	Wyatt_DHS_0267376
1/24/2017	NE Initial Report	Publicly available
1/24/2017	H H Initial and Final Report	Publicly available
2/2/2017	Child Safety Implementation Plan Schedule	To produce
2/13/2017	Implementation Plan V1 UCYSIP-021317	Wyatt_DHS_2162775
2/23/2017	DHS Director Clyde Saiki letter to Gov Brown	To produce
2/28/2017	Unified Youth Safety Implementation Plan for Oregon 022817	Wyatt_DHS_0134128
3/3/2017	Proposed Steering Team Charter	To produce
3/3/2017	Unified Child and Youth Safety Implementation Plan, Steering Team Presentation	Wyatt_DHS_0240593
3/7/2017	Attachment B new applicant OOSP	Wyatt_DHS_0063110
3/15/2017	CWAC Agenda	Wyatt_DHS_0313359
3/15/2017	CWAC Minutes	To produce
3/16/2017	HB 2216 Passes	To produce
3/27/2017	Child Welfare Caseworker Competencies	Wyatt_DHS_0061231
3/28/2017	steering-team-charter	Wyatt_DHS_2163799
4/6/2017	Out of State Polices and Procedures Checklist	Wyatt_DHS_0289178



DATE	Description	BATES NO. / DKT NO.
4/17/2017	KA CIRT Initial and Final Report	Publicly available
5/1/2017	D10 PIP Charts May-17	To produce
5/10/2017	Steering Team Presentation-5-10-17	Wyatt_DHS_1955333
5/16/2017	child-safety-reflections	Wyatt_DHS_0229420
5/17/2017	CWAC Agenda	To produce
5/17/2017	CWAC Minutes	To produce
5/23/2017	Stakeholder-one pager	Wyatt_DHS_0801994
6/22/2017	Letter to Governor re ODHS updates	To produce
6/29/2017	Child Safety Plan Overview	To produce
7/1/2017	Overview Caseworker Training Redesign	Wyatt_DHS_0061848
7/1/2017	D12 PIP Charts Jul-17	To produce
7/1/2017	D13 PIP Charts Jul-17	Wyatt_DHS_0229358
7/6/2017	projects-status-reports	Wyatt_DHS_0062616
7/18/2017	project-plan-schedule	Wyatt_DHS_0192007
7/18/2017	workgroup-membership	Wyatt_DHS_0062662
7/19/2017	CWAC Minutes	Wyatt_DHS_2165057
7/19/2017	CWAC-Agenda-7-19-17	To produce
7/19/2017	CB CIRT Initial - Final Report	Publicly available
7/21/2017	Steering-team-pp-07-21-17	Wyatt_DHS_2165292
8/10/2017	CW-Directors-Message	Wyatt_DHS_0062855
8/23/2017	Out of State Physical Plant Checklist	Wyatt_DHS_0063120
8/23/2017	Out of State Residential Checklist	Wyatt_DHS_0289170
9/1/2017	CW Action Plan Work Schedule	Wyatt_DHS_2574634
9/6/2017	September 2017 Status Reports	Wyatt_DHS_0062614
9/18/2017	CFCAC Minutes 91817	Wyatt_DHS_0064307
9/18/2017	DHS Updates to Governor Brown	Wyatt_DHS_0815360
9/18/2017	DHS Updates to Governor Brown 91817	Wyatt_DHS_0815360



DATE	Description	BATES NO. / DKT NO.
9/19/2017	September 2017 Steering Team Presentation	Wyatt_DHS_1716804
9/27/2017	2017-09-27 CWAC-Agenda	Wyatt_DHS_0801975
9/27/2017	CWAC-Minutes-9-27-17	To produce
10/1/2017	D1 PIP Charts Oct-17	Wyatt_DHS_1412549
10/1/2017	D14 PIP Charts Oct-17	To produce
11/6/2017	10 Priority Projects – November Status Reports	Wyatt_DHS_0062616
11/8/2017	2017 Child Welfare Research Priorities	Wyatt_DHS_0047823
11/9/2017	2017-11-09 CAPECO ILP Program Review Report- 1192017	Wyatt_DHS_0135266
11/15/2017	Steering Team Presentation – Nov 15, 2017	Wyatt_DHS_0238895
11/20/2017	CFCAC Minutes 112017	Wyatt_DHS_0064256
12/5/2017	CW-Directors-Message	Wyatt_DHS_0062854
Jan-18	ILP Referral Form CF 0080	Wyatt_DHS_0880688
1/17/2018	CWAC-Agenda	To produce
1/17/2018	CWAC-Minutes-1-17-18	To produce
1/19/2018	Project Status Reports January 19, 2018	Wyatt_DHS_0062618
1/22/2018	CFCAC Minutes 12218	Wyatt_DHS_0064226
1/29/2018	SOS Audit of Child Welfare DHS	Wyatt_DHS_0059767
1/29/2018	2018 SOS Audit Response from DHS	Wyatt_DHS_0059767
1/31/2018	Steering Team Presentation, January 31, 2018	Wyatt_DHS_0241104
1/31/2018	Steering Team Roster	To produce
2/7/2018	KEEP Standard Curriculum by Week	Wyatt_DHS_0061028
3/6/2018	DHS & OHA Continuum of Care – Proposed Systemic Solutions	Wyatt_DHS_0062755
3/8/2018	DHS Director Letter to Governor Brown 030818	Wyatt_DHS_0242759
3/9/2018	DHS Updates to Governor Brown	Wyatt_DHS_0063469
3/9/2018	Director Update, Kate Brown	Wyatt_DHS_0063469
3/14/2018	CWAC-Agenda-3-14-18	To produce
3/14/2018	CWAC-Minutes-3-14-18	To produce



DATE	Description	BATES NO. / DKT NO.
3/14/2018	2017 DHS Summary Scorecard Q4 2017	To produce
3/15/2018	2018-03 March Child Welfare Progress Report	Wyatt_DHS_0134170
3/19/2018	CFCAC Minutes 31918	Wyatt_DHS_0064269
3/26/2018	Project-Status-Reports-April	Wyatt_DHS_0062620
4/5/2018	Child-Safety-Plan-Steering-Team-Deck-April-2018	Wyatt_DHS_0239691
4/16/2018	2018-04 April Child Welfare Progress Report	Wyatt_DHS_0245445
5/1/2018	USCP-Governance	Wyatt_DHS_1955332
5/1/2018	D10 PIP Charts May-18	Wyatt_DHS_2697816
5/3/2018	2018-05 ORRAI Methodology- Write Up	Wyatt_DHS_0114339
5/21/2018	CFCAC Minutes 52118	Wyatt_DHS_0064273
5/21/2018	Caregiver-Presentation-Handouts	Wyatt_DHS_2230333
6/7/2018	SH CIRT Initial and Final Report	Publicly available
6/15/2018	Task A Project Charter	Wyatt_DHS_0062596
6/18/2018	CW Field Staff Engagement v12-Final	Wyatt_DHS_0224308
6/19/2018	Project G - Membership List - Centralized Hotline	Wyatt_DHS_0062943
6/19/2018	Enhancing Community Engagement Workgroup	Wyatt_DHS_0062605
6/21/2018	CW-Directors-Message	Wyatt_DHS_0062868
6/27/2018	RH-CIRT-Final-Report	Publicly available
6/27/2018	Project-Status-Report-June-2018	Wyatt_DHS_0252401
6/28/2018	Unified Child and Youth Safety Implementation Plan, Steering Team Presentation	Wyatt_DHS_2630598
7/1/2018	D12 PIP Charts Jul-18	Wyatt_DHS_2697832
7/1/2018	D13 PIP Charts Jul-18	Wyatt_DHS_2697836
7/16/2018	CFCAC Minutes 71618	Wyatt_DHS_0064290
7/18/2018	CWAC Agenda	To produce
7/21/2018	Comments to ACYF Re Decisions for Clearinghouse on Evidence Based Practices for FFPSA	Wyatt_DHS_0261023



DATE	Description	BATES NO. / DKT NO.
7/24/2018	Statewide Hotline Analysis	Wyatt_DHS_0122713
7/27/2018	Temporary Lodging Placement Approval Protocol	Wyatt_DHS_1927590
8/1/2018	CW Field Staff EE Round 1-Summary Report Wave1	Wyatt_DHS_2184253
8/1/2018	D11 PIP Charts Aug-18	Wyatt_DHS_2697844
8/3/2018	CW-Directors-Message	Wyatt_DHS_0062857
8/23/2018	Marilyn Jones Temp Lodging update re Settlement Agreement Implementation Strategic Plan	Wyatt_DHS_1901566
8/30/2018	2017 Oregon CFSR Round 3 Program Improvement Plan (PIP) resubmitted	Wyatt_DHS_0264378
9/1/2018	Centralized-Hotline-Transition-Plan	Wyatt_DHS_0062851
9/1/2018	Continuum-Of-Care-Transition-Plan	Wyatt_DHS_0062752
9/1/2018	Coordinated-Response-To-Abuse-Transition-Plan	Wyatt_DHS_0062819
9/1/2018	Enhancing-Com-Engagement-Transition-Plan	Wyatt_DHS_0062605
9/1/2018	Fidelity-Transition-Plan	Wyatt_DHS_0062721
9/1/2018	Recruitment-And-Retention-Of-Caseworkers	Wyatt_DHS_0062679
9/1/2018	Supervisor-Training-Transition-Plan	Wyatt_DHS_0062706
9/1/2018	Task A - Enhancing Community Engagement Overview	Wyatt_DHS_0062648
9/12/2018	Governor's Children's Cabinet Agenda	Wyatt_DHS_2578607
9/12/2018	Governor's Child Welfare Policy Agenda	Wyatt_DHS_0875663
9/17/2018	AR Notice 1 Substantial Noncompliance of SA	Wyatt_DHS_2630760
10/1/2018	D1 PIP Charts Oct-18	Wyatt_DHS_0186980
10/1/2018	D14 PIP Charts Oct-18	Wyatt_DHS_2265734
10/2/2018	T-D-CIRT-Final-Report	Publicly available
10/2/2018	October-Steering-Team-Meeting-Handouts	Wyatt_DHS_2170193
10/5/2018	JJ-Public-Report	Publicly available
10/8/2018	Temporary Lodging Placement Approval Protocol	Wyatt_DHS_0777466
10/15/2018	CFCAC Minutes 101518	Wyatt_DHS_0064246



DATE	Description	BATES NO. / DKT NO.
10/17/2018	DOJ Letter to Oregon Law Center re substantial compliance	Wyatt_DHS_2630706
10/18/2018	LS-SS-CIRT-Final-Report	Publicly available
10/23/2018	Child Welfare Fundamentals Map	Wyatt_DHS_0276016
10/23/2018	Unified Plan-Steering Team Meeting Notes	To produce
10/26/2018	T-C-CIRT-Public-Report	Publicly available
11/1/2018	JK-CIRT-Public-Report	Publicly available
11/1/2018	S-S-CIRT-Final-Report	Publicly available
11/7/2018	OHA Behavioral Health Capacity and Access Ask	Wyatt_DHS_0780827
11/9/2018	CW Field Staff EE Wave2-Summary Report Wave2	Wyatt_DHS_2184284
11/16/2018	NA-CIRT-Final-Report	Publicly available
11/19/2018	CFCAC Minutes 111918	Wyatt_DHS_0064249
12/4/2018	pa-CIRT-public-report	Publicly available
12/7/2018	Caregiver Support Development Workgroup Proposal	Wyatt_DHS_0063066
12/11/2018	District 2 Child Welfare Org Chart (Portland - Multnomah County)	Wyatt_DHS_0169174
12/13/2018	PA CIRT-Status-Report	Publicly available
12/18/2018	BP CIRT Public Report	Publicly available
12/18/2018	December-Handouts-Steering-Team	Wyatt_DHS_0780640
12/18/2018	Unified Plan-Steering Team Meeting Notes	To produce
12/27/2018	AV-CIRT-Public-Report	Publicly available
1/18/2019	2019-21 Biennium DHS Ways & Means Documents	Publicly available
1/18/2019	Hotline-Project-Closing-Summary	Wyatt_DHS_0062863
1/22/2019	Closing Document ORCAH Incoming Calls (updated June 2020)	Wyatt_DHS_2675666
1/24/2019	JJ-CIRT-Status-Report	Publicly available
1/24/2019	A_Threshold_of_Fairness_	Wyatt_DHS_0124402
1/28/2019	CFCAC Minutes 12819	Wyatt_DHS_0064229



DATE	Description	BATES NO. / DKT NO.
2/1/2019	S-G-CIRT Public-Report	Publicly available
2/1/2019	CW Field Staff EE Wave3-Summary Report Wave3	Wyatt_DHS_2184307
2/5/2019	CM-CIRT-Public-Report	Publicly available
2/5/2019	Memorandum re Caregiver Support and Retention Workgroup	Wyatt_DHS_0188031
2/11/2019	EH CIRT Public Report	Publicly available
2/11/2019	RY-CIRT-Public-Report	Publicly available
2/18/2019	Presentation Temp Lodging and OOS Res Placements by Jason Wallin at ORRAIpptx	Wyatt_DHS_1902397
2/18/2019	Presentation Temp Lodging and OOS Res Placements by Jason Wallin at ORRAI	Wyatt_DHS_0880198
2/19/2019	Child Care Family First	Wyatt_DHS_0063188
2/19/2019	ILP Family First	Wyatt_DHS_0063190
3/7/2019	Steering-Team-Handouts-2019-03-07	Wyatt_DHS_0216600
3/7/2019	Unified Plan-Steering Team Meeting Notes	To produce
3/12/2019	2019 Q1 Letter to Director Jones	Wyatt_DHS_1922390
3/25/2019	RB-CIRT-Public-Report	Publicly available
3/26/2019	DB-CIRT-Public-Report	Publicly available
4/5/2019	Hotline-Weekly-Update-4-5-19	Wyatt_DHS_0062867
4/8/2019	DB CIRT Public Report	Publicly available
4/8/2019	LM-CIRT-Status-Report	Publicly available
4/8/2019	OOS Placement Data	Wyatt_DHS_0062545
4/10/2019	Oregon DHS Announces Plan to Serve Youth in Oregon	Wyatt_DHS_0787137
4/16/2019	Class Action Complaint	DKT 1
4/18/2019	OR Executive Order 19-03 Creating CWOB https://www.oregon.gov/gov/eo/eo_19-03.pdf	Publicly available
4/18/2019	Press Release Governor Brown Creates Child Welfare Oversight Board https://www.pressreleasepoint.com/governor-brown-creates-	Publicly available



DATE	Description	BATES NO. / DKT NO.
	child-welfare-oversight-board-address-immediate-issues-child-welfare	
4/18/2019	2019-03 Governor's Executive Order to Address the Crisis in OR's Child Welfare System	Wyatt_DHS_0057587
4/19/2019	DHS Update on CW Placements - SHS	Wyatt_DHS_0000019
4/19/2019	OOS Placement Data	Wyatt_DHS_0062546
4/25/2019	Senator Gelser written questions re detention in OLIS - SHS	Wyatt_DHS_0000118
4/25/2019	Press Release Governor Brown Appoints Members of Child Welfare Oversight Board https://www.pressreleasepoint.com/governor-brown-appoints-members-child-welfare-oversight-board	Publicly available
4/26/2019	CWOB Member Bios	Wyatt_DHS_0134100
4/26/2019	OOS Placement Data	Wyatt_DHS_0062547
4/29/2019	The 1149 Guide	To produce
4/29/2019	Prevention Services Programs (Family First)	Wyatt_DHS_1428018
4/30/2019	Written testimony out of state placements Red Rock - SHS	Wyatt_DHS_0000121
4/30/2019	2019 Q2 CFSR Progress Report	Wyatt_DHS_1489662
5/1/2019	D10 PIP Charts May-19	Wyatt_DHS_1983557
5/2/2019	DHS Update on CW Placement Facilities- SHS	Wyatt_DHS_0000001
5/3/2019	OOS Placement Data	Wyatt_DHS_0062586
5/7/2019	PSU Oregon Youth Policy Project - Final Report	Wyatt_DHS_0217848
5/7/2019	DHS Update on Out of State Placements - SHS	Wyatt_DHS_0000042
5/7/2019	PSU Oregon Youth Policy Project Report	Wyatt_DHS_0217848
5/10/2019	Red Rock Academy Response - SHS	Wyatt_DHS_0000115
5/10/2019	OOS Placement Data	Wyatt_DHS_0062590
5/13/2019	OOS Placement Data	Wyatt_DHS_0054482
5/14/2019	DHS Family First Presentation	Wyatt_DHS_0223686



DATE	Description	BATES NO. / DKT NO.
5/14/2019	DHS Update on Out of State placements – SHS	Wyatt_DHS_0000050
5/14/2019	NP CIRT Public Report	Publicly available
5/14/2019	Family First PP re Placementspptx	Wyatt_DHS_0223686
5/15/2019	CW Field Staff EE Wave4–Summary Report	Wyatt_DHS_2184307
5/16/2019	Legislative Response Matrix – Master (Incl embedded files)	Wyatt_DHS_0000056
5/16/2019	Legislative Response Matrix – Master 5162019 – Out of State Questions Pt 1xlsb	Wyatt_DHS_0000075
5/16/2019	G2Governor's Update	Wyatt_DHS_0134800
5/16/2019	B–B– CIRT Public–Report	Publicly available
5/16/2019	ZHF CIRT Public Report	Publicly available
5/17/2019	OOS Placement Data	Wyatt_DHS_0062591
5/20/2019	CFCAC Agenda 52019	Wyatt_DHS_0064224
5/24/2019	2019–05 May	Wyatt_DHS_0030945
5/24/2019	CV CIRT Public Report	Publicly available
5/24/2019	OOS Placement Data	Wyatt_DHS_0062592
5/29/2019	KP CIRT Public Report	Publicly available
5/30/2019	EB CIRT Status Report	Publicly available
5/30/2019	MH CIRT Public Report	Publicly available
6/6/2019	Steering–Team–Handouts	Wyatt_DHS_0061130
6/7/2019	OOS Placement Data	Wyatt_DHS_0062582
6/11/2019	G6Governor's Update	Wyatt_DHS_0134828
6/12/2019	AP CIRT Public Report	Publicly available
6/14/2019	OOS Placement Data	Wyatt_DHS_0062583
6/18/2019	G7Governor's Update	Wyatt_DHS_0133083
6/18/2019	G7aWorkforce–Oregon Governor's Workforce Update	Wyatt_DHS_0134802
6/19/2019	Cap21–Care Coordination Meeting Notes	Wyatt_DHS_0133383
6/21/2019	OOS Placement Data	Wyatt_DHS_0062584



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6/22/2019	gf-cirt-public-report	Publicly available
6/25/2019	G8Governor's Update	Wyatt_DHS_0134837
6/27/2019	Cap34-Workstream Charter_Care Coordination	Wyatt_DHS_0133419
6/27/2019	02 Cap35-SwitchingCCOcoverage	Wyatt_DHS_0133422
6/28/2019	OOS Placement Data	Wyatt_DHS_0062585
6/29/2019	Senate Bill 171 C - Summary re Family First	Wyatt_DHS_1983636
7/1/2019	AC-CIRT-Status-Report	Publicly available
7/1/2019	CP-CIRT-Status-Report	Publicly available
7/1/2019	D12 PIP Charts Jul-19	Wyatt_DHS_1987478
7/1/2019	D13 PIP Charts Jul-19	Wyatt_DHS_1987498
7/2/2019	G9Governor's Update	Wyatt_DHS_0134845
7/5/2019	OOS Placement Data	Wyatt_DHS_0062578
7/8/2019	Cap25-IDD Restrictive Intervention Call with CW	Wyatt_DHS_0133392
7/10/2019	Cap9-Update_710DMMMeetingFosterCareUpdate	Wyatt_DHS_0133274
7/12/2019	OOS Placement Data	Wyatt_DHS_0062579
7/15/2019	G10aCapacity-Applications Received Tracker	Wyatt_DHS_0134821
7/15/2019	DHS Platform For Success_Research 715	Wyatt_DHS_0114761
7/15/2019	TA Decker completes the Temp Lodging work plan	Wyatt_DHS_1745911
7/16/2019	Multi-Agency Behavior Rehabilitation Services (BRS) Guide	Wyatt_DHS_0056857
7/16/2019	G10Governor's Update	Wyatt_DHS_0134858
7/16/2019	A Policy Meeting w Leadership Next Steps	Wyatt_DHS_0188798
7/16/2019	Background info Trans and Non-binary licensing workgroup	Wyatt_DHS_0190109
7/16/2019	Transgender and Nonbinary Youth Workgroup - current BRS rule	Wyatt_DHS_0890302
7/16/2019	Application for License - Private Child Caring Agency OOSP	Wyatt_DHS_0289206
7/19/2019	District 6 Child Welfare Org Chart (Douglas County)	Wyatt_DHS_2690748



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7/19/2019	OOS Placement Data	Wyatt_DHS_0062580
7/22/2019	REVISED_OOST Res Procedure [draft]-7 (1)	Wyatt_DHS_0289163
7/25/2019	Defendants' Motion to Dismiss or, in the Alternative, to Make More Definite and Certain	DKT 31
7/26/2019	Placement Data	Wyatt_DHS_0062581
7/29/2019	LM-CIRT-Public-Report	Publicly available
7/30/2019	SPRF 2019 Legislative Report (https://www.oregonlegislature.gov/citizen_engagement/Reports/2019-DHS-Strengthening%20Preserving%20and%20Reunifying%20Families%20Programs.pdf)	Publicly available
7/31/2019	G11 Governor's Update	Wyatt_DHS_0135075
7/31/2019	MEMO CW Oversight Board	Wyatt_DHS_1920044
Aug-19	BRS Referral Form CF 1055	Wyatt_DHS_4645387
8/1/2019	OTIS OOS Oversight Procedure	Wyatt_DHS_0289199
8/1/2019	Out of State Residential review tool	Wyatt_DHS_0675013
8/1/2019	D11 PIP Charts Aug-19	Wyatt_DHS_1988568
8/2/2019	OOS Placement Data	Wyatt_DHS_0062548
8/5/2019	G12bComms-Communications Overview Deck	Wyatt_DHS_0134868
8/6/2019	G12 Governor's Update	Wyatt_DHS_0135083
8/6/2019	AS CIRT Public Report	Publicly available
8/7/2019	Cap7-Correspondance_fpt-letter-to-oregon-governor-foster-parents-v1 pt1	Wyatt_DHS_0133265
8/8/2019	Child Welfare Required Training Checklist	Wyatt_DHS_1911283
8/8/2019	Plaintiffs' Response to Defendants' Motion to Dismiss	DKT 35
8/9/2019	DHS Platform for Success- Reserach P2	Wyatt_DHS_0114821
8/9/2019	OOS Placement Data	Wyatt_DHS_0062549
8/11/2019	Cap13- [DRAFT] Continuum of Care Graphic	Wyatt_DHS_0133303
8/13/2019	A&M PMO Status Update Deck v5	Wyatt_DHS_0774374



DATE	Description	BATES NO. / DKT NO.
8/13/2019	G13Governor's Update	Wyatt_DHS_0134874
8/13/2019	Train10-[DRAFT] Training Map	Wyatt_DHS_0133646
8/13/2019	OOSP Contact Info Form	Wyatt_DHS_0063115
8/13/2019	OOSP Suitability Questionnaire	Wyatt_DHS_0063160
8/14/2019	BRIEF1-AM Legislative Briefing	Wyatt_DHS_0133048
8/15/2019	CW Field Staff EE Wave5-Summary Report	Wyatt_DHS_2184307
8/16/2019	OOS Placement Data	Wyatt_DHS_0062550
8/19/2019	2019-08-19 DW CIRT Public Report	Publicly available
8/19/2019	DHS Central and Shared Services Organizational Structure - Detailed	Wyatt_DHS_0140429
8/20/2019	[Final Edits] Cap32-SB1 and Legislative Investments	Wyatt_DHS_0133413
8/20/2019	G14Governor's Update	Wyatt_DHS_0774387
8/21/2019	Meeting Leadership Council notes PRIDE ERG	Wyatt_DHS_0189166
8/22/2019	Reply in Support of Defendants' Motion to Dismiss	DKT 45
8/23/2019	EG CIRT Public Report	Publicly available
8/27/2019	G15Governor's Update	Wyatt_DHS_0134894
8/27/2019	G15bData-Overdue Assessments Dashboard	Wyatt_DHS_0134904
9/6/2019	za-cirt-public-report	Publicly available
9/10/2019	G16Governor's Update	Wyatt_DHS_0134908
9/10/2019	G16a Data-OOS Dashboard	Wyatt_DHS_0134906
9/10/2019	G16c Workforce Summary Surge Hire Updates	Wyatt_DHS_0134918
9/10/2019	G17aCapacity-[DRAFT] Adaptive Leadership Expected Behaviors	Wyatt_DHS_0134926
9/10/2019	Public Records Update	Wyatt_DHS_0134686
9/10/2019	Summary - Surge Hire Updates 910	Wyatt_DHS_0133598
9/10/2019	OOS Dashboard	Wyatt_DHS_0059507
9/13/2019	Reunification and Achieving Permanency (Marion County Pilot)	Wyatt_DHS_0126673



DATE	Description	BATES NO. / DKT NO.
9/16/2019	A&M Legislative Briefing	Wyatt_DHS_2565094
9/16/2019	BRIEF2-AM Legislative Briefing	Wyatt_DHS_0133059
9/17/2019	Memo - Family First Implementation & Policy Work Group	Wyatt_DHS_0056476
9/19/2019	ORCAH Statewide Conference Call	Wyatt_DHS_0724773
9/20/2019	OOS Dashboard	Wyatt_DHS_0133538
9/24/2019	BRIEF3-AM Labor Briefing	Wyatt_DHS_0795389
9/24/2019	G18Governor's Update	Wyatt_DHS_0134961
9/26/2019	2019-07 Governor's Amend Executive Order	Wyatt_DHS_0115055
9/30/2019	OOSYouthData20190930	Wyatt_DHS_2630610
10/1/2019	Attachment A - Initial Licensing Required Documents for Out of State Providers	Wyatt_DHS_0063109
10/1/2019	D1 PIP Charts Oct-19	Wyatt_DHS_0290067
10/2/2019	Train 7-Pretraining Activities	Wyatt_DHS_0133635
10/2/2019	Predictive Analytics to Support Screening & Reunification Decisions	Wyatt_DHS_0127486
10/3/2019	Social Service Assistant On-Ramp Checklist	Wyatt_DHS_2186512
10/3/2019	Train 5-On-Ramps by Position	Wyatt_DHS_0133627
10/3/2019	State of Oregon Child Safety Plan - Project G- Oregon Child Abuse Hotline	Wyatt_DHS_0062959
10/3/2019	Out of State Placement Exception Request	Wyatt_DHS_0063118
10/7/2019	DHS Organizational Chart	Wyatt_DHS_0140442
10/8/2019	A&M 12 Mo Training Plan re new hires	Wyatt_DHS_2099152
10/8/2019	Train 4-12 Mo Training Plan	Wyatt_DHS_0133623
10/11/2019	Pre training Activities	Wyatt_DHS_2699334
10/13/2019	NCCD- Meeting Slidespptx	Wyatt_DHS_0127395
10/14/2019	G19a Data- OOS Dashboard	Wyatt_DHS_0134982
10/14/2019	G19b Data- Open Assessments Dashboard	Wyatt_DHS_0134980
10/14/2019	G19d Data- SSS1 Dashboard	Wyatt_DHS_0134985



DATE	Description	BATES NO. / DKT NO.
10/14/2019	G19e Data-Statewide All Dashboard	Wyatt_DHS_0134985
10/14/2019	OOS Dashboard	Wyatt_DHS_0133568
10/15/2019	Comms3-AM Initiative Key Accomplishments for Communications	Wyatt_DHS_0133517
10/15/2019	G19 Governor's Update	Wyatt_DHS_0134991
10/16/2019	CW Policymaking Process	Wyatt_DHS_4209219
10/17/2019	ORRAI, Creating a Data-Informed Child Welfare System PP	Wyatt_DHS_4397708
10/21/2019	Train 6 -On Ramps by Position	Wyatt_DHS_0133630
10/22/2019	G20 Governor's Update	Wyatt_DHS_0135049
10/22/2019	G20aORCAH- Care Card Rollout Materials	Wyatt_DHS_0135000
10/22/2019	G20b Capacity- DM and CCO Meeting Summary	Wyatt_DHS_0135036
10/22/2019	G20cData- OOS Dashboard	Wyatt_DHS_0135045
10/22/2019	G20d Data-Open Assessments Dashboard	Wyatt_DHS_0135034
10/22/2019	2019-10-22 CP CIRT Public Report	Publicly available
10/22/2019	OOS Dashboard	Wyatt_DHS_0133578
10/24/2019	Training On ramp Combined	Wyatt_DHS_2709632
10/25/2019	OR Executive Order No 19-08 https://www.oregon.gov/gov/eo/eo_19-08.pdf	Publicly available
10/25/2019	G21c Data-OOS Dashboard_10-25	Wyatt_DHS_0135058
10/25/2019	G21dData-Open Assessments Dashboard	Wyatt_DHS_0135060
10/25/2019	OOS Dashboard	Wyatt_DHS_1560755
10/27/2019	27X8QRC70B9-cirt-public-report	Publicly available
10/29/2019	A& M PMO Status Update_60 G21Governor's Update	Wyatt_DHS_0135065
10/29/2019	G21bWorkforce-Surge Hire Process Data and Waterfall	Wyatt_DHS_0135063
10/31/2019	2019 Q4 CFSR Progress Report	Wyatt_DHS_0894784
10/31/2019	2019-21 DHS Legislatively Adopted Budget	Publicly available
10/31/2019	2019-21 Oregon Legislatively Adopted Budget Detailed Analysis	Publicly available



DATE	Description	BATES NO. / DKT NO.
10/31/2019	OOSYouthData20191031	Wyatt_DHS_2630611
11/1/2019	ORRAI Status Report, Nov 2019	Wyatt_DHS_1492608
11/5/2019	District Manager Team Meeting Agenda	Wyatt_DHS_0226055
11/12/2019	2019-11-12 84B851G16E CIRT Final Report	Publicly available
11/12/2019	CW Field Staff EE Wave 6-Summary Report	To produce
11/14/2019	OOS Dashboard	To produce
11/15/2019	D2GTOVKP4K CIRT Final Report	Publicly available
11/15/2019	EB CIRT Public Report	Publicly available
11/21/2019	045TVVIMJR CIRT Final Report	Publicly available
11/30/2019	OOSYouthData20191130	Wyatt_DHS_2630612
12/2/2019	8T2MMRJSIM CIRT Final Report	Publicly available
12/4/2019	Child Welfare LOA's - Signed	Wyatt_DHS_2673719
12/4/2019	GKB Children's Cabinet 2020 Plan	Wyatt_DHS_0170403
12/4/2019	OOS Dashboard	Wyatt_DHS_0226777
12/5/2019	Press Release Governor Brown Commends CWOB	Wyatt_DHS_0140549
12/9/2019	BRS Rate Increase Letter	Wyatt_DHS_0798194
12/9/2019	Request for Funding SPRF Letter	Wyatt_DHS_0170281
12/9/2019	Motion to Certify the Class Oral Argument requested Filed by All Plaintiffs	DKT 64
12/9/2019	Positions Related to Gov Brown's Exec Order on CW Letter	Wyatt_DHS_0227059
12/10/2019	DHS Organizational Chart	Wyatt_DHS_0140551
12/10/2019	OOS Dashboard	To produce
12/12/2019	MHSMVDU48T CIRT Final Report	Publicly available
12/17/2019	A&M Closing Transition Deck vFINAL	Wyatt_DHS_0798340
12/26/2019	ISBLEKXAKG CIRT Final Report	Publicly available
12/31/2019	CW Policymaking Flowchart	To produce
12/31/2019	CW Policy Worksheet 12-31-19docx	Wyatt_DHS_1944133



DATE	Description	BATES NO. / DKT NO.
12/31/2019	OOS Youth Data	Wyatt_DHS_2630613
1/7/2020	OHA-DHS Memo to Gov re PRTS capacity	Wyatt_DHS_0170414
1/7/2020	OHA DHS PRTS Capacity Memo	Wyatt_DHS_0170414
1/14/2020	Rebecca Jones Gaston Update to House Committee – includes budget request	Wyatt_DHS_0170374
1/15/2020	PP Psychiatric Residential Treatment Capacity – Children's Cabinet	Wyatt_DHS_0170418
1/15/2020	Agenda – Children Cabinet	Wyatt_DHS_0170299
1/15/2020	Children's Cabinet CW Update-current draft	Wyatt_DHS_0170311
1/15/2020	PP Psychiatric Residential Treatment Capacity	Wyatt_DHS_0170418
1/15/2020	Child Welfare Improvements Overview ATT C	Wyatt_DHS_0170519
1/15/2020	Child Welfare Improvements Overview	Wyatt_DHS_2788453
1/15/2020	PP PRTS Children's Cabinet	Wyatt_DHS_0170418
1/17/2020	AR84612OB4 CIRT Final Report	Publicly available
1/17/2020	HXA64P1R37 CIRT Final Report	Publicly available
1/17/2020	LGUA06TIP4 CIRT Final Report	Publicly available
1/22/2020	SOGIE Policy (Ch 5, Sec 41) updated January 2020	Wyatt_DHS_0171619
1/23/2020	Personal Care Assessment 0-24 Months	Wyatt_DHS_0181041
1/23/2020	Personal Care Assessments Children & Youth 24 Months or Older	Wyatt_DHS_0181028
1/30/2020	In-Home Nursing Assessment	Wyatt_DHS_0181035
1/30/2020	Intake Nursing Assessment	Wyatt_DHS_0181046
1/31/2020	2020 Q5 OR PIP Progress Report	Wyatt_DHS_2688859
1/31/2020	QPUPT05OJ0 CIRT Final Report	Publicly available
1/31/2020	OOSYouthData20200131	Wyatt_DHS_2630614
2/3/2020	CW Field Staff EE Wave 7-Summary Report	To produce
2/4/2020	Comprehensive Portfolio Progress Report	Wyatt_DHS_0181052



DATE	Description	BATES NO. / DKT NO.
2/20/2020	OAR 413-053-000 -070 re Strengthening, Preserving and Reunifying Families	Publicly available
2/20/2020	WHO DOES WHAT AT CENTRAL OFFICE- Updated	Wyatt_DHS_1911296
2/29/2020	OOSYouthData20200229	Wyatt_DHS_2630615
3/2/2020	Comprehensive Portfolio Progress Report	Wyatt_DHS_2688066
3/4/2020	2020-03-04 2Z6MF2JXPN CIRT Final Report	Publicly available
3/8/2020	OR Executive Order 20-03 https://www.oregon.gov/gov/eo/eo_20-03.pdf	Publicly available
3/10/2020	2020-03-10 VTEGJV6MJK CIRT Final Report	Publicly available
3/12/2020	OR Executive Order 20-05 https://www.oregon.gov/gov/eo/eo_20-05.pdf	Publicly available
3/13/2020	TLWZ8NL2YG CIRT Final Report	Publicly available
3/16/2020	DHS CW FAQs and Guidance 3162020 Child Welfare	To produce
3/16/2020	CT - DCF memo to all staff (COVID-19 Guidance from CW)	To produce
3/18/2020	Overview of State Agencies of Child Welfare Services Response to COVID-19	To produce
3/19/2020	OR Executive Order 20-09 https://www.oregon.gov/gov/eo/eo_20-09.pdf	Publicly available
3/19/2020	OR Executive Order 20-10 https://www.oregon.gov/gov/eo/eo_20-10.pdf	Publicly available
3/20/2020	Proposal for suspending or modifying visitation family contact in juvenile dependency matters	To produce
3/20/2020	0QUOOFBXEB CIRT Final Report	Publicly available
3/22/2020	OR Executive Order 20-11 https://www.oregon.gov/gov/eo/eo_20-11.pdf	Publicly available
3/22/2020	DHS - Every Child and DHS Launch My Neighbor	To produce
3/23/2020	SEIU Concerns from Workers Tracker	Wyatt_DHS_2716859
3/23/2020	Gov News - Stay Home	To produce
3/23/2020	Gov-COVID-19-Joint-Task-Force-Initial-Report	To produce



DATE	Description	BATES NO. / DKT NO.
3/23/2020	OR Executive Order 20-12	Wyatt_DHS_2691429
3/24/2020	Director Letter Re Visitation	Wyatt_DHS_2691437
3/24/2020	Video Message from Oregon's Child Welfare Director Rebecca Jones Gaston (https://www.youtube.com/watch?app=desktop&fbclid=IwAR3DFPNjnOuN4xYGnDA3D3VOx880A9mJ3dA8V3tTknQaudVpzPbJPuN8HiM&feature=youtu.be&v=SoqlsY7TzAg)	Publicly available
3/26/2020	ZKRMVB3RXF CIRT Final Report	Publicly available
3/30/2020	DHS Email Re Child Welfare – Visitation Guidelines and Updates	To produce
3/30/2020	DHS Letter – Visitation Guidelines and Updates	To produce
3/30/2020	COVID-19 Recommendations for Certification Work	Wyatt_DHS_2760883
3/30/2020	CPS safety (COVID-19 Guidance from CW)	To produce
3/30/2020	PC Payment COVID-19	To produce
3/30/2020	Copy of Child Welfare COVID-19 Activity Tracker	To produce
3/30/2020	Copy of COVID-19 Communication Plans	To produce
3/30/2020	Copy of Laptop Names tracking	To produce
3/30/2020	DHS Letter – Visitation Guidelines and Updates	Wyatt_DHS_2691437
3/31/2020	OR.08 Number of Placements for Children in Foster Care, March 1, 2020 – March 31, 2020	To produce
3/31/2020	OOS Youth Data	Wyatt_DHS_2630616
4/1/2020	Comprehensive Portfolio Progress Report	Wyatt_DHS_2688073
4/1/2020	OR Executive Order 20-13 (https://www.oregon.gov/gov/eo/eo_20-13.pdf)	Publicly available
4/2/2020	DHS Email_FW_ Updated Visitation Info	To produce
4/3/2020	FW_ Visitation Guidelines update from Child Welfare Director Rebecca Jones Gaston	To produce
4/3/2020	DHS Revised Program-Guidance-Visitation	Wyatt_DHS_2691460
4/6/2020	OHA Treatment Guidelines	Wyatt_DHS_2691462



DATE	Description	BATES NO. / DKT NO.
4/7/2020	OR Executive Order 20-14 (https://www.oregon.gov/gov/eo/eo_20-14.pdf)	Publicly available
4/7/2020	OR Executive Order 20-15 (https://www.oregon.gov/gov/eo/eo_20-15.pdf)	Publicly available
4/7/2020	7EYWTLOIFC CIRT Final Report	Publicly available
4/9/2020	KAEX624LSI CIRT Final Report	Publicly available
4/10/2020	CW Engagement Survey – Infographic Waves1-7 041020	Wyatt_DHS_3966396
4/15/2020	OR Executive Order 20-16 (https://www.oregon.gov/gov/eo/eo_20-16.pdf)	Publicly available
4/15/2020	OR Executive Order 20-30 (https://www.oregon.gov/gov/eo/eo_20-30.pdf)	Publicly available
4/17/2020	C4YU8W2ABJ CIRT Final Report	Publicly available
4/21/2020	CW Engagement Survey v214 Final Relaunch	Wyatt_DHS_3003273
4/23/2020	ODOJ Email re DHS Website	Publicly available
4/29/2020	DHS Website re COVID-19	Publicly available
4/29/2020	DHS Website_Abuse Prevention	Publicly available
4/29/2020	DHS Website_Guides & Resources	Publicly available
4/29/2020	DHS Website_Partner Orgs & Addl Resources	Wyatt_DHS_2691465
4/29/2020	DHS Website_Supporting Former Youth	Publicly available
4/29/2020	DHS Website_Supporting_1	Publicly available
4/29/2020	DHS Website_Supporting_2	Publicly available
4/29/2020	DHS Website_Supporting_3	Publicly available
4/29/2020	DHS Website_Visitation	Publicly available
4/30/2020	2020 Q6 OR PIP Progress Report	Wyatt_DHS_2688957
4/30/2020	OOS Youth Data	Wyatt_DHS_2630617
5/1/2020	Comprehensive Portfolio Progress Report	Wyatt_DHS_2688081
5/1/2020	0HGWT3F5G CIRT Final Report	Publicly available
5/1/2020	D10 PIP Charts May-20	Wyatt_DHS_3567897



DATE	Description	BATES NO. / DKT NO.
5/11/2020	Gov News – State Budget	To produce
5/11/2020	Gov News – State Budget	Wyatt_DHS_4397107
5/11/2020	CW Field Staff EE Wave 8–Summary Report	To produce
5/12/2020	DHS Information Sheet 2020 Budget Reduction Exercise	Wyatt_DHS_4649032
5/13/2020	DHS CW Vision for Transformation – Final	Wyatt_DHS_2630618
5/13/2020	KVRHCUQ7FH CIRT Final Report	Publicly available
5/14/2020	OR Executive Order 20–25 (https://www.oregon.gov/gov/eo/eo_20-25.pdf)	Publicly available
5/18/2020	FCP Strategic Plan	Wyatt_DHS_2696471
5/18/2020	YH6EYJ1108 Final CIRT Report	Publicly available
5/26/2020	X00QOXOB04 CIRT Final Report	Publicly available
5/27/2020	DHS Child Welfare Presentation	Wyatt_DHS_4505361
5/27/2020	DHS Budget Reduction Exercise	Wyatt_DHS_4397064
5/31/2020	OOSYouthData20200531	Wyatt_DHS_3604006
6/1/2020	Comprehensive Portfolio Progress Report	Wyatt_DHS_2688089
6/1/2020	Revised SEIU Novel Coronavirus LOA_Signed	Wyatt_DHS_2675622
6/1/2020	SOGIE Policy (Ch 5, Sec 41) updated June 2020	Wyatt_DHS_2673813
6/1/2020	Resource Management Director’s Report re Compliance	Wyatt_DHS_3623007
6/2/2020	DHS CW– Staff QRG in office visits FINAL 6120	Wyatt_DHS_2691468
6/2/2020	DHS CW– Visit guide one for parents foster parents FINAL 6120	Wyatt_DHS_2691469
6/2/2020	DHW CW_Oregon DHS Guidance for Parent Child visitsFINAL6120	Wyatt_DHS_2691472
6/2/2020	SOCAC–Bylaws	Wyatt_DHS_2675628
6/2/2020	SOCAC Membership (https://www.oregon.gov/oha/HSD/BH-Child-Family/SOCAC/Membership.pdf)	Publicly available
6/3/2020	Updated Parent Child Visitation Guidelines during COVID–19	Wyatt_DHS_2691491



DATE	Description	BATES NO. / DKT NO.
6/3/2020	Senate_DHS Budget Reduction Exercise	Wyatt_DHS_4397105
6/3/2020	DHS CW Program Update Senate Human Services Presentation	Wyatt_DHS_2999946
6/9/2020	ORCAH Project Story board	Wyatt_DHS_2675659
6/11/2020	CW Org Chart	Wyatt_DHS_2688607
6/12/2020	OR Executive Order 20-28 (https://www.oregon.gov/gov/eo/eo_20-28.pdf)	Publicly available
6/12/2020	87DK98F1DR CIRT Final Report	Publicly available
6/15/2020	DHS Opening – Social Service Specialist CPS	To produce
6/24/2020	OR Executive Order 20-29 (https://www.oregon.gov/gov/eo/eo_20-29.pdf)	Publicly available
6/25/2020	Oregon-COVID-19-Projections	To produce
6/26/2020	0TOU6ULKGF CIRT Final Report	Publicly available
6/28/2020	DHS Telecommuting Survey Report	Wyatt_DHS_2691494
6/30/2020	Every Child 2020 Q1 Report	Wyatt_DHS_3202943
6/30/2020	OOS Youth Data 20200630	Wyatt_DHS_3145323
7/1/2020	Comprehensive Portfolio Progress Report	Wyatt_DHS_2688097
7/1/2020	CIRT Final Report	Publicly available
7/1/2020	DHS CW_Update re out-of-state placements	To produce
7/1/2020	D12 PIP Charts Jul-20	Wyatt_DHS_2699760
7/1/2020	D13 PIP Charts Jul-20	Wyatt_DHS_1987498
7/6/2020	CIRT Status Report	To produce
7/14/2020	Agenda SCAC	Wyatt_DHS_2763985
7/22/2020	OR Q7 KEEP Report	Wyatt_DHS_2688109
7/31/2020	CP3 Marion County Gaps and Resources Report	Wyatt_DHS_2729671
8/1/2020	D11 PIP Charts Aug-20	Wyatt_DHS_2703955
8/31/2020	OR CFSR PIP renegotiation approval letter final	Wyatt_DHS_2689176
9/3/2020	Response Letter to Sen Wyden re Safety at Screening tool	Wyatt_DHS_3007680



DATE	Description	BATES NO. / DKT NO.
9/10/2020	FINAL – Family Report Rollout SSS1	Wyatt_DHS_2690565
9/10/2020	OCWP– COVID 90–day Plan– Treatment Services– FINAL	Wyatt_DHS_2717673
9/15/2020	DHS CW Vision for Transformation	Wyatt_DHS_2630618
9/28/2020	FINAL – Content Guide Family Report	Wyatt_DHS_2690544
9/28/2020	FINAL – Family Report Rollout SUPERVISOR AND MAPS	Wyatt_DHS_2690591
9/30/2020	2021 APSR (submitted Sept 30, 2020)	Wyatt_DHS_2690337
9/30/2020	2021 APSR Report Attachments (multiple documents)	Wyatt_DHS_2689318 – Wyatt_DHS_2690280
10/1/2020	Audit protocol	Wyatt_DHS_2709678
10/1/2020	One–pager– CW Staff Support_Clean	To produce
10/1/2020	D1 PIP Charts Oct–20	Wyatt_DHS_2704053
10/22/2020	Guidance for Helpers in a Virtual Environment	Wyatt_DHS_2718588
10/26/2020	COVID–19 Resources Combined	Wyatt_DHS_2717333
10/29/2020	Child Caring Agency COVID–19 Outbreak Response Process	Wyatt_DHS_2727833
Nov–20	District 13 Child Welfare Org Chart (Wallowa, Union, Baker Counties)	Wyatt_DHS_2690749
11/3/2020	Child Welfare Treatment Services Capacity Overview 2020– FINAL	Wyatt_DHS_2716941
11/6/2020	Oregon's Family First Title IV–E Prevention Plan Final	Wyatt_DHS_2690698
11/18/2020	Oregon DHS Protocol for Parent Child visits–FINAL	Wyatt_DHS_2713786
11/24/2020	Chafee Attachment – ORFY16–20 NYTD Data Snapshot	Wyatt_DHS_2709583
12/11/2020	CW COOP Final	Wyatt_DHS_2709790
12/14/2020	ORCAH COOP	Wyatt_DHS_2709876
12/18/2020	COVID Impact on Foster Parents	Wyatt_DHS_2691901
12/21/2020	CW COOP Final	Wyatt_DHS_2717352
1/11/2021	FAQ FCCRC – V1	Wyatt_DHS_2711559
1/29/2021	Every Child Year 4 Report 2020	Wyatt_DHS_2715636



DATE	Description	BATES NO. / DKT NO.
2/1/2021	First Quarter NOP Period Report	Wyatt_DHS_2721484
2/12/2021	12 Month Training Plans Combined	Wyatt_DHS_2709621
3/2/2021	DRAFT Braided Funding Map	Wyatt_DHS_2711565
3/5/2021	2021 Project One OR-Kids Advanced Planning Doc Final	Wyatt_DHS_2711321
3/5/2021	2021 Project Two Implementation Advanced Planning Doc IAPD Final	Wyatt_DHS_2711270
4/8/2021	CQI Workgroup Charter	Wyatt_DHS_2711371
4/12/2021	Second Quarter NOP Report	Wyatt_DHS_2721514
4/25/2021	System of Care Barrier Review Process Draft	Wyatt_DHS_2709688
4/28/2021	OR FY 2020 Data MCV VIH FFP Rate Reduction letter	Wyatt_DHS_2696638
5/1/2021	D10 CQI Charts May-21	Wyatt_DHS_2709616
5/5/2021	Chafee Graduation Report	Wyatt_DHS_2709526
5/10/2021	CW Updates & ORCAH presentation	Wyatt_DHS_2696662
5/18/2021	Mask Wearing Requirements in Child Caring Agencies	Wyatt_DHS_2726992
5/27/2021	Oregon FY22 CFS-101s	Wyatt_DHS_2709588
5/27/2021	Oregon FY22 CFS-101s-signed	Wyatt_DHS_2709585
6/15/2021	ODHS Workload Report ORS 409.161	Wyatt_DHS_2715679
6/22/2021	OR Executive Summary	Wyatt_DHS_2710225
7/1/2021	D12 CFSR Charts Jul-21	Wyatt_DHS_2710587
7/1/2021	D13 CFSR Charts Jul-21	Wyatt_DHS_2710549
7/6/2021	2021-23 Child Welfare Budget Priorities	Wyatt_DHS_2697240
7/19/2021	Third Quarter NOP Report	Wyatt_DHS_2721553
Aug-21	2022 APSR (resubmitted Aug 2021)	Wyatt_DHS_2710406
8/1/2021	D11 CFSR Charts Aug-21	Wyatt_DHS_2721571
8/2/2021	Protocol for Parent Child Visits	Wyatt_DHS_2715791
8/9/2021	CW and ORRAI partner to create a state CQI model_Announcement	Wyatt_DHS_2715835



DATE	Description	BATES NO. / DKT NO.
8/10/2021	CW Training Unit Butler Plan	Wyatt_DHS_2710310
8/24/2021	Temporary Administrative Order CWP_19-2021	To produce
8/27/2021	Mandatory vaccines do not apply to resource parents resource families	Wyatt_DHS_2715846
8/30/2021	COVID-19 Vaccine Mandate Information	Wyatt_DHS_2727018
9/20/2021	AR 1895 CORR Response to 082021 Substantial Noncompliance Letter	Wyatt_DHS_2715937
9/23/2021	BRS Vaccination Memo REVISED	Wyatt_DHS_2715985
9/25/2021	Project Charter CQI	Wyatt_DHS_2711377
9/30/2021	Temporary Administrative Order CWP_20-2021	To produce
9/30/2021	7246 Oregon FY2022 APSR State Approval Letter- 9-2021 signed	Wyatt_DHS_2711208
9/30/2021	7246 Oregon FY2022 CFS-101s-signed	Wyatt_DHS_2711205
9/30/2021	Correction ODHS Partner Newsletter Be prepared COVID-19 resources and more	Wyatt_DHS_2716388
10/1/2021	Temporary Administrative Order CWP_21-2021	To produce
10/1/2021	Children's System Plan Document - Signed Final	Wyatt_DHS_2711571
10/1/2021	D1 CFSR Charts Oct-21	Wyatt_DHS_2721692
10/1/2021	D14 CFSR Charts Oct-21	Wyatt_DHS_2721697
10/8/2021	cwig- podcast transcript- episode 68	To produce
10/13/2021	Fourth Quarter NOP Report	Wyatt_DHS_2721620
10/19/2021	CQI Update	Wyatt_DHS_2711385
12/7/2021	FCCRC Steering Dec	Wyatt_DHS_2711656
1/3/2022	Worker Caseload - DRAFT	Wyatt_DHS_2729186
1/15/2022	Fifth Quarter NOP Period Report	Wyatt_DHS_2721880
1/18/2022	Child Welfare Presentation Childrens Cabinet_FINAL	Wyatt_DHS_2717821
1/19/2022	Project Charter Template draft	To produce
1/21/2022	CW PMO 2021 Annual Progress Report Key Initiatives - final	Wyatt_DHS_2720911



DATE	Description	BATES NO. / DKT NO.
1/31/2022	CP3 Douglas County Gaps and Resources Report	Wyatt_DHS_2729655
2/1/2022	Worker Caseload – DRAFT	Wyatt_DHS_2729189
2/2/2022	ODHS Child Welfare Equity Quarterly Report Oct – Dec 2021	Wyatt_DHS_2721038
2/2/2022	New Release re Lowest Foster Care Numbers in 16 years	Wyatt_DHS_4418867
2/2/2022	PRTF Capacity Memo	Wyatt_DHS_2721076
2/3/2022	Oregon Caseload Ratio Standards	Wyatt_DHS_2721405
2/3/2022	Caseload Ratio Standards 2022-02-03	Wyatt_DHS_2721405
2/9/2022	D16 CFSR Data and Debrief documents for Monday meeting.msg	Wyatt_DHS_2721958
3/1/2022	Worker Caseload – DRAFT	Wyatt_DHS_2729192
3/2/2022	CPS Tool Kit Plan	To produce
3/15/2022	Jones–Gaston, Rebecca deposition transcript (1 of 2)	Deposition Transcript
4/1/2022	Worker Caseload – DRAFT	Wyatt_DHS_2729195
4/6/2022	District 1 Org Chart	Wyatt_DHS_2722471
4/7/2022	CW Central Office Org Chart	Wyatt_DHS_2722864
4/11/2022	DB Adoption Disruptions 2015 to 2020	To produce
4/11/2022	F2F FC + IH Children 2016 to 2021	To produce
4/11/2022	Initial Family Report 2016 to 2021	To produce
4/11/2022	Planning Meeting	To produce
4/13/2022	Family Report every 180 Days 2016 to 2021	To produce
4/14/2022	Sixth Quarter NOP Period Report	Wyatt_DHS_2723163
4/18/2022	OR–DHS–Child–Welfare–Procedure–Manual	Wyatt_DHS_2723222
4/27/2022	Email from MH legal team re Wyatt v Brown – JCIP dashboard	To produce
4/28/2022	Ongoing Safety Plan Content Guide	To produce
5/2/2022	CH 4, SEC 18 Managing Child Safety in and Out of Home, Missing Children – Child Welfare Procedure Manual	To produce
5/10/2022	Email from MH legal team re Wyatt v Brown – OR Project	To produce



DATE	Description	BATES NO. / DKT NO.
5/25/2022	Email from MH legal team re last OOS kids data	To produce
5/31/2022	Youth in Self-Selected Environment by quarter and age of youth since the service was created	To produce
6/2/2022	Jan 2016 to Mar 2022 CV01 F2F FED Under 18 PDF v2	To produce
6/2/2022	Jan 2016 to Mar 2022 CV02 F2F FED Under 18 PDF v2	To produce
6/2/2022	Jan 2016 to Mar 2022 CV01 and CV02 F2F FED Under 18 Source v2 Excel	To produce
6/3/2022	Email from K Keller to A Cox re FW- Disruption Docs	To produce
6/3/2022	Clarifications around Self-Selected Environment (SSE) in OR-Kids	To produce
6/8/2022	Worker Caseload Dashboard Presentation - DRAFT	To produce
6/14/2022	Temp Lodging Staffing Data Excel	To produce
6/28/2022	Jones-Gaston, Rebecca deposition transcript (2 of 2)	Deposition Transcript
7/1/2022	OAR 413-40 Case Management - Service Plans (http://www.dhs.state.or.us/policy/childwelfare/manual_1/division_40.pdf)	Publicly available
1/31/2023	12 2022 Annual QRTP Report_Final	Wyatt_DHS_4467018
4/6/2023	ODHS-stands-with-lgbtq-community	Wyatt_DHS_2784351
4/17/2023	Re SB 209 Supporting LGBTQIA2S+ youth in foster care	Wyatt_DHS_2784578
4/18/2023	ODHS v Bates_Decl J Bates Appendix with training materials	Wyatt_DHS_2784376
4/18/2023	ODHS v Bates_Decl J Bates ISO Pltf's Motion for Prelim Injunction	Wyatt_DHS_2784354
4/18/2023	ODHS Child Welfare Workforce and Respite Care	Wyatt_DHS_2784580
5/31/2023	BRS Rate Increases - OYA OHA ODHS	Wyatt_DHS_4663318
6/15/2023	30(b)(6) Andresen, Lacey deposition transcript	Deposition Transcript
6/29/2023	41 ODHS CW Administration COMPLETE	Wyatt_DHS_4467289
6/29/2023	42 ODHS CW Oregon Child Abuse Hotline ORCAH COMPLETE	Wyatt_DHS_4467474



DATE	Description	BATES NO. / DKT NO.
6/30/2023	2024 APSR Submission	Wyatt_DHS_4467023
7/13/2023	Center Square_Oregon's Department of Justice forms new division focused on children	To produce
7/24/2023	Legislative Session 2023 – CW Highlights on Letterhead	Wyatt_DHS_4564313
8/21/2023	2024 APSR Resubmission, August 2023	Wyatt_DHS_4663459
8/23/2023	Email from MH legal team re APSR reporting period	To produce
8/23/2023	Oregon DHS Child Welfare Procedure Manual Rev	Wyatt_DHS_4663658
8/29/2023	Allen, Nancy deposition transcript	Deposition Transcript
Sep-23	Legal Standards (MH work product)	To produce
9/5/2023	CQI- ELT Status Report	Wyatt_DHS_4665723
9/7/2023	Marshall, Glenda deposition transcript	Deposition Transcript
9/11/2023	Loughary, Deena deposition transcript	Deposition Transcript
9/12/2023	Lorz, Kim Aaron deposition transcript	Deposition Transcript
9/12/2023	Flint-Gerner, Aprille deposition transcript	Deposition Transcript
9/13/2023	Gray (Keller), Kimberly deposition transcript	Deposition Transcript
9/15/2023	Pakseresht, Fariborz deposition transcript	Deposition Transcript
9/18/2023	Temp Lodging – RCH Presentation Final	Wyatt_DHS_4665951
9/21/2023	Fox, Sara deposition transcript	Deposition Transcript
10/2/2023	Temporary Lodging_Progress Report	Wyatt_DHS_4666002
10/3/2023	SOCAC meeting slides	Wyatt_DHS_4665863
10/5/2023	FOCUS Child Specific Caregiver Supports (CSCS) – one page info	To produce
10/9/2023	RSN's alignment with the Vision for Transformation	To produce
10/23/2023	Vision for Transformation 2022 Progress Report	Wyatt_DHS_4666015
2015-04	Oregon (Small) Foster Children's Bill of Rights	Wyatt_DHS_0072085
2015-2019	CFSP Final Report for FY's 2015-2019	Wyatt_DHS_0062138
2015-2019	2015-2019 ILP 5-Year Plan	Wyatt_DHS_0305916



DATE	Description	BATES NO. / DKT NO.
2015–2019	2015–2019 NYTD Data Snapshot (https://www.oregon.gov/odhs/data/cwdata/cw-ilp-nytd-snapshot-2015-2019-oregon.pdf)	Publicly available
2016–11	D9 CQI Charts Nov–16	To produce
2016 Q3	CFSR Statewide Review Ratings	Wyatt_DHS_0276885
2016 Q4	2016 CQI charts D1	To produce
2016 Q4	2016 CQI charts D14	To produce
2016–11	D15 CQI Charts Nov–16	To produce
2016–12	D16 CQI charts Dec–16	Wyatt_DHS_1710848
2016–2017	2016–2017 ILP Annual Report Summary Page–APSR–Attachment–15	Wyatt_DHS_0135537
2017–08	D11 PIP Charts Aug–17	To produce
2017 February– March	D5 PIP charts Feb–Mar–17	To produce
2017–07	D6 PIP charts Jul–17	Wyatt_DHS_1609518
2017–06	D8 Grants Pass PIP Charts Jun–17	To produce
2017–06	D8 Medford PIP charts Jun–17	To produce
2017–05	PIP Charts D7 May 2017	To produce
2017–11	D9 PIP Charts Nov–17	To produce
2017 Q1	D2 Gresham Chart	Wyatt_DHS_1765203
2017 Q1	D2 Midtown Chart	Wyatt_DHS_2225338
2017 Q2	D3 Marion Chart	Wyatt_DHS_0278676
2017 Q2	D3 Polk–Yamhill Chart	Wyatt_DHS_1921047
2017 Q3	D13 Chart	Wyatt_DHS_0229358
2017 Q3	D2 Alberta Chart	Wyatt_DHS_1765667
2017 Q3	D4 Chart	Wyatt_DHS_0183033
2017 Q3	D6 Chart	Wyatt_DHS_1609518



DATE	Description	BATES NO. / DKT NO.
2017 Q3	CFSR Statewide Review Ratings PIP Feb-Jun 2017	Wyatt_DHS_0294223
2017 Q4	D1 Chart	Wyatt_DHS_1412549
2017 Q4	D16 Chart	Wyatt_DHS_1413176
2017-01	D2 Gresham CQI charts Jan-17	Wyatt_DHS_1765203
2017-01	D2 Midtown CQI charts Jan-17	Wyatt_DHS_2225338
2017-01	CW-Outcomes-Scorecard	Wyatt_DHS_0056496
2017-01-18 to 2018-11-14	State of Oregon Advisory - Child Welfare Advisory Committee (CWAC)	To produce
2017-02	CW-Outcomes-Scorecard	Wyatt_DHS_0056484
2017-03	CW-Outcomes Scorecard	Wyatt_DHS_0056490
2017-04	D3 Marion PIP charts Apr17	Wyatt_DHS_0278676
2017-04	D3 Polk-Yamhill PIP Charts Apr17	Wyatt_DHS_1921047
2017-04	D4 PIP Charts Aug-17	Wyatt_DHS_0183033
2017-04	CW-Outcomes-Scorecard	Wyatt_DHS_0056502
2017-04	2016 Child Welfare Data Book	Wyatt_DHS_1567477
2017-05	CW-Outcomes-Scorecard	Wyatt_DHS_0056508
2017-06	CW-Outcomes-Scorecard	Wyatt_DHS_0056514
2017-07	Oregon Foster Children's Bill of Rights	Wyatt_DHS_2269955
2017-07	CW-Outcomes-Scorecard	Wyatt_DHS_0056520
2017-08	Mandatory-Materials-DHS-Children & Youth in Care	Wyatt_DHS_2271845
2017-08	CW-Outcomes-Scorecard	Wyatt_DHS_0056526
2017-09	D2 Alberta PIP charts Sept-17	Wyatt_DHS_1765667
2017-09	D2 East Multnomah PIP charts Sept-17	To produce
2017-09	CW-Outcomes-Scorecard	Wyatt_DHS_0056532
2017-10	2017 ORRAI Child Welfare Research Agenda	Wyatt_DHS_0047799
2017-10	CW-Outcomes-Scorecard	Wyatt_DHS_0056538



DATE	Description	BATES NO. / DKT NO.
2017-11	2017-11 NAYA ILP Review Report	Wyatt_DHS_0135300
2017-11	D15 N Clackamas PIP Charts Nov-17	To produce
2017-11	D15 Oregon City PIP Charts Nov-17	To produce
2017-11	CW-Outcomes-Scorecard	Wyatt_DHS_0056544
2017-12	Oregon Foster Children's Sibling Bill of Rights	Wyatt_DHS_0889031
2017-12	2017-12 NAFY ILP Review Report	Wyatt_DHS_0135431
2017-12	D16 PIP Charts Dec17	Wyatt_DHS_1413176
2017-12	CW-Outcomes-Scorecard	Wyatt_DHS_0056550
2017-2018	2017-2018 Oregon Independent Living Program Review - Statewide Review Findings	Wyatt_DHS_0135652
2018- 08 to 2019-08	ORCAH Annual Report	Wyatt_DHS_1948650
2018 February-March	D5 PIP Charts Feb-Mar 2018	Wyatt_DHS_2697796
2018 July	D6 PIP Charts Jul-18	Wyatt_DHS_1420603
2018 May	D7 PIP Charts May-18	Wyatt_DHS_2697811
2018 Q1	D2 Gresham Chart	Wyatt_DHS_2697788
2018 Q1	D2 Midtown Chart	Wyatt_DHS_2697792
2018 Q1	D5 Chart	Wyatt_DHS_2697796
2018 Q1	2018 Q1 CFSR Progress Report	Wyatt_DHS_1391297
2018 Q1	CFSR Statewide Review Ratings	Wyatt_DHS_0229498
2018 Q2	D10 Chart	Wyatt_DHS_2697816
2018 Q2	D3 Marion Chart	Wyatt_DHS_0283268
2018 Q2	D3 Polk-Yamhill Chart	Wyatt_DHS_0186385
2018 Q2	D7 Chart	Wyatt_DHS_2697811
2018 Q2	D8 Grants Pass Chart	Wyatt_DHS_1420607
2018 Q2	D8 Medford	Wyatt_DHS_2697820



DATE	Description	BATES NO. / DKT NO.
2018 Q3	D11 Chart	Wyatt_DHS_1420648
2018 Q3	D12 Chart	Wyatt_DHS_1420595
2018 Q3	D13 Chart	Wyatt_DHS_1420599
2018 Q3	D2 Alberta Chart	Wyatt_DHS_1420703
2018 Q3	D2 East Multnomah Chart	Wyatt_DHS_1420707
2018 Q3	D4 Chart	Wyatt_DHS_1420652
2018 Q3	D6 Chart	Wyatt_DHS_1420603
2018 Q4	D1 Chart	Wyatt_DHS_0186980
2018 Q4	D14 Chart	Wyatt_DHS_1420745
2018 Q4	D15 Chart	Wyatt_DHS_0187931
2018 Q4	D16 Chart	Wyatt_DHS_1420882
2018 Q4	D9 Chart	Wyatt_DHS_1420779
2018-01	D2 Gresham PIP Charts Jan-18	Wyatt_DHS_2697788
2018-01	D2 Midtown PIP Charts Jan-18	Wyatt_DHS_2697792
2018-01	CW-Outcomes-Scorecard	Wyatt_DHS_0056556
2018-02	2017 Child Welfare Data Book	Wyatt_DHS_0135720
2018-02	Child Welfare Vision for the Future & Related Materials (Meeting with Gov & Liesl Wendt)	Wyatt_DHS_0242188
2018-02	A.R. v. State Settlement Agreement	Wyatt_DHS_4602645
2018-02	CW Outcomes Scorecard	Wyatt_DHS_0056562
2018-03	Family First Bill Summary	Wyatt_DHS_2122488
2018-03	Equity, Diversity and Inclusion Assessment of DHS	To produce
2018-03	CW Outcomes Scorecard	Wyatt_DHS_0056568
2018-04	DHS Settlement Agreement Summary – Temporary Stays for Foster Children & Young Adults	Wyatt_DHS_0213062
2018-04	Timeline-J United Child & Youth Safety Implementation Plan	Wyatt_DHS_0063105
2018-04	D3 Marion PIP Charts Apr-18	Wyatt_DHS_0283268



DATE	Description	BATES NO. / DKT NO.
2018-04	D3 Polk-Yamhill PIP Charts Apr-18	Wyatt_DHS_0186385
2018-04	CW Outcomes Scorecard	Wyatt_DHS_0056574
2018-04	ORRAI Status Report	Wyatt_DHS_0114725
2018-05	2018-05 May Child Welfare Progress Report	Wyatt_DHS_0030827
2018-05	Professional Services Contract – Liesl Wendt	Wyatt_DHS_0775754
2018-05	Timeline–A United Child & Youth Safety Implementation Plan	Wyatt_DHS_0062656
2018-05	CW Outcomes Scorecard	Wyatt_DHS_0056580
2018-05	ORRAI Status Report	Wyatt_DHS_0047650
2018-06	2018-06 June	Wyatt_DHS_0030833
2018-06	ORRAI Status Report	Wyatt_DHS_0047656
2018-06	Children and Youth With Specialized Needs Workgroup issues recommendations	Wyatt_DHS_0134311
2018-06	Temp Lodging Stakeholder Interview Summary	Wyatt_DHS_0213538
2018-06	Project Status Summary	Wyatt_DHS_0063077
2018-06	D8 Grants Pass PIP Charts Jun-18	Wyatt_DHS_1420607
2018-06	D8 Medford PIP Charts Jun-18	Wyatt_DHS_2697820
2018-06	CW Outcomes Scorecard	Wyatt_DHS_0056590
2018-07	2018-07 July	Wyatt_DHS_0030840
2018-07	ORRAI Status Report	Wyatt_DHS_0047663
2018-07	Plan for Addressing Temp Lodging Emergency Use	Wyatt_DHS_2012278
2018-07	CW Outcomes Scorecard	Wyatt_DHS_0056596
2018-08	OHA & DHS Continuum of Care Partner Feedback Report	Wyatt_DHS_0062775
2018-08	2018-08 Aug CW Monthly Progress Report	Wyatt_DHS_0030848
2018-08	ORRAI Status Report	Wyatt_DHS_0047670
2018-08	D4 PIP Charts Aug-18	Wyatt_DHS_1420652
2018-08	CW Outcomes Scorecard	Wyatt_DHS_0056602
2018-09	2018-09 Sept CW Monthly Progress Report	Wyatt_DHS_0030859



DATE	Description	BATES NO. / DKT NO.
2018-09	Centralized Hotline Transition Plan	Wyatt_DHS_0062851
2018-09	ORRAI Status Report	Wyatt_DHS_0047678
2018-09	Project Transition Plan Part 1	Wyatt_DHS_0063034
2018-09	Project Transition Plan Part 2	Wyatt_DHS_0063029
2018-09	D2 Alberta PIP Charts Sep-18	Wyatt_DHS_1420703
2018-09	D2 East PIP Charts Sep-18	Wyatt_DHS_1420707
2018-10	2018-10 Oct CW Monthly Progress Report	Wyatt_DHS_0030869
2018-10	CHAT News Fall 2018 ENGLISH	Wyatt_DHS_0061277
2018-10	ORRAI Status Report	Wyatt_DHS_0047686
2018-10	Hotline-Newsletter	Wyatt_DHS_0062860
2018-11	2018-11 Nov CW Monthly Progress Report	Wyatt_DHS_0030881
2018-11	ORRAI Status Report	Wyatt_DHS_0047694
2018-11	2018-11 Research Implementation basic road map	Wyatt_DHS_0122068
2018-11	Caregiver Training Redesign Charter	Wyatt_DHS_0063037
2018-11	Final Temporary Lodging Root Cause Report	Wyatt_DHS_0782792
2018-11	Temp Lodging Status Update Assessment and Recommendations	Wyatt_DHS_1901546
2018-11	D15 PIP Charts Nov-18	Wyatt_DHS_0187931
2018-11	D9 PIP Charts Nov18	Wyatt_DHS_1420779
2018-11	November Oregon Child Abuse Hotline Newsletter	Wyatt_DHS_0062869
2018-12	D16 PIP Charts Dec-18	Wyatt_DHS_2722107
2018-12	2018-12 Dec CW Monthly Progress Report	Wyatt_DHS_0030890
2018-12	ORRAI Status Report	Wyatt_DHS_0047702
2018-12	Caregiver Support Development Closing	Wyatt_DHS_0063099
2018-12	D16 PIP Charts Dec-18	Wyatt_DHS_1420882
2018-2019	2018-2019 Project-A-CW-Listening-Tour-Report	Wyatt_DHS_0062622
2018-2019	P.R.I.D.E. ERG Annual Report (FY 2018-2019)	Wyatt_DHS_0894334



DATE	Description	BATES NO. / DKT NO.
2018–2019	Oregon Child Abuse Hotline – Centralization Timeline	Wyatt_DHS_0062942
2019 February– March	D5 PIP Charts Feb–Mar19	Wyatt_DHS_0708916
2019 January – 2020 April	Child Welfare Policy and Rule Releases_ recent changes	To produce
2019 July	D6 PIP Charts Jul–19	Wyatt_DHS_1987516
2019 May	D7 Coos Curry PIP charts May–19	Wyatt_DHS_1983367
2019 Q1	D2 Gresham Chart	Wyatt_DHS_1980226
2019 Q1	D2 Midtown Chart	Wyatt_DHS_1422619
2019 Q1	D5 Chart	Wyatt_DHS_0708916
2019 Q2	D3 Chart	Wyatt_DHS_1982312
2019 Q2	D3 Marion Chart	Wyatt_DHS_1982317
2019 Q2	D3 Polk–Yamhill Chart	Wyatt_DHS_1982347
2019 Q2	D7 Chart	Wyatt_DHS_1983367
2019 Q2	D8 Grants Pass Chart	Wyatt_DHS_0712603
2019 Q2	D8 Medford Chart	Wyatt_DHS_1431551
2019 Q2	D10 Chart	Wyatt_DHS_1431607
2019 Q2	D10 Chart	Wyatt_DHS_1983557
2019 Q2	CFSR Statewide Review Ratings PIP Feb 2018–Mar 2019	Wyatt_DHS_1981461
2019 Q3	D2 Alberta Chart	Wyatt_DHS_1436053
2019 Q3	D2 East Multnomah Chart	Wyatt_DHS_1436058
2019 Q3	D4 Chart	Wyatt_DHS_0894878
2019 Q3	D6 Chart	Wyatt_DHS_1987516
2019 Q3	D11 Chart	Wyatt_DHS_1988568
2019 Q3	D12 Chart	Wyatt_DHS_1987478
2019 Q3	D13 Chart	Wyatt_DHS_1987498



DATE	Description	BATES NO. / DKT NO.
2019 Q3	2019 Q3 CFSR Progress Report	Wyatt_DHS_0218981
2019 Q3	SB 1515 DHS Substantiated Investigation Quarterly Report	Wyatt_DHS_2507699
2019 Q4	D1 Chart	Wyatt_DHS_0290067
2019 Q4	D9 Chart	Wyatt_DHS_1780097
2019 Q4	D14 Chart	Wyatt_DHS_1780052
2019 Q4	D15 Chart	Wyatt_DHS_0190465
2019 Q4	D16 Chart	Wyatt_DHS_2699478
2019 Q4	2019 Q4 CFSR Ratings	Wyatt_DHS_0894878
2019 Q4	SB 1515 DHS Substantiated Investigation Quarterly Report	Wyatt_DHS_2994122
2019 Q4	CFSR Statewide Review Ratings Dec 2018–Nov 2019	Wyatt_DHS_1990071
2019–01	2019–01 Jan Child Welfare Progress Report	Wyatt_DHS_0030902
2019–01	CHAT News Winter 2019 ENGLISH	Wyatt_DHS_0061287
2019–01	ORRAI Status Report	Wyatt_DHS_0047710
2019–01	2019–01 Using Predictive Analytics – Handout	Wyatt_DHS_0114379
2019–01	D2 Gresham PIP Charts Jan–19	Wyatt_DHS_1980226
2019–01	D2 Midtown PIP Charts Jan–19	Wyatt_DHS_1422619
2019–01	Every Child Bi–Annual–Report	Wyatt_DHS_2845746
2019–02	2019–02 Feb Child Welfare Progress Report	Wyatt_DHS_0030915
2019–02	2019–02 ILP Family First	Wyatt_DHS_0063190
2019–02	ORRAI Status Report	Wyatt_DHS_0047719
2019–02	Temporary Lodging Placement Tracker Protocol	Wyatt_DHS_0060312
2019–02	January–February Oregon Child Abuse Hotline Newsletter	Wyatt_DHS_0062876
2019–03	2019–03 March Child Welfare Progress Report	Wyatt_DHS_0030925
2019–03	ORRAI Status Report	Wyatt_DHS_0047728
2019–03	Caregiver Training Redesign Closing	Wyatt_DHS_0063102
2019–04	2019–04 April Child Welfare Progress Report	Wyatt_DHS_0030933



DATE	Description	BATES NO. / DKT NO.
2019-04	CHAT_News Spring 2019 ENGLISH	Wyatt_DHS_0061260
2019-04	CHAT News Fall 2019 ENGLISH	To produce
2019-04	SOGIE Policy DRAFT	Wyatt_DHS_0170499
2019-04	ORRAI Status Report	Wyatt_DHS_0047737
2019-04	2019-04 Longitudinal-Dataset Infographic Pg1 v2040119	Wyatt_DHS_0124654
2019-04	ORRAI Safety After Substantiated Allegation	Wyatt_DHS_0275957
2019-04	DHS Internal Assessment	Wyatt_DHS_0219520
2019-04	ORCAH Monthly Assignment and Workload Data April 2019	Wyatt_DHS_2205523
2019-04	60-Day Action Plan Summary – Serving Youth in Oregon	Wyatt_DHS_0062543
2019-04	D3 Marion PIP Charts Apr-19	Wyatt_DHS_1982317
2019-04	D3 Polk Yamhill PIP Charts Apr-19	Wyatt_DHS_1982347
2019-04	April Oregon Child Abuse Hotline Newsletter	Wyatt_DHS_0062867
2019-04	ORCAH Monthly Assignment and Workload Data	Wyatt_DHS_0895440
2019-05	Identifying Capacity Needs for Children within the Oregon Child Welfare System	Wyatt_DHS_0047768
2019-05	2018 Child Welfare Data Book	Wyatt_DHS_0063474
2019-05	2019-05 Identifying Capacity Needs for Children within the Oregon Child Welfare System	Wyatt_DHS_0047768
2019-05	Child Welfare Closing Report for the 60-Day Action Plan	Wyatt_DHS_0062542
2019-06	2020-2024 CFSP All Attachments (https://www.oregon.gov/odhs/data/cwdata/cw-cfsp-2020-2024.pdf)	Publicly available
2019-06	2020-2024 CFSP	Wyatt_DHS_1289653
2019-06	2019-06 June Child Welfare Progress Report	Wyatt_DHS_2207500
2019-06	ORRAI Status Report	Wyatt_DHS_0047737
2019-06	Multi-Agency Behavior Rehabilitation Services (BRS) Guide	Wyatt_DHS_0056857
2019-06	D8- Grants Pass PIP Charts June-19	Wyatt_DHS_0712603



DATE	Description	BATES NO. / DKT NO.
2019-06	D8- Medford PIP Charts June-19	Wyatt_DHS_1431551
2019-06	CW Outcomes Scorecard by County	To produce
2019-06	SOS Audit Recommendation Follow-up Report	Wyatt_DHS_1323886
2019-07	BRS-Non-BRS-Programs-Map	Wyatt_DHS_0063541
2019-07	2019-07 July Child Welfare Progress Report	Wyatt_DHS_2206651
2019-07	CWOB Training Slide	Wyatt_DHS_0134683
2019-07	Surge Hire Documents for CWOB Meeting July 17	Wyatt_DHS_1950790
2019-07	2019-07 CW-Community-Partnerships	Wyatt_DHS_0114670
2019-07	2019-07 Recruit Retain Foster Parents Market Segmentation	Wyatt_DHS_0114802
2019-07	CW-Community-Partnerships	Wyatt_DHS_0114670
2019-07	Race and Racism resources for caregivers	To produce
2019-07	Safety at Reunification Research Brief	Wyatt_DHS_0126066
2019-07	DHS Platform For Success Research	Wyatt_DHS_2259321
2019-07	Safety-at-Screening-Research-Brief-v1	Wyatt_DHS_0132915
2019-08	2019-08 August Child Welfare Progress Report	Wyatt_DHS_0057562
2019-08	2019-09 September Child Welfare Progress Report	Wyatt_DHS_0057571
2019-08	ORRAI Status Report	Wyatt_DHS_0047747
2019-08	Joint Plan to Develop In-State Capacity and Minimize OOS Placements of Children Leg Report	Wyatt_DHS_0062551
2019-08	D4 PIP Charts Aug-19	Wyatt_DHS_0894878
2019-08	Oregon Child Abuse Hotline Annual Report from 2018-2019	Wyatt_DHS_1948650
2019-08 to 2020-12	ORCAH Annual Report	Wyatt_DHS_2694352
2019-09	G18b Data-2019 Sept CW Monthly Report	Wyatt_DHS_0134945
2019-09	Family First Readiness Assessment, Planning and Initial Implementation	Wyatt_DHS_0793950
2019-09	ORRAI Status Report	Wyatt_DHS_0795758



DATE	Description	BATES NO. / DKT NO.
2019-09	2019-09 CP3 Achieving Permanency – ORRAI Project Status Report	Wyatt_DHS_0126910
2019-09	ORRAI Reforming OR's Child-Welfare System	To produce
2019-09	D2 Alberta PIP Charts Sep-19	Wyatt_DHS_1436053
2019-09	D2 East PIP Charts Sep-19	Wyatt_DHS_1436058
2019-09	Child Welfare Training Plan Overview	Wyatt_DHS_0134025
2019-09	Balance Scorecard Pre-Rollout re Hotline Calls	Wyatt_DHS_2431668
2019-09	Family First – Senate Human Services	Wyatt_DHS_0056465
2019-10	CP3 Achieving Permanency – ORRAI Project Status Report	Wyatt_DHS_1435942
2019-10	CP3 Summary of Preliminary Learnings (Marion County Pilot)	Wyatt_DHS_0128436
2019-10	2019-10 October Child Welfare Progress Report	Wyatt_DHS_0115286
2019-10	Child Welfare Organizational Structure	Wyatt_DHS_0130491
2019-10	Cap29-Pilot Concept Facilitated Rapid Access and Holistic Mental Health Services in BRS	Wyatt_DHS_0133401
2019-10	Cap33-Workstream Charter_Facilitated MH and SARapid Access in BRS 8-10-19 WS	Wyatt_DHS_0133415
2019-10	Temporary Lodging Update Mid-Point Progress DRAFT	Wyatt_DHS_1906608
2019-10	D14 PIP Charts Oct-19	Wyatt_DHS_2265734
2019-10	CW041 Staff Engagement Survey – Retention Status Report	Wyatt_DHS_0224322
2019-11	2019-11 November	Wyatt_DHS_0140522
2019-11	ORRAI Status Report	Wyatt_DHS_1492608
2019-11	D15 PIP Charts Nov-19	Wyatt_DHS_0190465
2019-11	D9 PIP Charts Nov-19	Wyatt_DHS_1780097
2019-11	Draft Oregon's Title IV-E Prevention Plan (not submitted to feds yet)	Wyatt_DHS_1745489
2019-12	D16 PIP Charts Dec-19	Wyatt_DHS_2722102



DATE	Description	BATES NO. / DKT NO.
2019-12	2019-12 December Child Welfare Progress Report	Wyatt_DHS_0170331
2019-12	Child Welfare Organizational Structure	Wyatt_DHS_0130491
2019-12	ORRAI Status Report	Wyatt_DHS_2673724
2019-12	D16 PIP Charts Dec-19	Wyatt_DHS_2699478
2019-12	CW Outcomes Scorecard by County	To produce
2019-2020	P.R.I.D.E. ERG Annual Report (FY 2019-2020)	Wyatt_DHS_2836500
2019-2020	2019-2020 Annual Planning Document (APD) Submission for the OR-Kids Application	Wyatt_DHS_0114884
2019-2020	ORCAH Annual Report	Wyatt_DHS_2694352
2019-2021	2019-21 Biennium Budget Major Actions	Wyatt_DHS_0223054
2019-2021	2019-21 Biennium Budget Overview	Wyatt_DHS_0223062
2019-2021	2019-21 DHS Budget Wrap-up	Wyatt_DHS_0790191
2020 February- March	D5 PIP Charts Feb-Mar 2020	Wyatt_DHS_2699537
2020-07	D6 PIP Charts Jul-20	Wyatt_DHS_3063017
2020-5	D7 PIP Charts May-20	Wyatt_DHS_2699627
2020 Q1	D2 Gresham Chart	Wyatt_DHS_2699505
2020 Q1	D2 Midtown Chart	Wyatt_DHS_2699531
2020 Q1	D5 Chart	Wyatt_DHS_2703929
2020 Q2	D3 Marion Chart	Wyatt_DHS_2699602
2020 Q2	D3 Polk-Yamhill Chart	Wyatt_DHS_2699590
2020 Q2	D7 Chart	Wyatt_DHS_2699627
2020 Q2	D8 Grants Pass Chart	Wyatt_DHS_2699684
2020 Q2	D8 Medford Chart	Wyatt_DHS_2699689
2020 Q2	D10 Chart	Wyatt_DHS_2699632
2020 Q3	D2 Alberta Chart	Wyatt_DHS_2703983
2020 Q3	D2 East Multnomah Chart	Wyatt_DHS_2704025



DATE	Description	BATES NO. / DKT NO.
2020 Q3	D4 Chart	Wyatt_DHS_2699537
2020 Q3	D6 Chart	Wyatt_DHS_2699745
2020 Q3	D11 Chart	Wyatt_DHS_2703955
2020 Q3	D12 Chart	Wyatt_DHS_2699760
2020 Q3	D13 Chart	Wyatt_DHS_2699742
2020 Q4	D1 Chart	Wyatt_DHS_2704053
2020 Q4	D9 Chart	Wyatt_DHS_2704253
2020 Q4	D14 Chart	Wyatt_DHS_2704058
2020 Q4	D15 Chart	Wyatt_DHS_2704105
2020 Q4	D16 Chart	Wyatt_DHS_2704263
2020 Q7	2020 Q7 CFSR Progress Report	Wyatt_DHS_2688751
2020-01	CCWIS Technology Roadmap	Wyatt_DHS_2689911
2020-01	2020-01 January Child Welfare Progress Report	Wyatt_DHS_0181013
2020-01	CHAT News Winter 2020 ENGLISH	To produce
2020-01	2020-01 Oregon Foster Youth Connection – ILP Participation Makes a Difference for Oregon Foster Youth	Wyatt_DHS_0181051
2020-01	D2 Gresham PIP Charts Jan-20	Wyatt_DHS_2699505
2020-01	D2 Midtown PIP Charts Jan-20	Wyatt_DHS_1422619
2020-01	SSA & SSS1 Pretraining Activities	Wyatt_DHS_0223326
2020-02	IFF Combined	Wyatt_DHS_2709638
2020-02	2020-02 February Child Welfare Progress Report	Wyatt_DHS_1901090
2020-02	Oregon DHS Phase IV Transition Requirements Summary	Wyatt_DHS_0133082
2020-02	SOS OR-Kids Audit and Response	Wyatt_DHS_0180979
2020-03	In-Home Safety Plan Example	To produce
2020-03	2020-03 March Child Welfare Progress Report	Wyatt_DHS_1901102
2020-03	ORRAI Status Report	Wyatt_DHS_2673741



DATE	Description	BATES NO. / DKT NO.
2020-03	CM.02 Placement Type (of those in care) – report run from public ROM website	To produce
2020-03	CW Outcomes Scorecard by County	To produce
2020-04	2020-04 April Child Welfare Progress Report	Wyatt_DHS_2675636
2020-04	CHAT News Spring 2020 ENGLISH	To produce
2020-04	CW Engagement Survey Wave 8 Highlights-Apr20DRAFT v1	Wyatt_DHS_4567190
2020-04	ORRAI Status Report	Wyatt_DHS_2673762
2020-04	CV01 Caseworker Face-to-Face Contact-of mos child in care entire month	To produce
2020-04	KEEP Oregon Implementation Report April	Wyatt_DHS_2689327
2020-04	OR.01 Child Abuse Neglect Reports Per Investigation, by Screening Decision – report run from public ROM website	To produce
2020-04	D3 Marion PIP Charts Apr-20	Wyatt_DHS_2699602
2020-04	D3 Polk Yamhill PIP Charts Apr-20	Wyatt_DHS_2699590
2020-04	Court Operations (CJO 20-006)	Wyatt_DHS_2754654
2020-04	DHS Facilitating Inclusive Virtual Meetings	Wyatt_DHS_2691445
2020-04	ODHS Maintaining Contact with Children in our Community Website	Publicly available
2020-04	DHS Certification Work	Wyatt_DHS_2807382
2020-04	DHS Child Safety Work	Wyatt_DHS_3082446
2020-05	Fidelity Report D1 FINAL	Wyatt_DHS_3049378
2020-05	Fidelity Report D10 FINAL	Wyatt_DHS_3050086
2020-05	Fidelity Report D11 FINAL	Wyatt_DHS_3049697
2020-05	Fidelity Report D12 FINAL	Wyatt_DHS_3049952
2020-05	Fidelity Report D13 FINAL	Wyatt_DHS_3050998
2020-05	Fidelity Report D14 FINAL	Wyatt_DHS_3051027
2020-05	Fidelity Report D15 FINAL	Wyatt_DHS_3050309
2020-05	Fidelity Report D16 FINAL	Wyatt_DHS_3050056



DATE	Description	BATES NO. / DKT NO.
2020-05	Fidelity Report D2 FINAL	Wyatt_DHS_3049407
2020-05	Fidelity Report D3 FINAL	Wyatt_DHS_3049439
2020-05	Fidelity Report D4 FINAL	Wyatt_DHS_3049786
2020-05	Fidelity Report D5 FINAL	Wyatt_DHS_3050387
2020-05	Fidelity Report D6 FINAL	Wyatt_DHS_3050151
2020-05	Fidelity Report D7 FINAL	Wyatt_DHS_3050704
2020-05	Fidelity Report D8 FINAL	Wyatt_DHS_3050808
2020-05	Fidelity Report D9 FINAL	Wyatt_DHS_3050729
2020-05	2020-05 May Child Welfare Progress Report	Wyatt_DHS_2675647
2020-05	SEIU Dashboard Monthly Personnel and Position Data Report – Draft V2	Wyatt_DHS_2675737
2020-05	Cap28- Legislative Update SB 171 WS	Wyatt_DHS_0133397
2020-06	2020-06 June Child Welfare Progress Report	Wyatt_DHS_2696501
2020-06	2019 Child Welfare Data Book	Wyatt_DHS_2675692
2020-06	CW Engagement Survey Project Update- v1	To produce
2020-06	D8 Grants Pass PIP Charts Jun20	Wyatt_DHS_2699684
2020-06	D8 Medford PIP Charts Jun20	Wyatt_DHS_2699689
2020-06	QRTP Provider Map	Wyatt_DHS_2675791
2020-06	Oregon-DHS-Child-Welfare-Procedure-Manual	Wyatt_DHS_2673813
2020-06	OR SOS Audit 2020-21 and Response	Wyatt_DHS_2948839
2020-07	Child Welfare Project Portfolio Report	Wyatt_DHS_2688097
2020-07	2020-07 July Child Welfare Progress Report	Wyatt_DHS_2688104
2020-07	CHAT News Summer 2019 ENGLISH	Wyatt_DHS_0061268
2020-07	KEEP OR Quarterly Report July 2020	Wyatt_DHS_2688109
2020-08	August 2020 Education Guidance	Wyatt_DHS_2699715
2020-08	2020-08 CW Monthly Progress Report	Wyatt_DHS_2689004
2020-08	ORRAI Status Report	Wyatt_DHS_2689151



DATE	Description	BATES NO. / DKT NO.
2020-08	D4 PIP Charts Aug-20	Wyatt_DHS_2703929
2020-09	CW Monthly Progress Report, Sept 2020	Wyatt_DHS_2689239
2020-09	ORRAI Update, Sept 2020	Wyatt_DHS_2845697
2020-09	ODHS Executive Summary 2020 – Reporting Recommendations	Wyatt_DHS_2711237
2020-09	Education Tool kit for RPs	Wyatt_DHS_2709093
2020-09	September 2020 Foster Plus Report	Wyatt_DHS_2703925
2020-09	ORRAI Status Report	Wyatt_DHS_2690480
2020-09	D2 Alberta PIP Charts Sep-20	Wyatt_DHS_2703983
2020-09	D2 East PIP Charts Sep-20	Wyatt_DHS_2704025
2020-10	CW Monthly Progress Report, Oct 2020	Wyatt_DHS_2690475
2020-10	D14 PIP Charts Oct-20	Wyatt_DHS_3063003
2020-11	Presentation to Childrens Cabinet re Family First Title IV-E Prevention Plan	Wyatt_DHS_2690750
2020-11	Vision for Transformation	Wyatt_DHS_2709455
2020-11	D9 Debrief Summary Document	Wyatt_DHS_2721468
2020-11	D9 PIP Charts	Wyatt_DHS_2721477
2020-11	D15 PIP Charts Nov-20	Wyatt_DHS_2704105
2020-11	D9 PIP Charts Nov-20	Wyatt_DHS_2721477
2020-11	Q8 OR PIP Final Progress Report	Wyatt_DHS_2690783
2020-12	D16 PIP Charts Dec-20	Wyatt_DHS_2722097
2020-12	D16 PIP Charts Dec-20	Wyatt_DHS_2704263
2021 July	D6 CFSR Charts Jul-21	Wyatt_DHS_2710544
2021 March	D5 PIP Charts Mar-21	Wyatt_DHS_2709488
2021 May	D7 CQI Charts May-21	Wyatt_DHS_2709646
2021 Q1	D2 Gresham Chart	Wyatt_DHS_2709323
2021 Q1	D2 Midtown Chart	Wyatt_DHS_2709382
2021 Q1	D5 Chart	Wyatt_DHS_2709488



DATE	Description	BATES NO. / DKT NO.
2021 Q2	D3 Marion Chart	Wyatt_DHS_2709590
2021 Q2	D7 Chart	Wyatt_DHS_2709646
2021 Q2	D8 Grants Pass Chart	Wyatt_DHS_2710220
2021 Q2	D8 Medford Chart	Wyatt_DHS_2710240
2021 Q2	D10 Chart	Wyatt_DHS_2709616
2021 Q3	D2 Alberta Chart	Wyatt_DHS_2721633
2021 Q3	D6 Chart	Wyatt_DHS_2710544
2021 Q3	D11 Chart	Wyatt_DHS_2721571
2021 Q3	D12 Chart	Wyatt_DHS_2710587
2021 Q3	D13 Chart	Wyatt_DHS_2710549
2021 Q4	D1 Chart	Wyatt_DHS_2721692
2021 Q4	D9 Chart	Wyatt_DHS_2721822
2021 Q4	D14 Chart	Wyatt_DHS_2721697
2021 Q4	D15 Chart	Wyatt_DHS_2721872
2021 Q4	D16 Chart	Wyatt_DHS_2721961
2021-01	Every Child Q1 2021 Bi-Annual Report	Wyatt_DHS_2697151
2021-01	D2 Gresham PIP Charts Jan-21	Wyatt_DHS_2709323
2021-01	D2 Midtown PIP Charts Jan-21	Wyatt_DHS_2709382
2021-03	ODHS Back to School Guidance Update March 2021	Wyatt_DHS_2709450
2021-04	Barriers during COVID for foster care letter	Wyatt_DHS_2716952
2021-04	D3 Marion CFSR Charts Apr21 Updated 41122	Wyatt_DHS_2709590
2021-04	D4 CFSR Charts Aug21 Updated 41122	Wyatt_DHS_2729883
2021-05	Fidelity Statewide Report	Wyatt_DHS_3227252
2021-05	Fidelity Comparison Report	Wyatt_DHS_3227285
2021-06	D8 Grants Pass Charts Jun-21	Wyatt_DHS_2710220
2021-06	D8 Medford Charts Jun-21	Wyatt_DHS_2710240
2021-07	Champion Team Statewide Monthly Report Final	Wyatt_DHS_2715802



DATE	Description	BATES NO. / DKT NO.
2021-08	Statewide Retention Recruitment Summaries Aug 2021	Wyatt_DHS_2710344
2021-08	D11 CFSR Charts Aug-21 pdf	Wyatt_DHS_2721571
2021-08	District 11 Debrief Summary Document	Wyatt_DHS_2721560
2021-09	Alberta Debrief Summary Document	Wyatt_DHS_2721650
2021-09	D2 Alberta CFSR Charts	Wyatt_DHS_2721633
2021-09	D2 Alberta CFSR Charts Sep-21	Wyatt_DHS_2721633
2021-09	D2 East CFSR Charts Sep-21	To produce
2021-10	D1 CFSR Charts Oct-21 pdf	Wyatt_DHS_2721692
2021-10	District 1 2021 Debrief Summary Document	Wyatt_DHS_2721711
2021-10	D14 CFSR Charts Oct-21 pdf	Wyatt_DHS_2721697
2021-10	District 14 2021 Debrief Summary Document	Wyatt_DHS_2721702
2021-11	Fidelity Statewide Report	Wyatt_DHS_3227923
2021-11	Fidelity Comparison Report	Wyatt_DHS_3227857
2021-11	D9 CFSR Charts	Wyatt_DHS_2721822
2021-11	District 9 2021 Debrief Summary Document	Wyatt_DHS_2721827
2021-11	D15 CFSR Charts Nov-21 pdf	Wyatt_DHS_2721872
2021-11	District 15 2021 Debrief Summary	Wyatt_DHS_2721836
2021-11	D15 CFSR Charts Nov-21	Wyatt_DHS_2721872
2021-11	D9 CFSR Charts Nov-21	Wyatt_DHS_2721822
2021-12	Temporary Lodging draft dashboard	Wyatt_DHS_2711656
2021-12	D16 2021 Debrief Summary Document	Wyatt_DHS_2722056
2021-12	D16 2021 Debrief Summary Document	Wyatt_DHS_2721966
2021-12	D16 CFSR Charts	Wyatt_DHS_2721961
2021-12	D16 CFSR Charts Dec-21	Wyatt_DHS_2721961
2021-12	CW Monthly Progress Report, Dec 2021	Wyatt_DHS_2716739
2021-2022	CCWIS Automated Function Checklist 2021-22	Wyatt_DHS_2711268



DATE	Description	BATES NO. / DKT NO.
2022 February- March	D5 CFSR Charts Feb-Mar22	Wyatt_DHS_2729888
2022 Q1	CFSR Review Ratings 2016 vs 2021 Chart	Wyatt_DHS_2729837
2022 Q1	CFSR Review Ratings 2016 vs 2021	Wyatt_DHS_2729838
2022-01	ODHS News – Program division leadership updates	To produce
2022-01	D2 Gresham CFSR Charts	Wyatt_DHS_2722205
2022-01	D2 Midtown CFSR Charts Jan-22docx	Wyatt_DHS_2722272
2022-01	Midtown Debrief Document	Wyatt_DHS_2722259
2022-01	D2 Gresham CFSR Charts Jan-22	Wyatt_DHS_2722205
2022-01	D2 Midtown CFSR Charts Jan-22	Wyatt_DHS_2729868
2022-01	CW Monthly Progress Report, Jan 2022	Wyatt_DHS_2721125
2022-01	DHS CW Vision for Transformation 2021 Year in Review	Wyatt_DHS_2952753
2022-01	Resource Family Retention and Recruitment Statewide Recap Report Jan 2022	Wyatt_DHS_2721293
2022-01	OHA Res Youth Program Testing Guidance	Wyatt_DHS_2727249
2022-02	CW Monthly Report for February 2022	Wyatt_DHS_2781206
2022-02	Gresham Debrief Summary Document	Wyatt_DHS_2722208
2022-02	D5 CFSR Charts Feb-Mar22	Wyatt_DHS_2729888
2022-02	Oregon DHS Child Welfare Procedure Manual	Wyatt_DHS_2718760
2022-03	Child Protective Services Supervisor Toolkit Draft v1	To produce
2022-03	CW Monthly Progress Report, March 2022	Wyatt_DHS_2722460
2022-04	CW Monthly Progress Report, April 2022	Wyatt_DHS_2729630
2022-04	D3 Marion CFSR Charts	Wyatt_DHS_2966419
2022-04	D3 Polk-Yamhill CFSR Charts	Wyatt_DHS_2730085
2022-04	CW Monthly Progress Report, April 2022	Wyatt_DHS_2729630
2022-04	D3 Marion CFSR Charts Apr-22	Wyatt_DHS_2730090



DATE	Description	BATES NO. / DKT NO.
2022-04	D3 Polk-Yamhill CFSR Charts Apr-22	Wyatt_DHS_2730085
2022-05	Spring 2022 ORCAH Newsletter (https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/de4271.pdf)	Publicly available
2022-05	CW Monthly Progress Report, May 2022	Wyatt_DHS_2730154
2022-08	2022 Training Matrix Redesign	Wyatt_DHS_4564347
2022-12	CW Monthly Progress Report, Dec 2022	Wyatt_DHS_4564523
2022-23	34 FY CAPTA Citizen Review Panel Report	Wyatt_DHS_4466603
2023-01	CW Monthly Progress Report, Jan 2023	Wyatt_DHS_4564543
2023-02	CW Monthly Progress Report, Feb 2023	Wyatt_DHS_4564563
2023-03	CW Monthly Progress Report, March 2023	Wyatt_DHS_4564585
2023-04	CW Monthly Progress Report, April 2023	Wyatt_DHS_4564607
2023-05	CW Monthly Progress Report, May 2023	Wyatt_DHS_4564629
2023-06	CW Monthly Progress Report, June 2023	Wyatt_DHS_4564651
2023-08	CW Monthly Progress Report, August 2023	Wyatt_DHS_4665916
2023-09	CW Monthly Progress Report, September 2023	Wyatt_DHS_4665979
2023-10	CW Monthly Progress Report, October 2023	Wyatt_DHS_4666015
May 2022- Sept 2023	Child Specific Caregiver Supports Pilot Final Combined Data Report	To produce
NA	OAR 413-120-0800 to 413-120-0880 Disruption	Publicly available
NA	OAR 413-130-0020 Post Adoption Services	Publicly available
NA	ORS 418.270 Surrender of Child to CCA, consent to adoption	Publicly available
NA	Web - State of Oregon_ Policy Offices - Child Foster Care Advisory Commission (https://www.oregon.gov/gov/policies/Pages/child-foster-care-advisory-commission.aspx)	Publicly available
NA	ORS 418/575 to 418.598 re SPRF	Wyatt_DHS_2502746



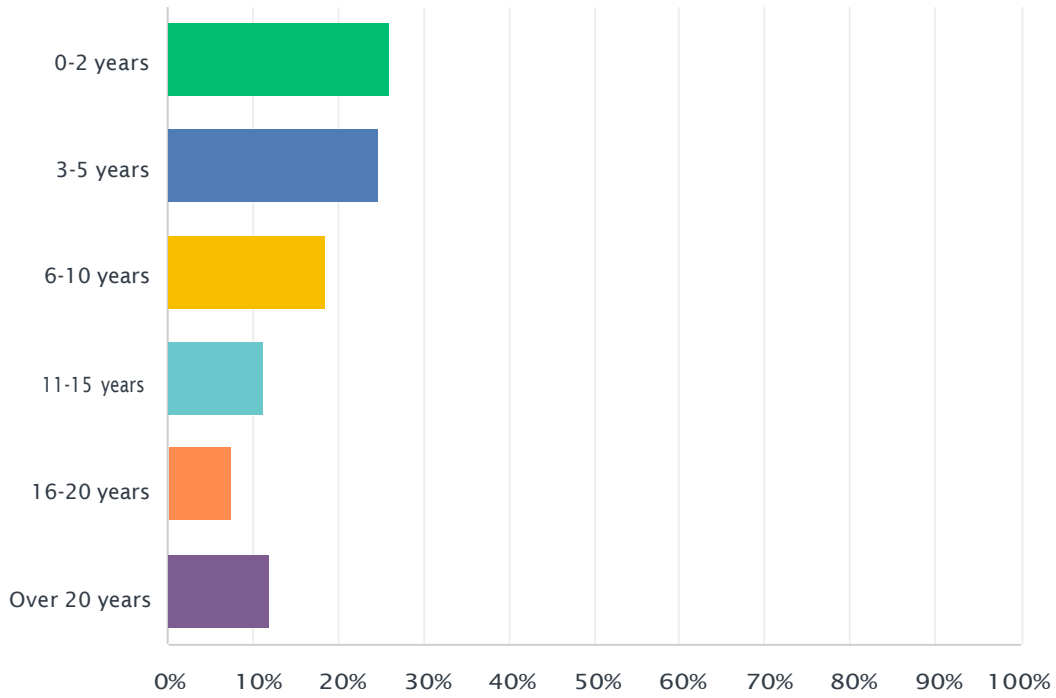
DATE	Description	BATES NO. / DKT NO.
NA	About DHS – Foster Care Ombudsman (https://www.oregon.gov/odhs/about/pages/foster-care-ombuds.aspx#:~:text=Foster%20Care%20Ombuds,of%20the%20Governor's%20Advocacy%20Office.)	Publicly available
NA	About DHS – Governor's Advocacy Office (https://www.oregon.gov/odhs/about/Pages/gao.aspx)	Publicly available
NA	An Overview of DHS Teen Services Booklet	To produce



Appendix E: Survey Results

Q1 How long have you worked at DHS?

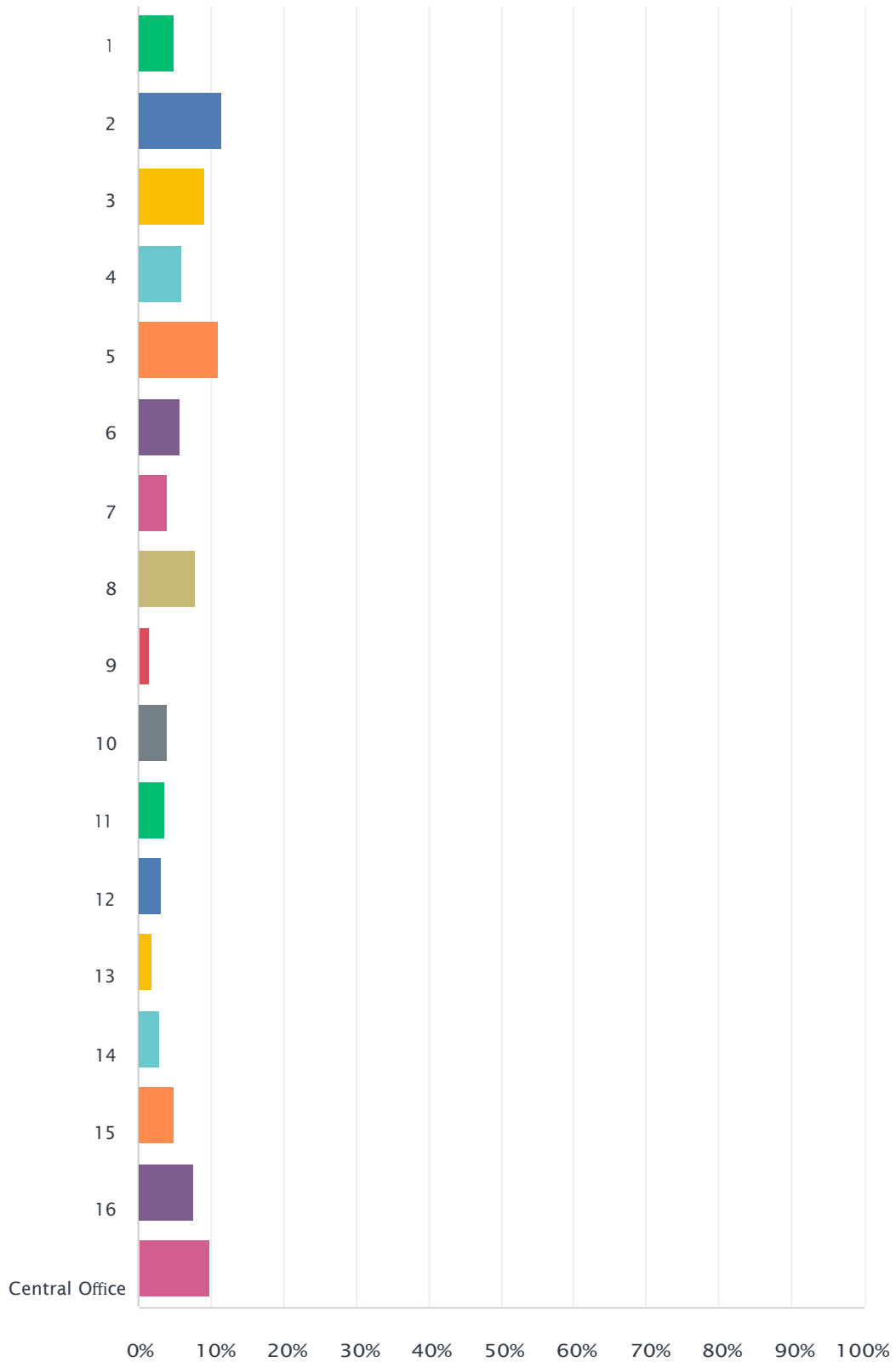
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ANSWER CHOICES	RESPONSES	
0-2 years	26.10%	250
3-5 years	24.74%	237
6-10 years	18.48%	177
11-15 years	11.27%	108
16-20 years	7.52%	72
Over 20 years	11.90%	114
TOTAL		958

Q2 What district do you work in?

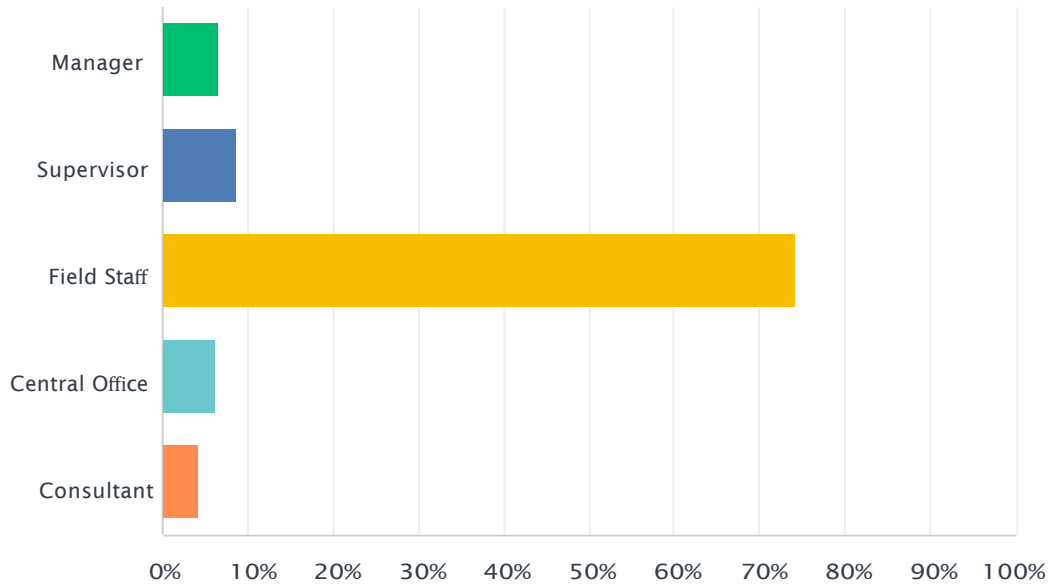
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ANSWER CHOICES	RESPONSES	
1	4.91%	47
2	11.48%	110
3	9.08%	87
4	5.95%	57
5	11.17%	107
6	5.85%	56
7	4.07%	39
8	7.93%	76
9	1.57%	15
10	3.97%	38
11	3.55%	34
12	3.24%	31
13	1.88%	18
14	2.92%	28
15	5.01%	48
16	7.72%	74
Central Office	9.71%	93
TOTAL		958

Q3 What is your role at DHS?

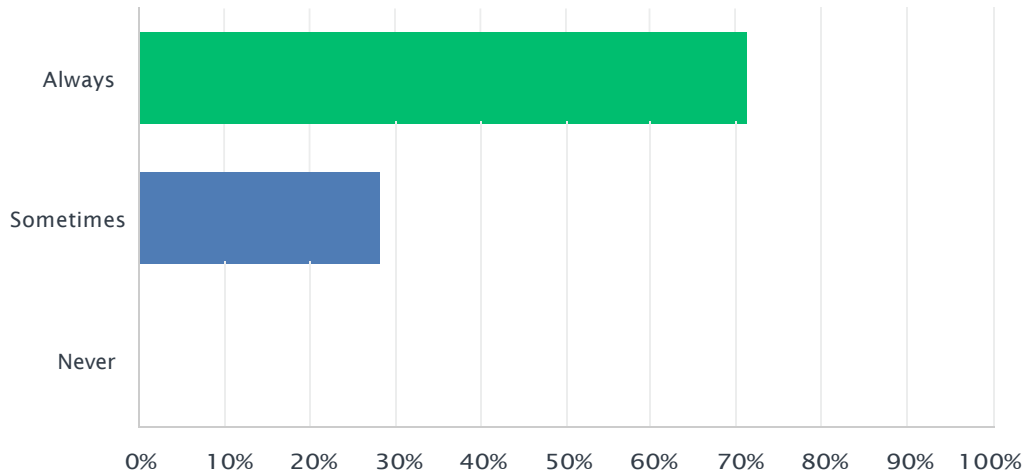
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ANSWER CHOICES	RESPONSES	
Manager	6.58%	63
Supervisor	8.77%	84
Field Staff	74.22%	711
Central Office	6.16%	59
Consultant	4.28%	41
TOTAL		958

Q4 Does CW address safety threats and safety concerns of children in their homes?

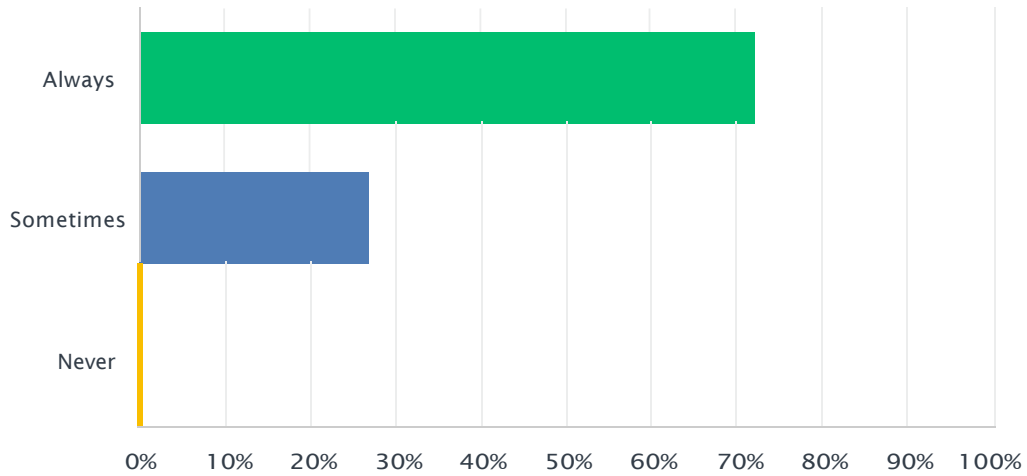
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ANSWER CHOICES	RESPONSES	
Always	71.48%	396
Sometimes	28.34%	157
Never	0.18%	1
TOTAL		554

Q5 Does CW assess safety threats and safety concerns of children in substitute care?

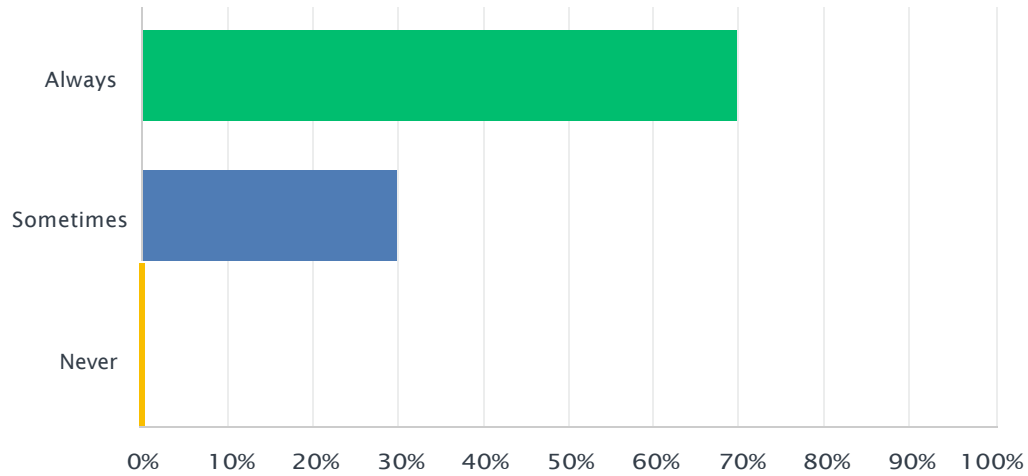
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ANSWER CHOICES	RESPONSES	
Always	72.38%	401
Sometimes	27.08%	150
Never	0.54%	3
TOTAL		554

Q6 Does CW address safety threats and safety concerns of children in substitute care?

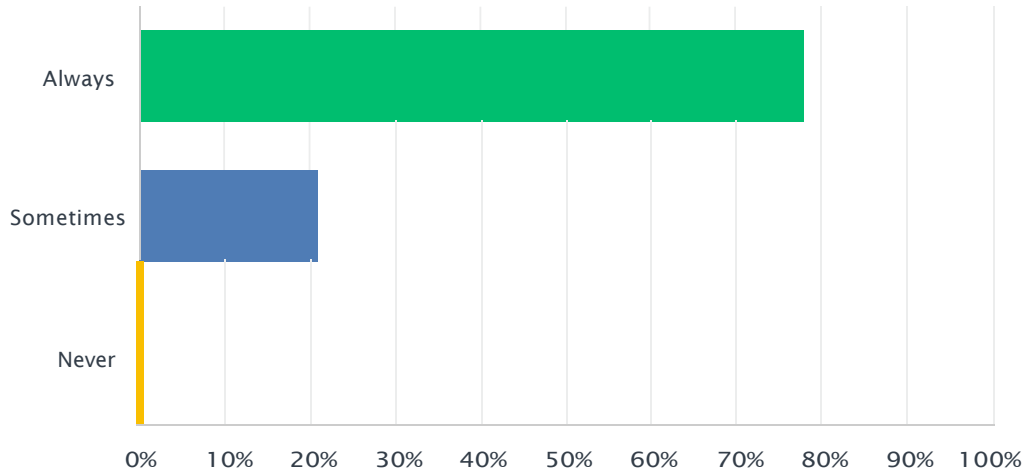
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ANSWER CHOICES	RESPONSES	
Always	69.49%	385
Sometimes	29.96%	166
Never	0.54%	3
TOTAL		554

Q7 Does CW maintain the confidentiality of reports of abuse in care?

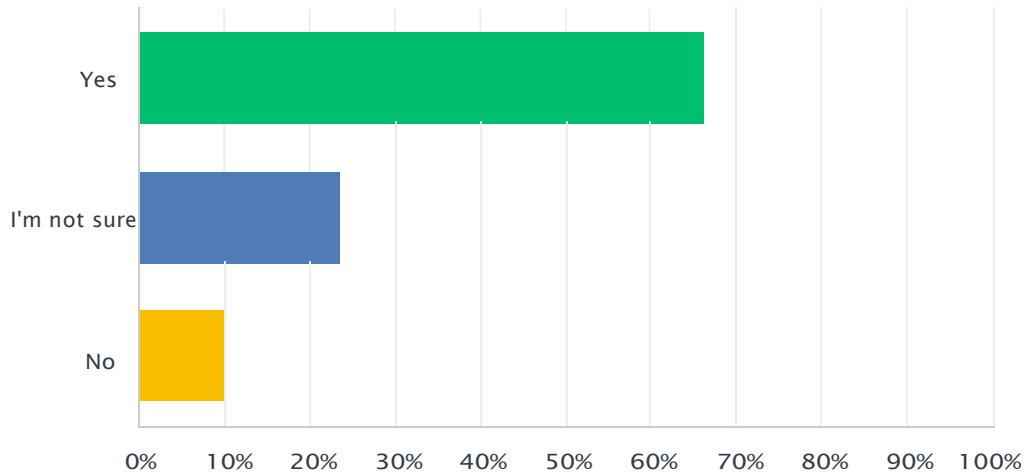
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ANSWER CHOICES	RESPONSES	
Always	77.98%	432
Sometimes	21.12%	117
Never	0.90%	5
TOTAL		554

Q8 Is the process of responding to allegations of abuse and neglect regarding children in substitute care clear?

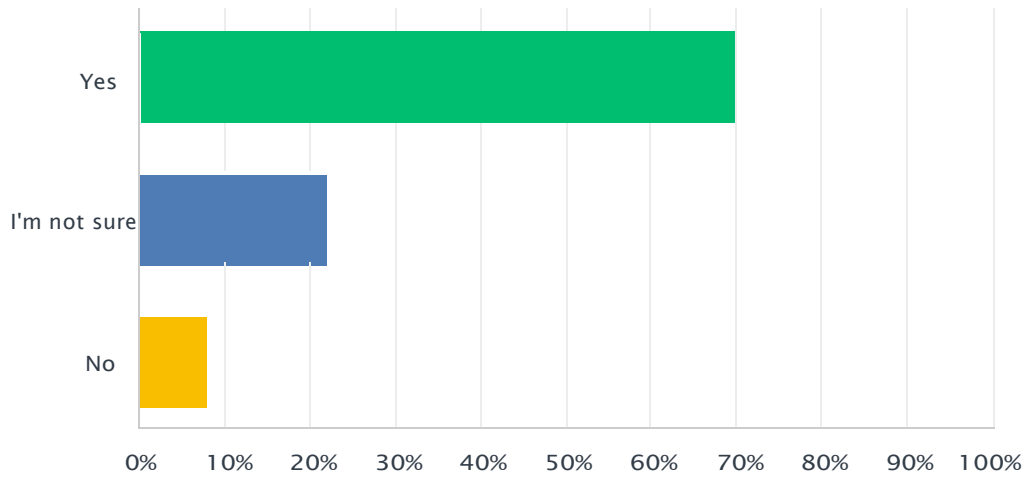
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ANSWER CHOICES	RESPONSES	
Yes	66.25%	367
I'm not sure	23.65%	131
No	10.11%	56
TOTAL		554

Q9 Is the process of responding to allegations of abuse and neglect regarding children in substitute care understandable:

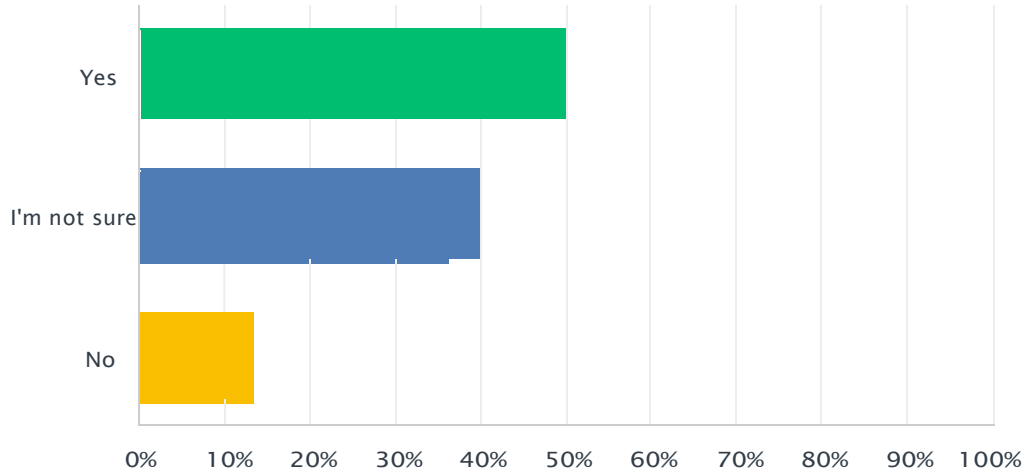
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ANSWER CHOICES	RESPONSES	
Yes	69.68%	386
I'm not sure	22.20%	123
No	8.12%	45
TOTAL		554

Q10 Does CW standardize the response to allegations of maltreatment for children in substitute care?

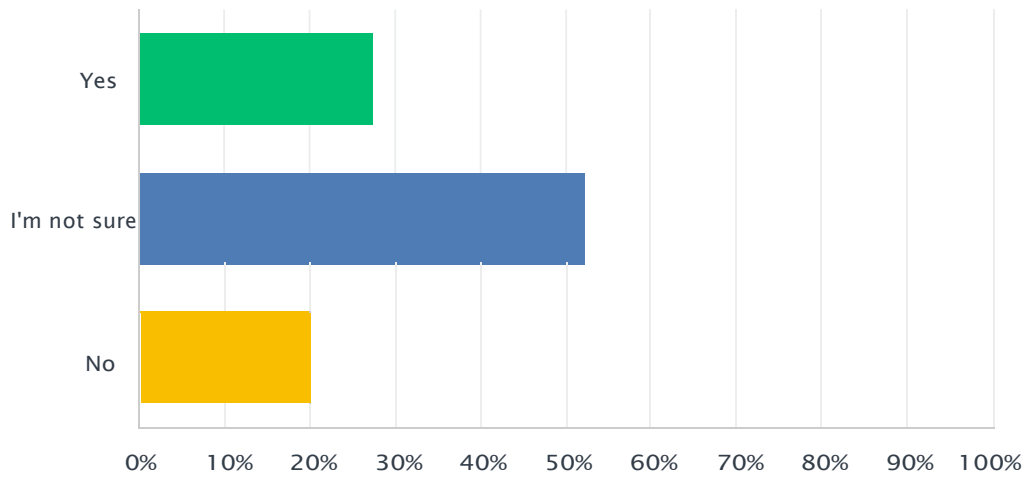
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ANSWER CHOICES	RESPONSES	
Yes	49.82%	276
I'm not sure	36.46%	202
No	13.72%	76
TOTAL		554

Q11 Has CW standardized the protocol for "closed at screening"?

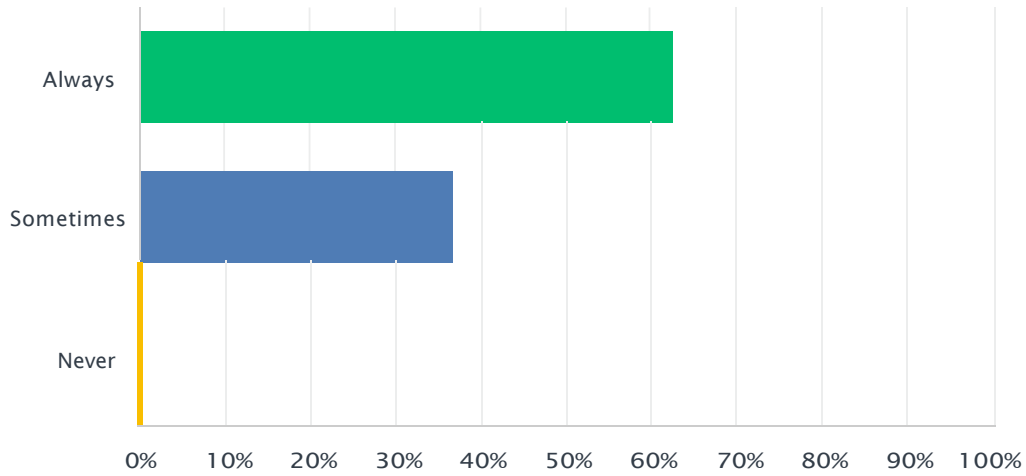
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ANSWER CHOICES	RESPONSES	
Yes	27.44%	152
I'm not sure	52.35%	290
No	20.22%	112
TOTAL		554

Q12 Does CW ensure that requirements (agency policies, legal regulations, or laws) are met when recruiting, certifying, and monitoring foster parents?

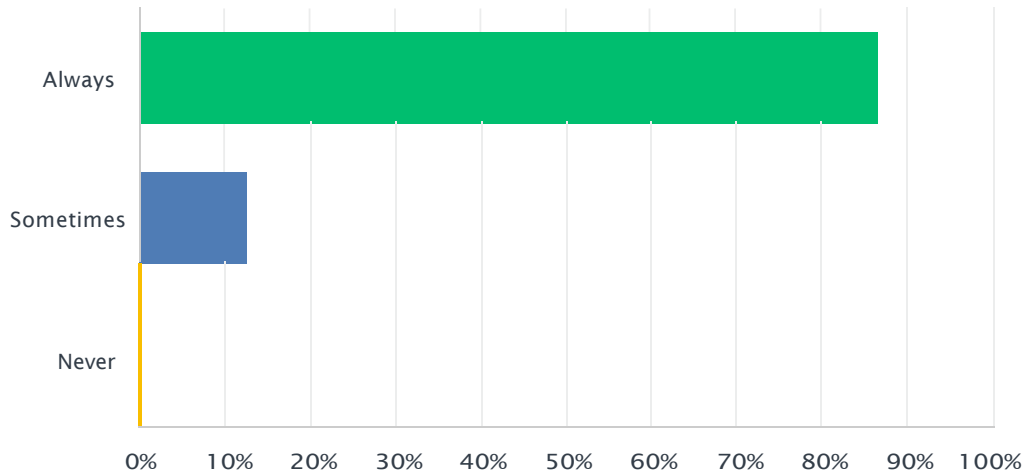
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ANSWER CHOICES	RESPONSES	
Always	62.64%	347
Sometimes	36.82%	204
Never	0.54%	3
TOTAL		554

Q13 Does CW comply with federal background check requirements during certification of substitute care providers?

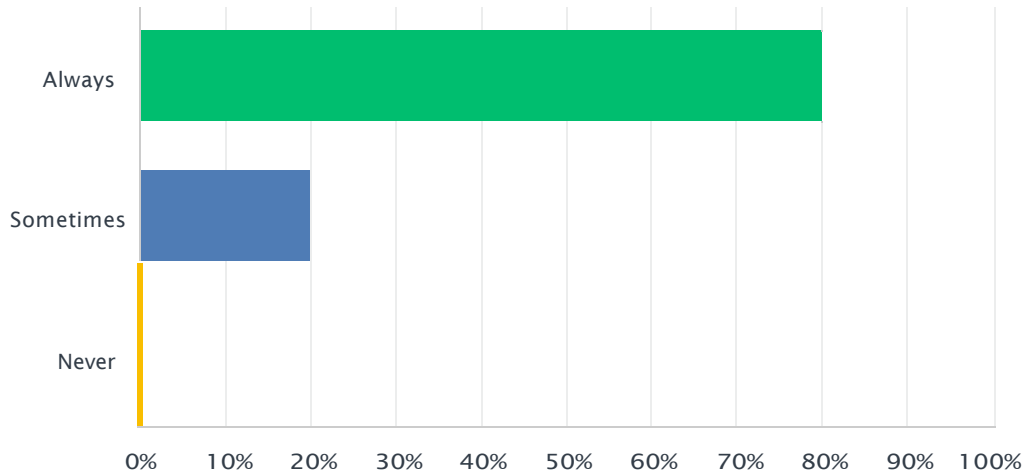
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ANSWER CHOICES	RESPONSES	
Always	86.82%	481
Sometimes	12.82%	71
Never	0.36%	2
TOTAL		554

Q14 Does CW comply with federal background check requirements during oversight of substitute care providers?

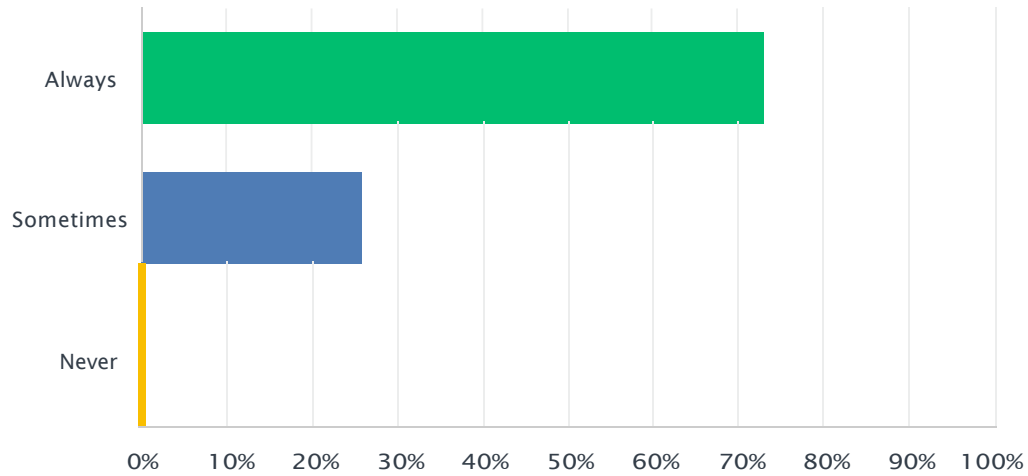
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ANSWER CHOICES	RESPONSES	
Always	80.14%	444
Sometimes	19.31%	107
Never	0.54%	3
TOTAL		554

Q15 Does CW leadership advocate for safety for children under CW supervision?

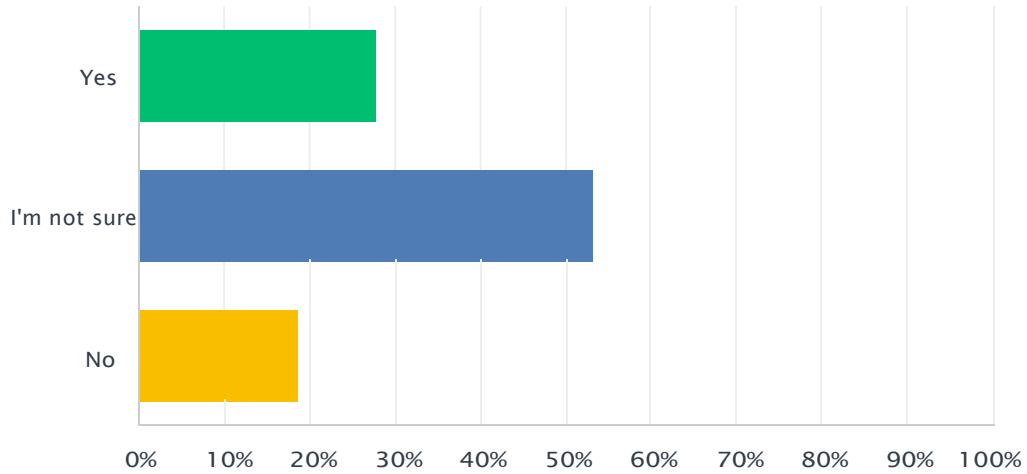
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ANSWER CHOICES	RESPONSES	
Always	73.10%	405
Sometimes	25.99%	144
Never	0.90%	5
TOTAL		554

Q16 Has the organizational culture of CW improved during the tenure of Rebecca Jones Gaston?

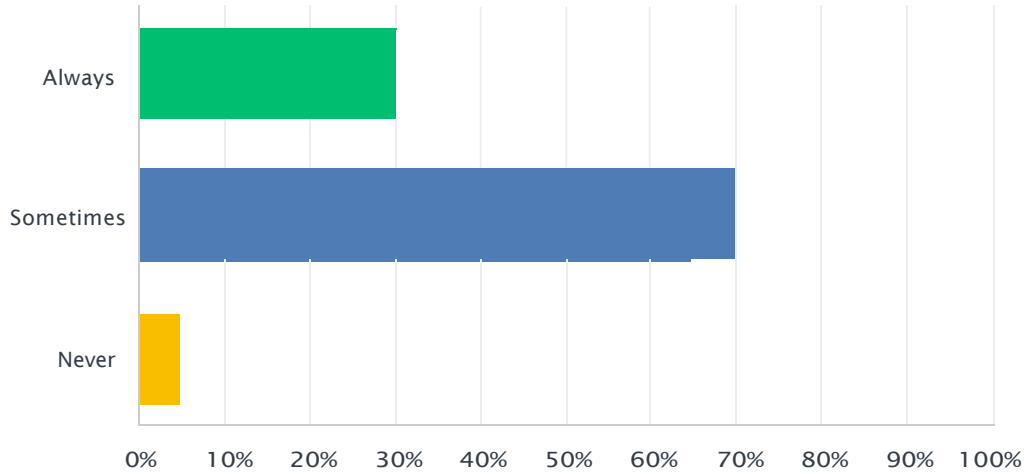
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ANSWER CHOICES	RESPONSES	
Yes	27.98%	155
I'm not sure	53.25%	295
No	18.77%	104
TOTAL		554

Q17 Do you believe that CW leadership pursues appropriate policy changes to improve child protection?

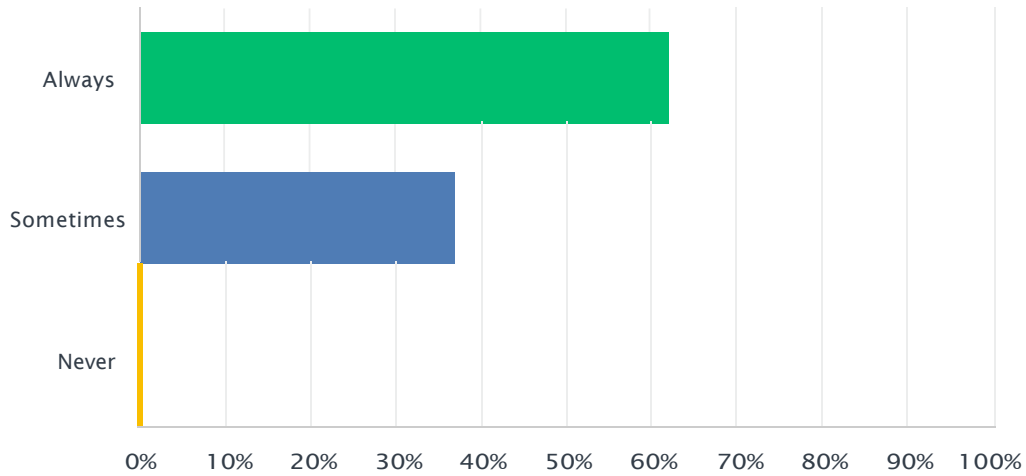
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ANSWER CHOICES	RESPONSES	
Always	30.32%	168
Sometimes	64.80%	359
Never	4.87%	27
TOTAL		554

Q18 Does CW respond according to policies and procedures to maltreatment reports from children in substitute care?

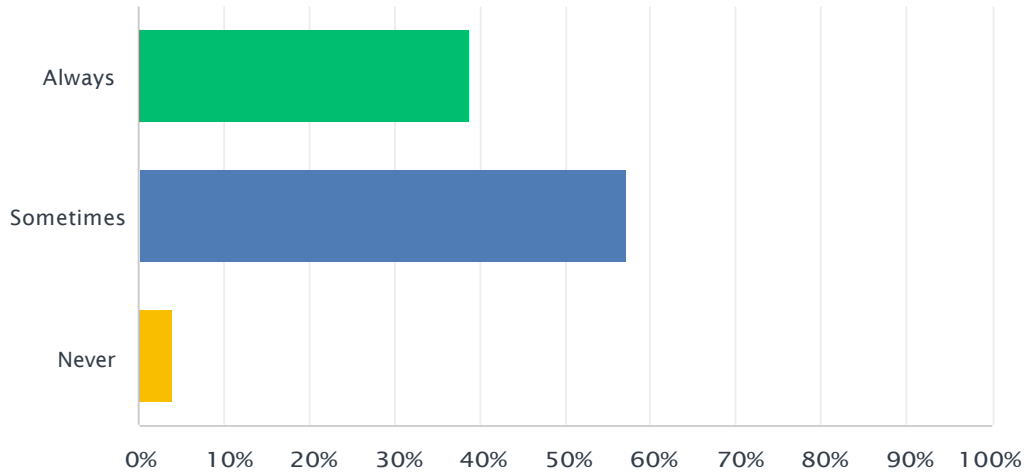
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ANSWER CHOICES	RESPONSES	
Always	62.27%	345
Sometimes	37.18%	206
Never	0.54%	3
TOTAL		554

Q19 Does CW engage in continuous quality improvement processes at the state level?

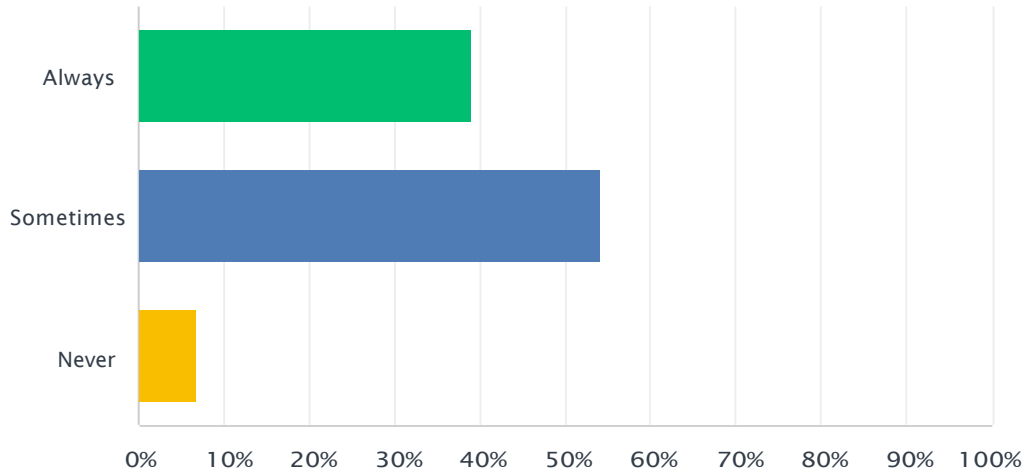
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ANSWER CHOICES	RESPONSES	
Always	38.81%	215
Sometimes	57.04%	316
Never	4.15%	23
TOTAL		554

Q20 Does CW engage in continuous quality improvement processes at the district level?

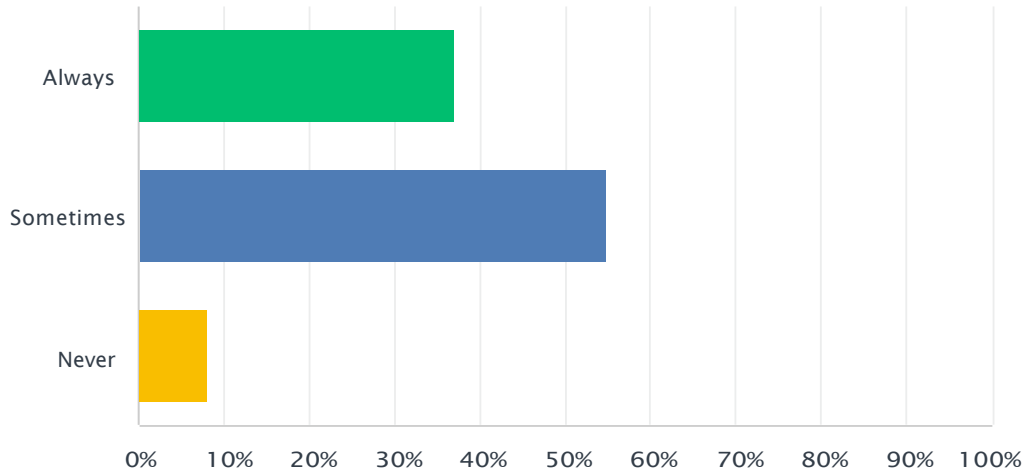
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ANSWER CHOICES	RESPONSES	
Always	38.99%	216
Sometimes	54.15%	300
Never	6.86%	38
TOTAL		554

Q21 Does CW engage in continuous quality improvement processes at the county level?

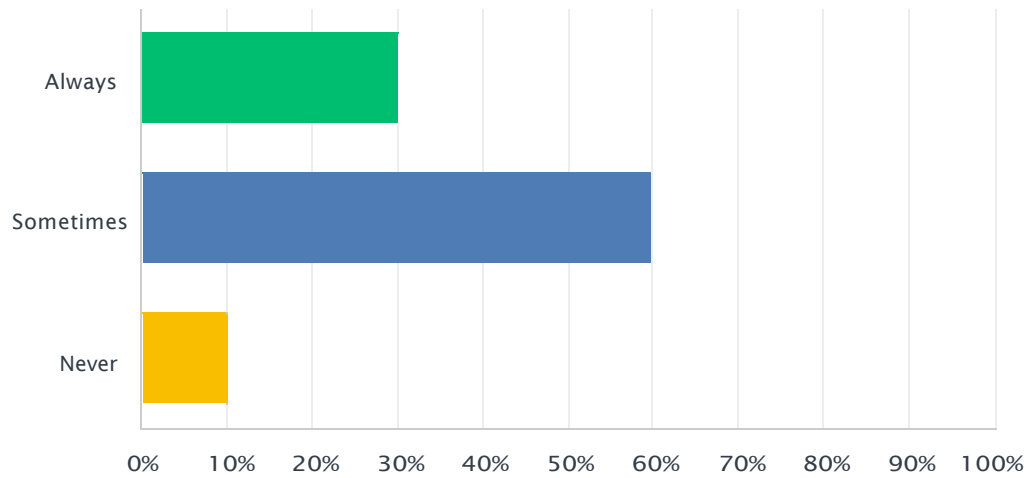
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ANSWER CHOICES	RESPONSES	
Always	37.00%	205
Sometimes	54.87%	304
Never	8.12%	45
TOTAL		554

Q22 Does CW use the evaluations of the quality of services to improve service delivery to families?

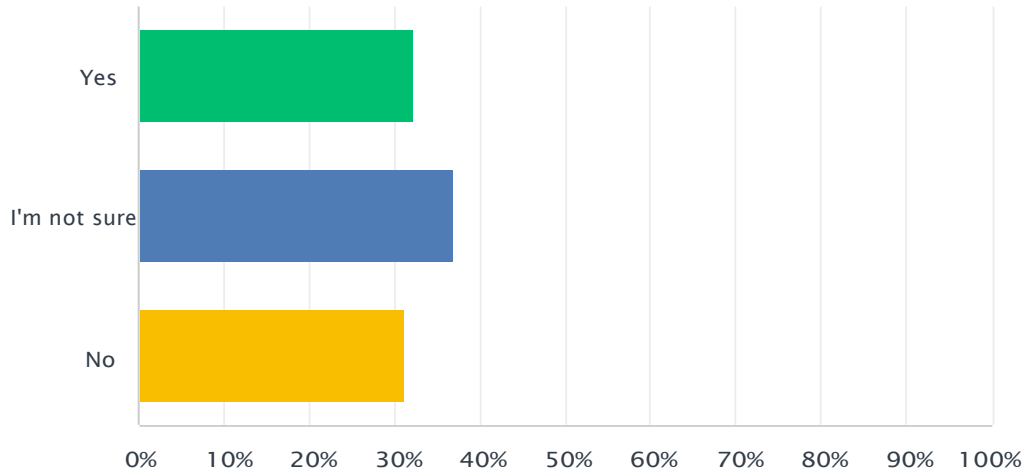
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ANSWER CHOICES	RESPONSES	
Always	30.32%	168
Sometimes	59.39%	329
Never	10.29%	57
TOTAL		554

Q23 Does CW provide training and coaching for staff on how to use data to drive decisions and improve quality of services?

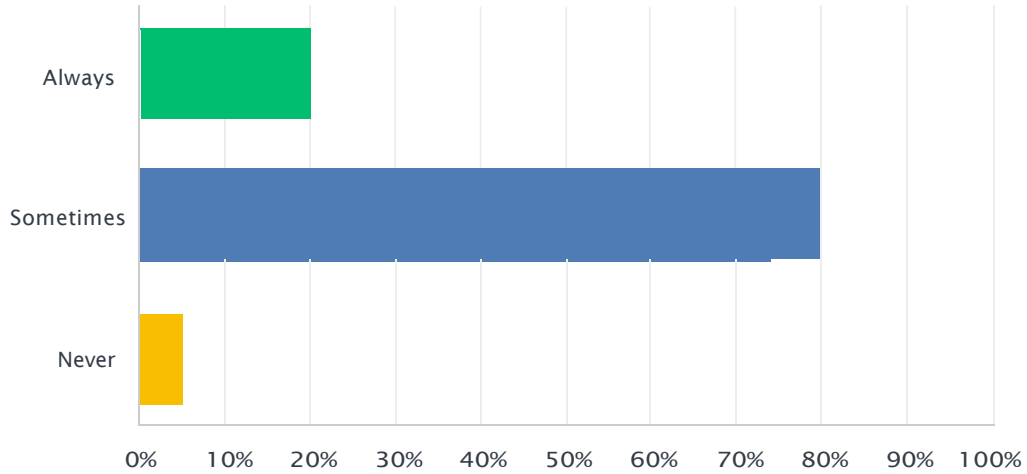
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	32.13%	178
I'm not sure	36.82%	204
No	31.05%	172
TOTAL		554

Q24 Does CW recruit and retain foster parents who are able to meet the identified needs of children in foster care?

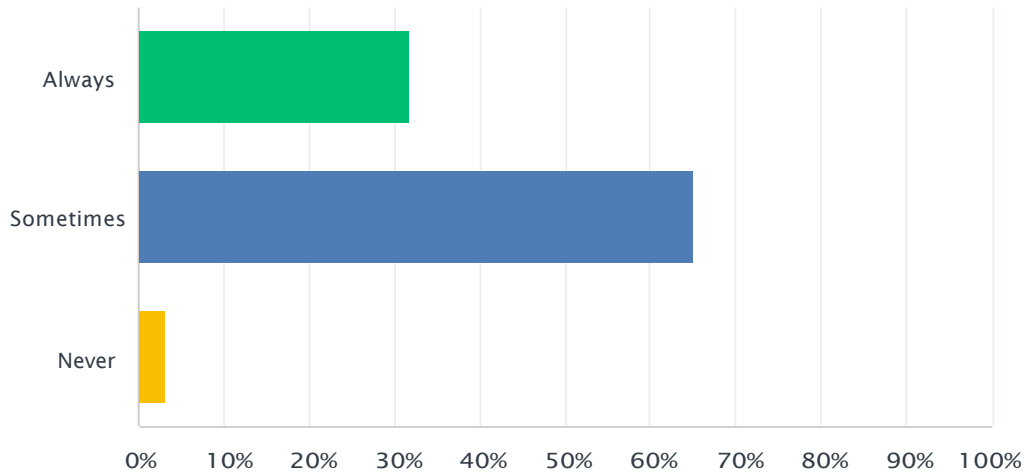
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ANSWER CHOICES	RESPONSES	
Always	20.40%	113
Sometimes	74.19%	411
Never	5.42%	30
TOTAL		554

Q25 Does CW recruit and retain appropriate child-specific providers, including kith and kin, to care for the number of children who need such placements?

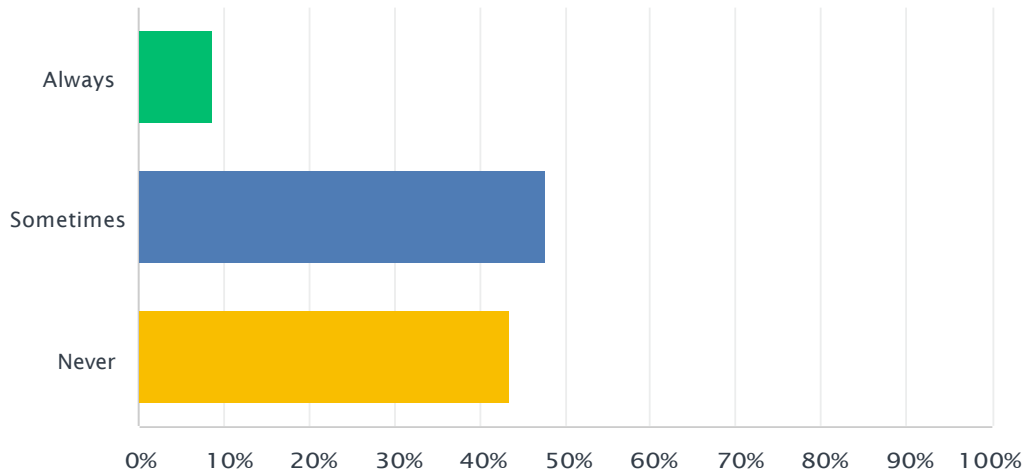
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	31.77%	176
Sometimes	64.98%	360
Never	3.25%	18
TOTAL		554

Q26 Does CW maintain an appropriate number of foster homes to house the number of children who need to be placed in foster care?

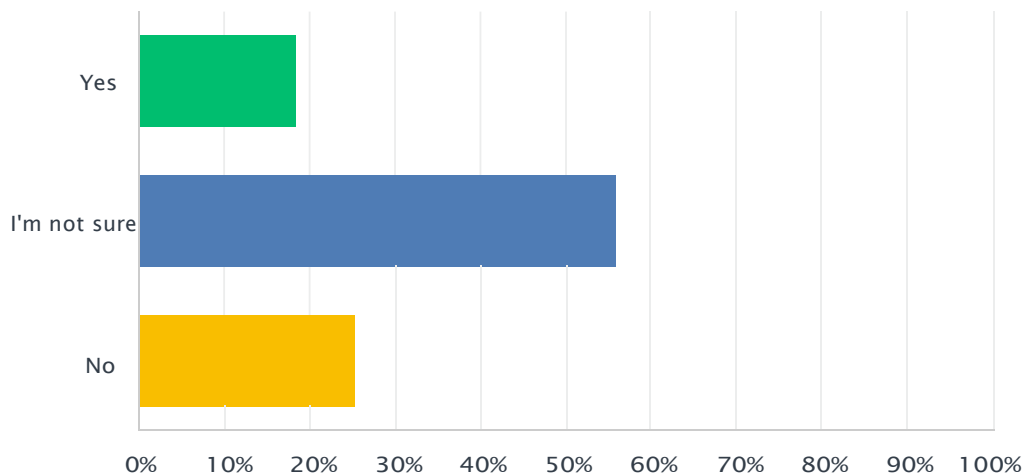
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ANSWER CHOICES	RESPONSES	
Always	8.66%	48
Sometimes	47.83%	265
Never	43.50%	241
TOTAL		554

Q27 Does CW conduct Diligent Recruitment (the process of recruiting, retaining, and supporting foster families that reflect the ethnicity and race of children in substitute care) of foster care providers?

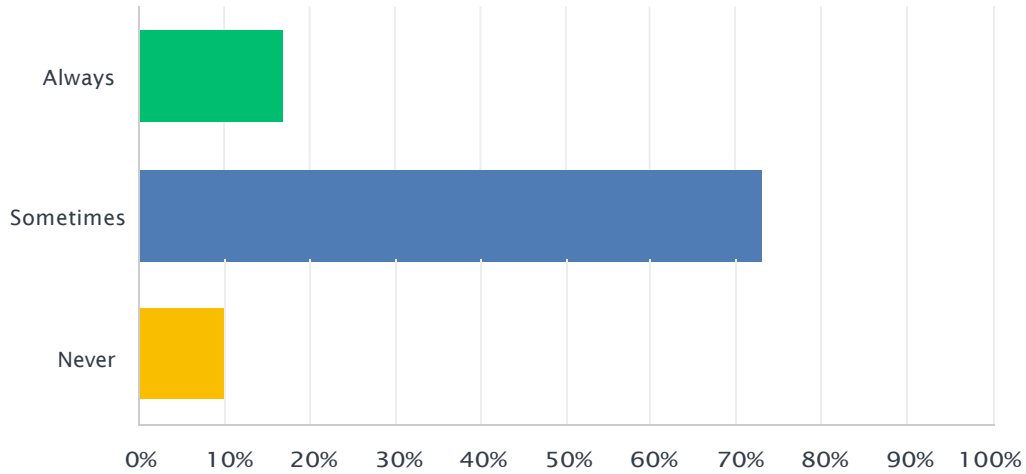
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	18.59%	103
I'm not sure	56.14%	311
No	25.27%	140
TOTAL		554

Q28 Does CW recruit and retain substitute care providers who can care for children who identify as LGBTQIA+?

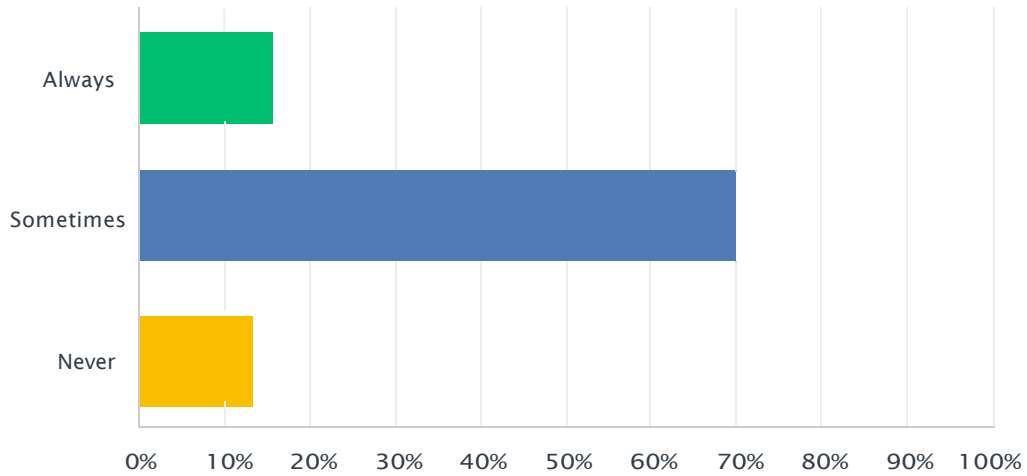
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	17.15%	95
Sometimes	73.10%	405
Never	9.75%	54
TOTAL		554

Q29 Does CW recruit and retain substitute care providers who can care for children who are living with high needs?

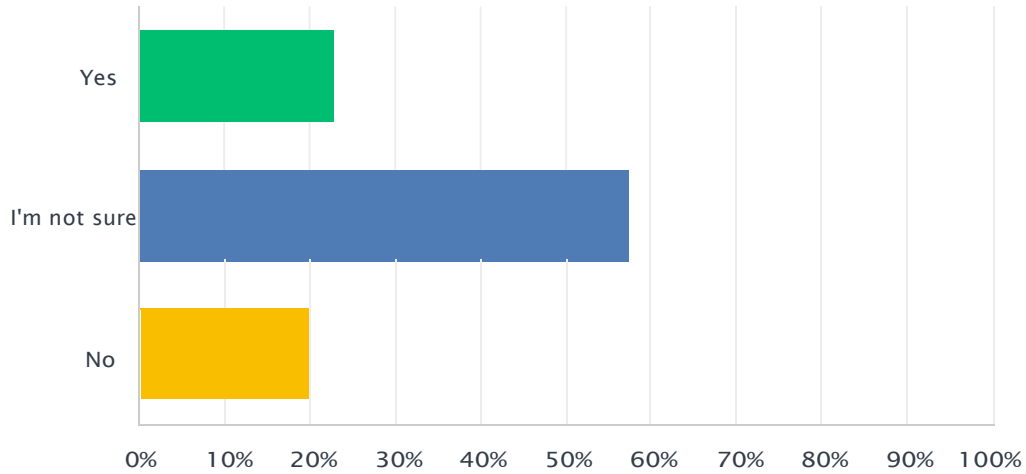
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	15.88%	88
Sometimes	70.76%	392
Never	13.36%	74
TOTAL		554

Q30 Does CW provide training and coaching for staff on best practices for recruitment of substitute care providers?

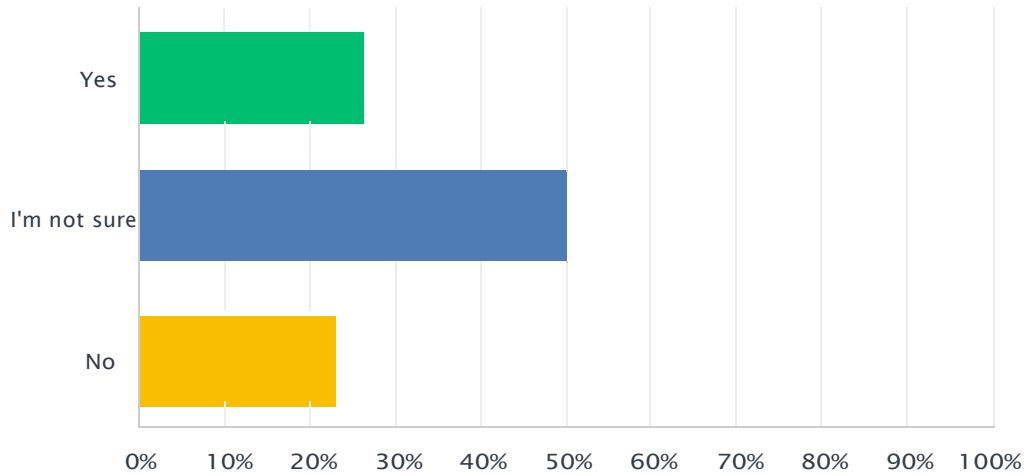
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	23.10%	128
I'm not sure	57.58%	319
No	19.31%	107
TOTAL		554

Q31 Does CW provide training and coaching for staff on best practices for retention of substitute care providers?

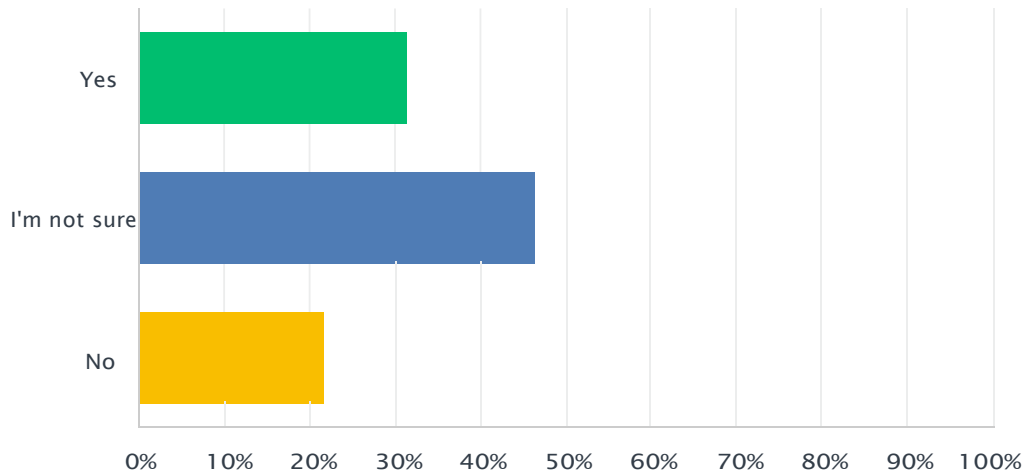
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ANSWER CHOICES	RESPONSES	
Yes	26.35%	146
I'm not sure	50.36%	279
No	23.29%	129
TOTAL		554

Q32 Does CW provide training and coaching for staff on best practices for support of substitute care providers?

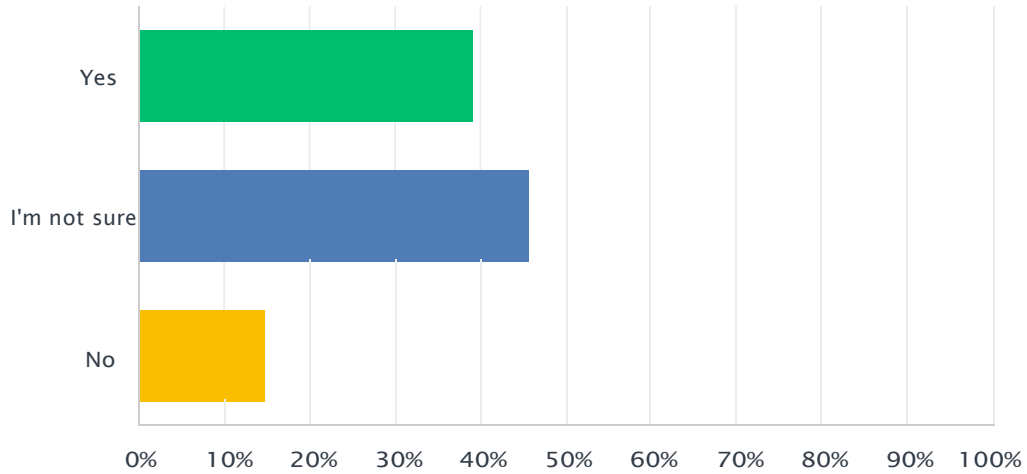
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ANSWER CHOICES	RESPONSES	
Yes	31.59%	175
I'm not sure	46.57%	258
No	21.84%	121
TOTAL		554

Q33 Does CW leadership support the recruitment, retention, and support of substitute care providers?

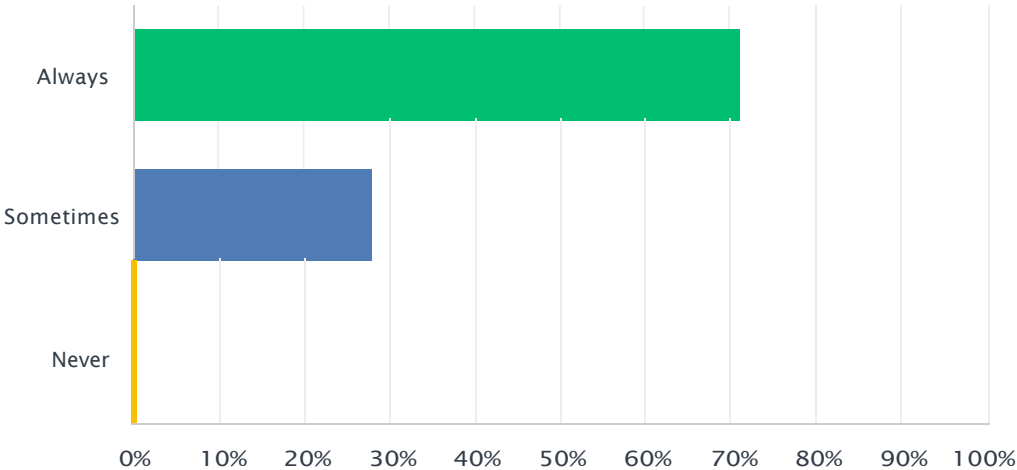
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ANSWER CHOICES	RESPONSES	
Yes	39.17%	217
I'm not sure	45.85%	254
No	14.98%	83
TOTAL		554

Q34 Does CW prioritize the placement of children with relatives?

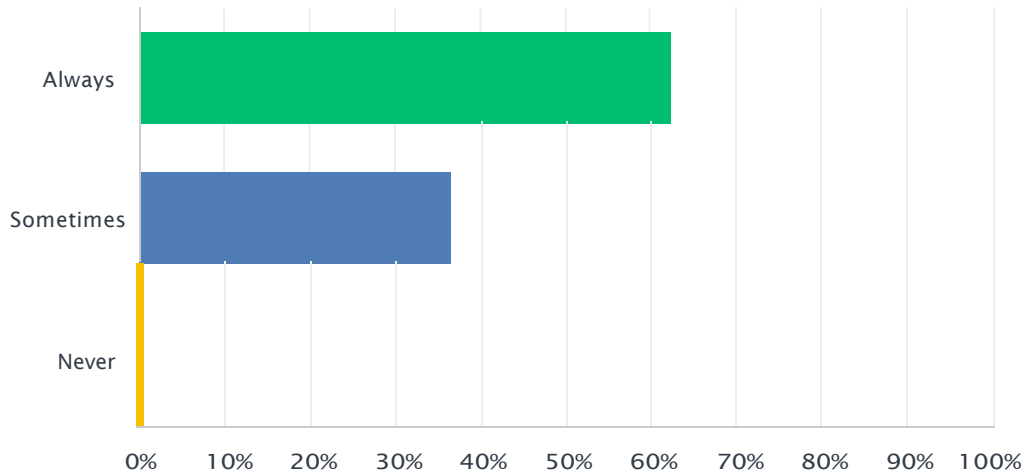
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	71.30%	395
Sometimes	28.16%	156
Never	0.54%	3
TOTAL		554

Q35 Does CW conduct ongoing searches for relatives of children in substitute care?

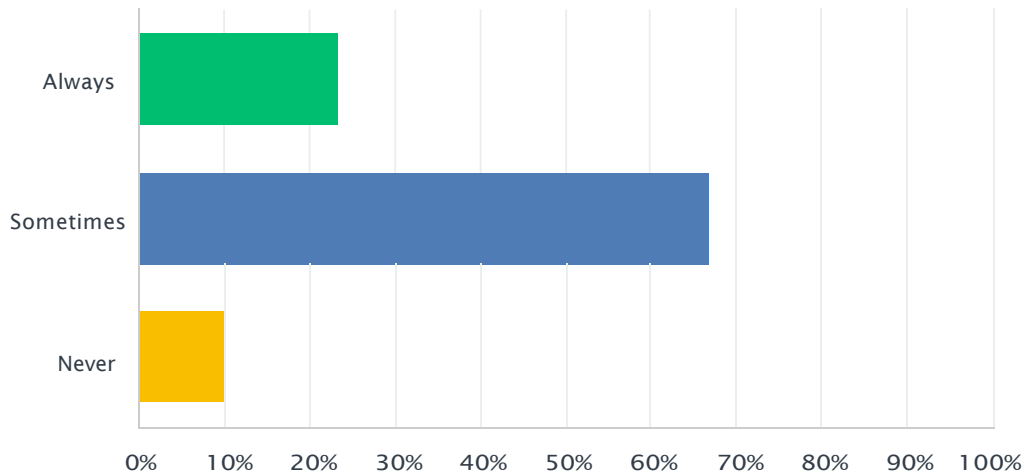
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	62.45%	346
Sometimes	36.64%	203
Never	0.90%	5
TOTAL		554

Q36 Does CW appropriately match children to substitute care placements based on the needs of the child and the capability of the providers?

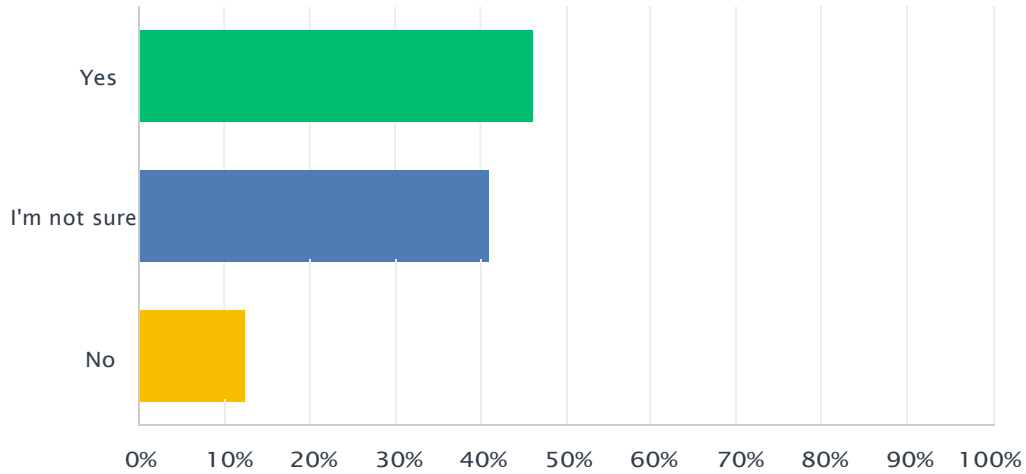
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	23.47%	130
Sometimes	66.97%	371
Never	9.57%	53
TOTAL		554

Q37 Does CW provide training and coaching to staff on best practices for improving permanence for children in substitute care?

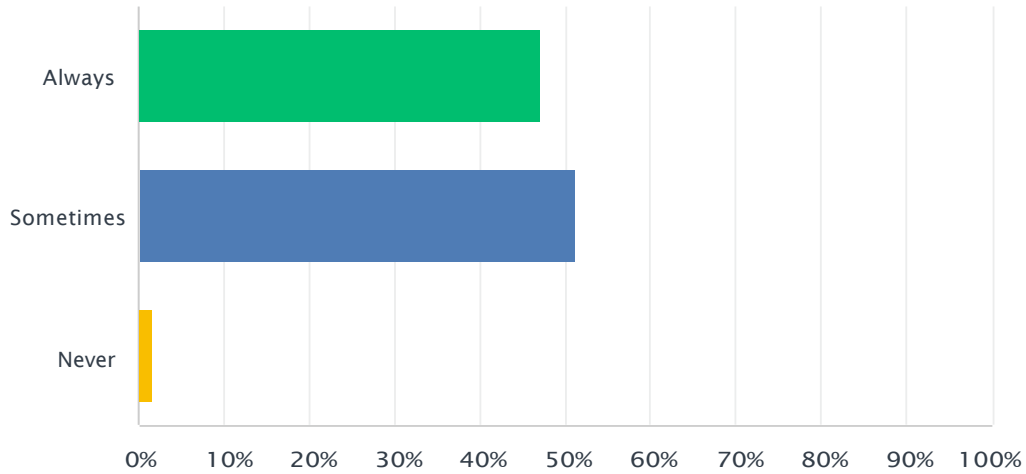
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	46.21%	256
I'm not sure	41.16%	228
No	12.64%	70
TOTAL		554

Q38 Does CW identify permanency goals appropriate to the needs of the child?

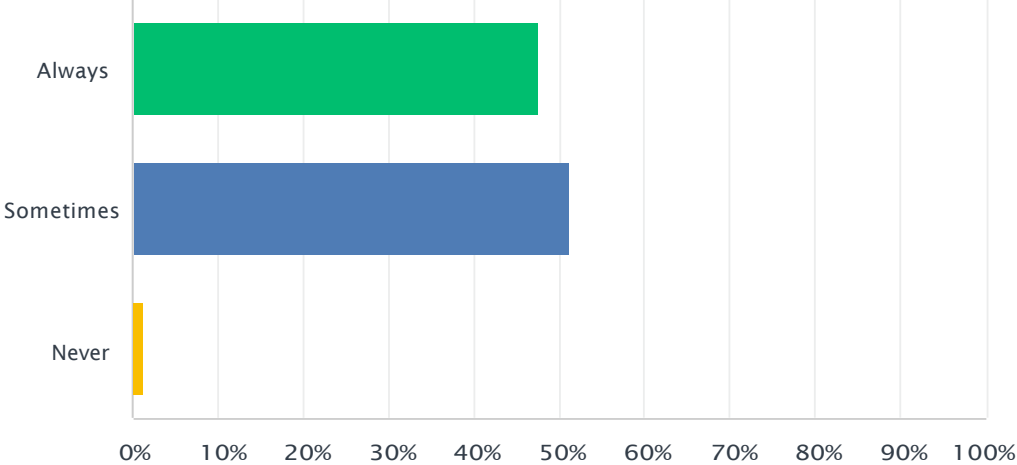
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	47.11%	261
Sometimes	51.08%	283
Never	1.81%	10
TOTAL		554

Q39 Does CW create permanency plans based on the identified needs of the child?

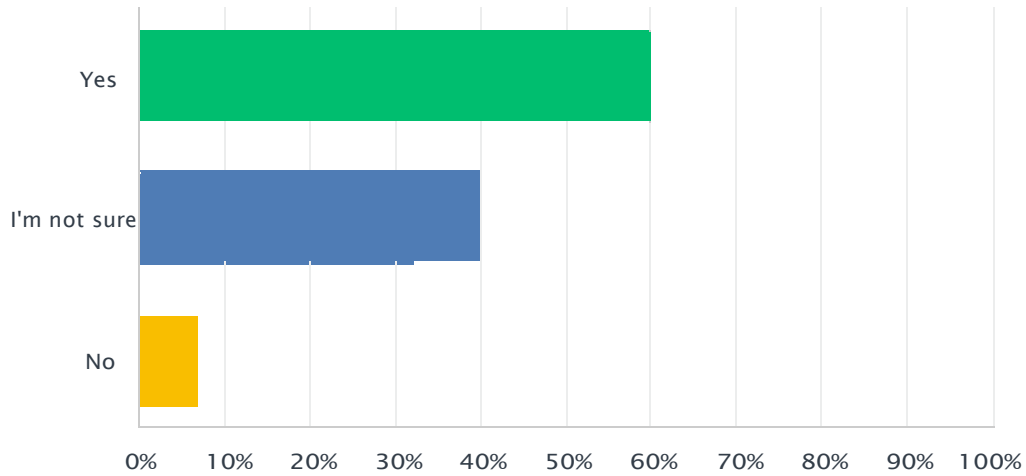
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ANSWER CHOICES	RESPONSES	
Always	47.47%	263
Sometimes	51.26%	284
Never	1.26%	7
TOTAL		554

Q40 Does CW provide training and coaching to staff on how to plan for permanency for children and families?

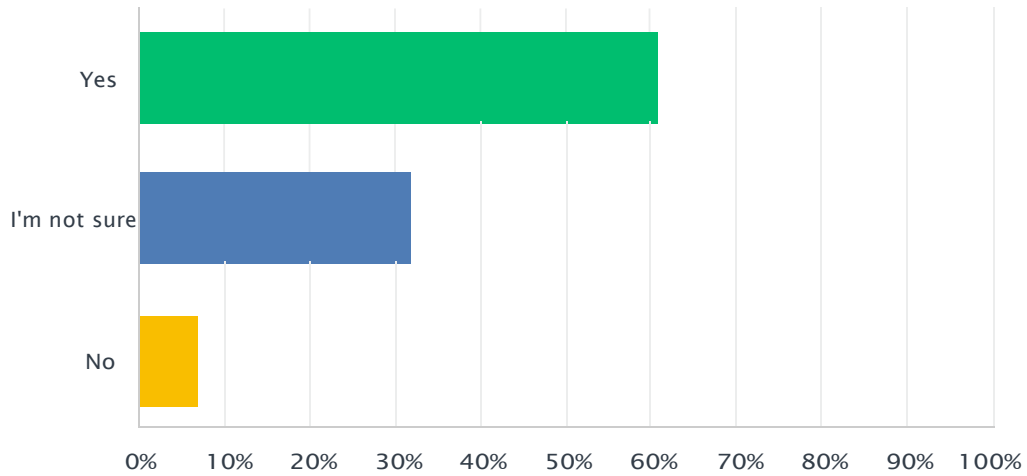
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	60.65%	336
I'm not sure	32.31%	179
No	7.04%	39
TOTAL		554

Q41 Does CW leadership encourage improving permanence for children in substitute care?

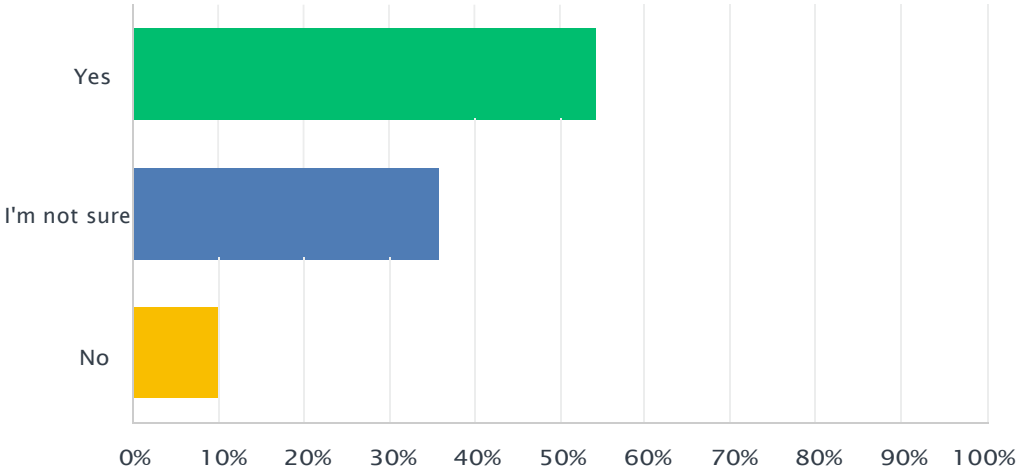
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	61.01%	338
I'm not sure	31.95%	177
No	7.04%	39
TOTAL		554

Q42 Does CW leadership advocate for improving permanency planning?

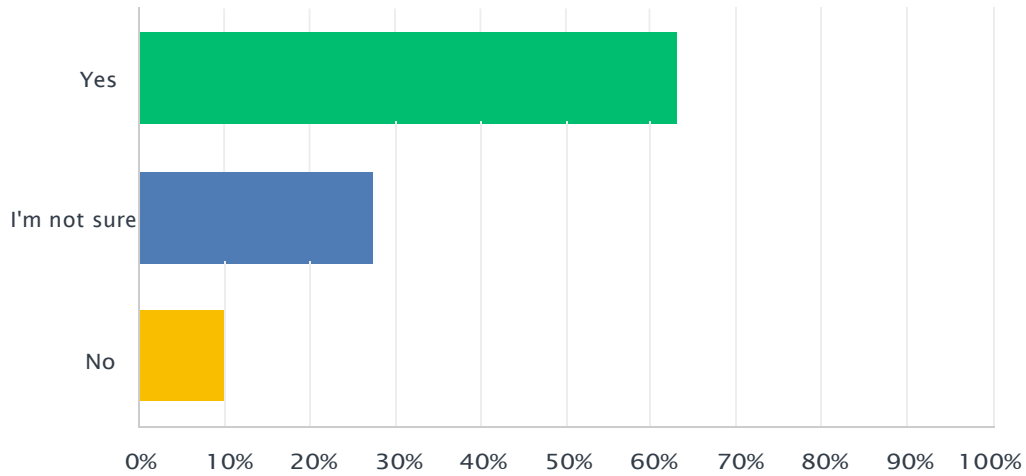
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	54.33%	301
I'm not sure	36.10%	200
No	9.57%	53
TOTAL		554

Q43 Does CW provide training and coaching to staff in assessing individuals, including children and families?

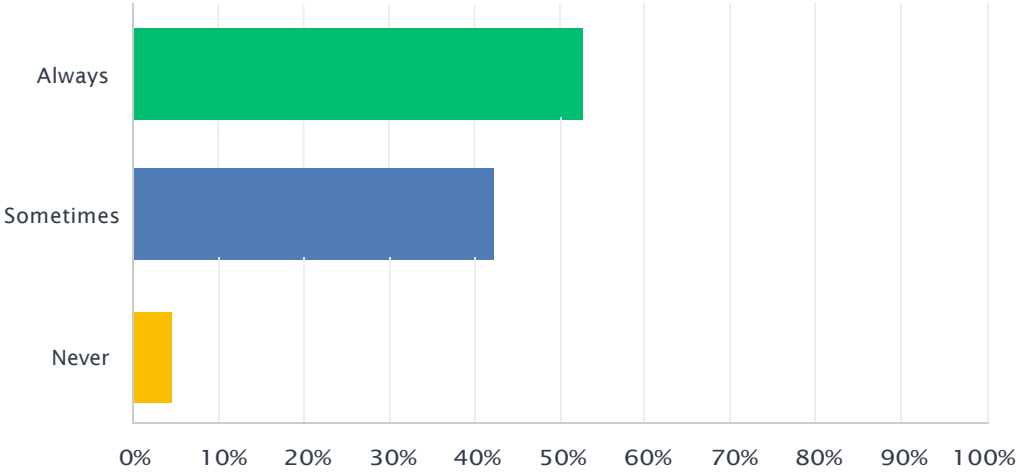
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	63.18%	350
I'm not sure	27.44%	152
No	9.39%	52
TOTAL		554

Q44 Does CW leadership encourage individualized assessments for children and families?

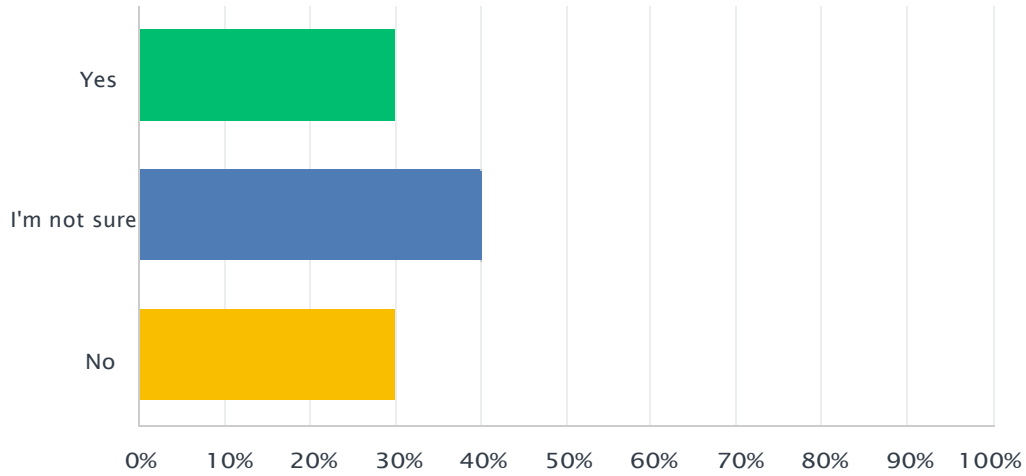
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	52.89%	293
Sometimes	42.42%	235
Never	4.69%	26
TOTAL		554

Q45 Does CW maintain a statewide service array that ensures their ability to meet the identified needs of children and families?

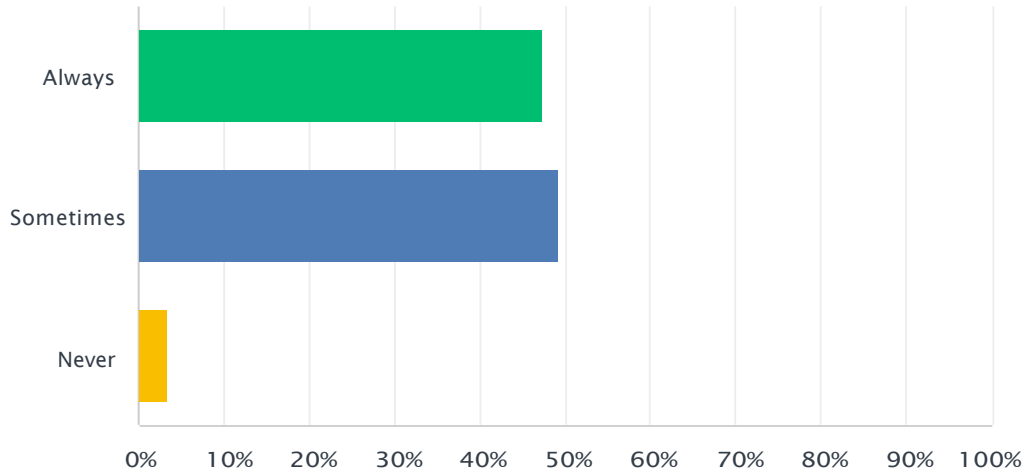
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	29.60%	164
I'm not sure	40.25%	223
No	30.14%	167
TOTAL		554

Q46 Does CW address the underlying conditions for removal before returning children to their parents' care?

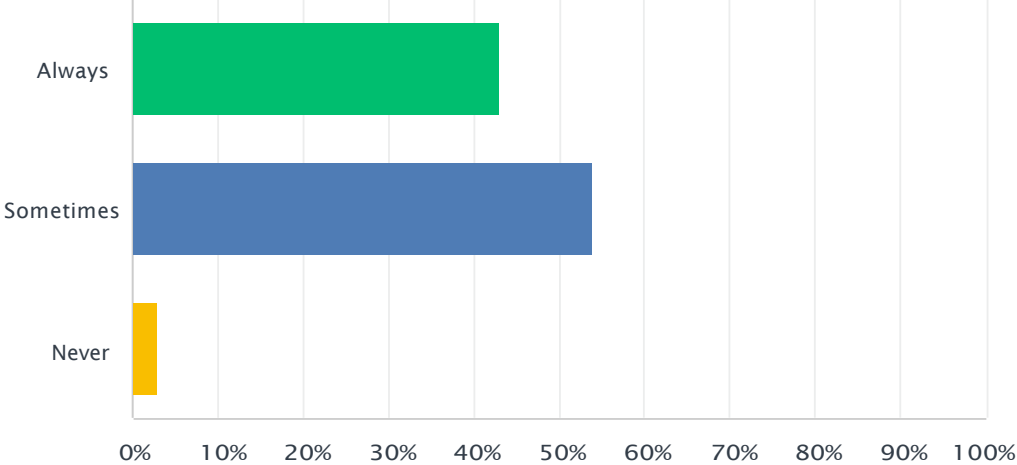
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	47.29%	262
Sometimes	49.28%	273
Never	3.43%	19
TOTAL		554

Q47 Does CW provide in-home services to families post-reunification to prevent re-entry into substitute care?

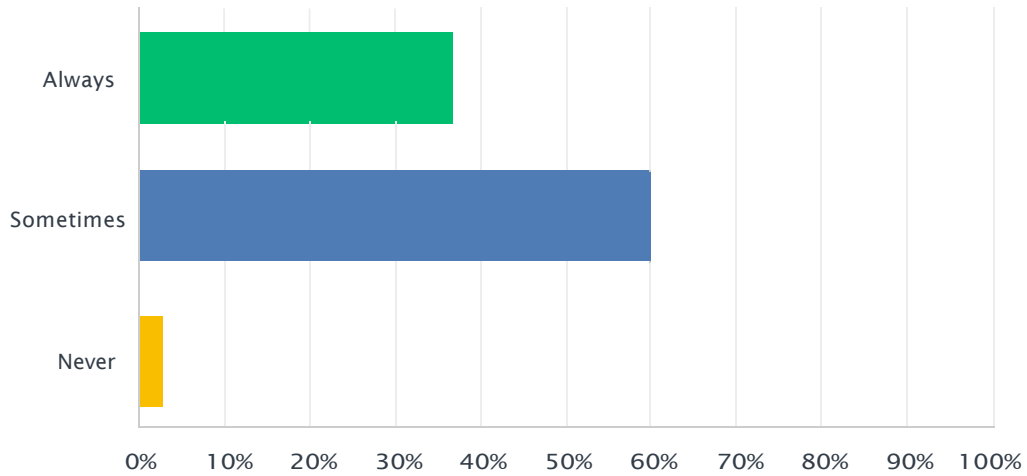
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	43.14%	239
Sometimes	53.97%	299
Never	2.89%	16
TOTAL		554

Q48 Does CW ensure that behavioral health services are being delivered in order to meet case plan goals?

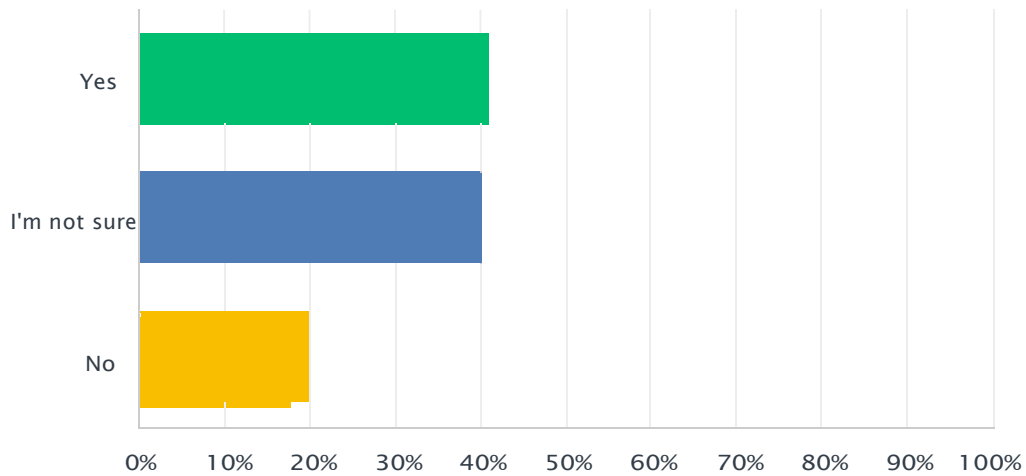
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	36.82%	204
Sometimes	60.29%	334
Never	2.89%	16
TOTAL		554

Q49 Does CW provide training and coaching to staff on how to work with providers in delivering services to meet the needs of children and families?

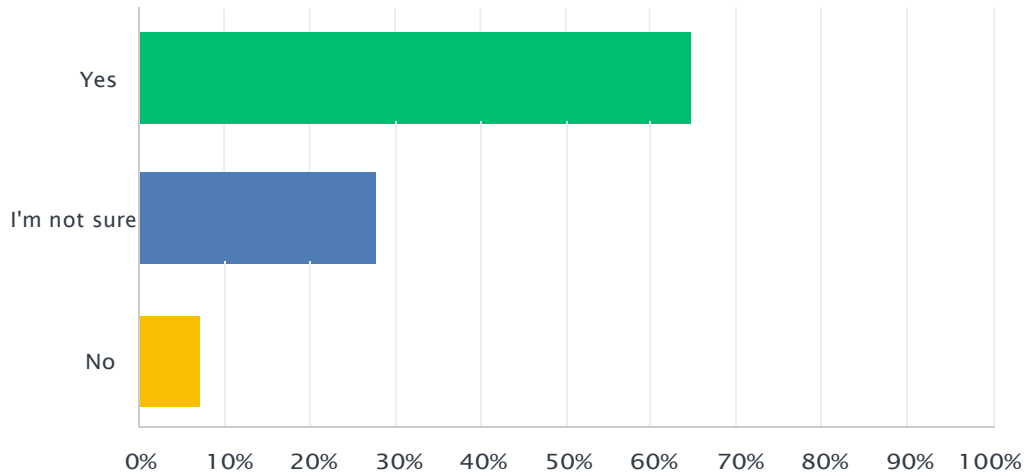
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	41.16%	228
I'm not sure	40.97%	227
No	17.87%	99
TOTAL		554

Q50 Does CW leadership advocate for providing services to meet the needs of children and families?

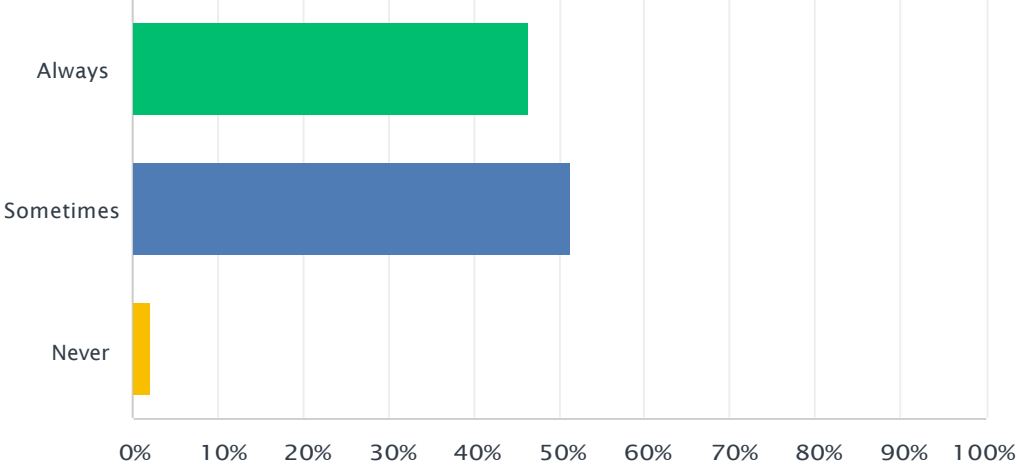
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	64.80%	359
I'm not sure	27.98%	155
No	7.22%	40
TOTAL		554

Q51 Does CW develop comprehensive case plans that meet the identified needs of the child and family?

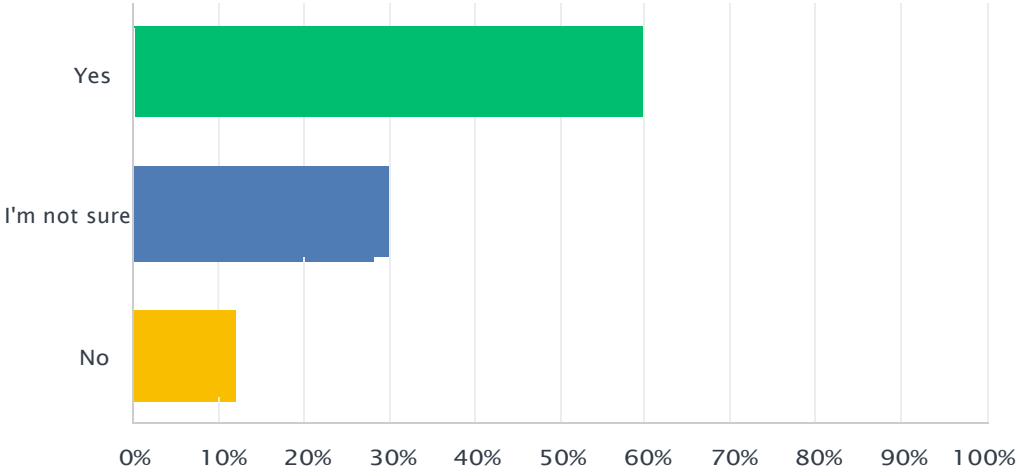
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	46.39%	257
Sometimes	51.44%	285
Never	2.17%	12
TOTAL		554

Q52 Does CW provide training and coaching for staff on best practices in case planning?

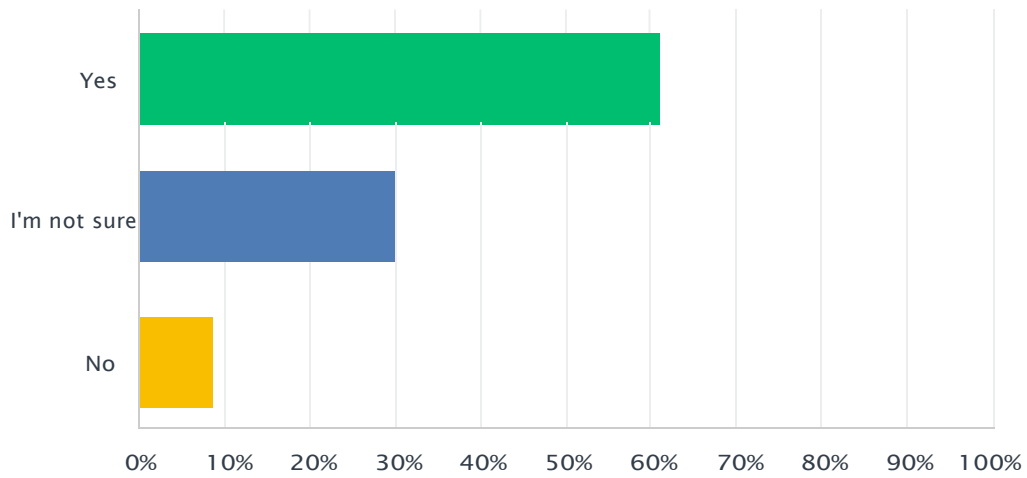
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	59.57%	330
I'm not sure	28.34%	157
No	12.09%	67
TOTAL		554

Q53 Does CW leadership advocate for improving case planning?

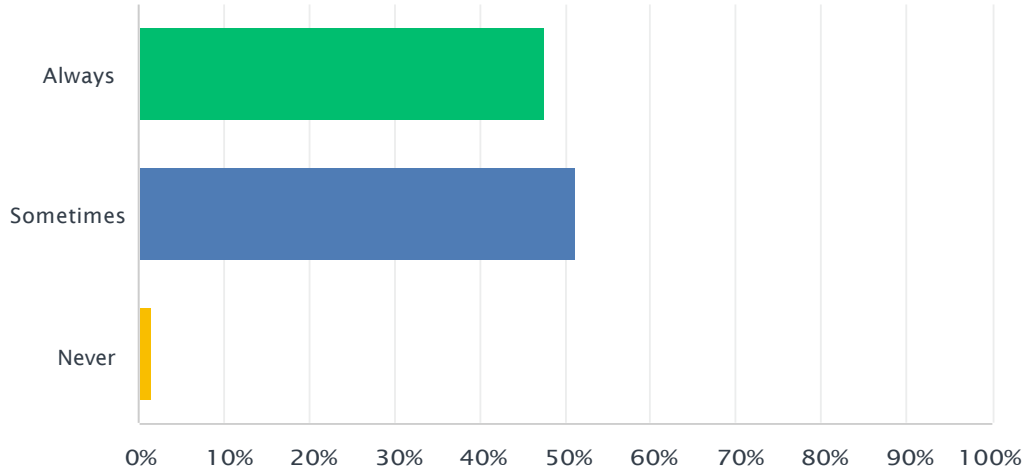
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Yes	61.19%	339
I'm not sure	30.14%	167
No	8.66%	48
TOTAL		554

Q54 Does CW facilitate contact between children and their siblings in accordance with the Family Support Services Case Plan?

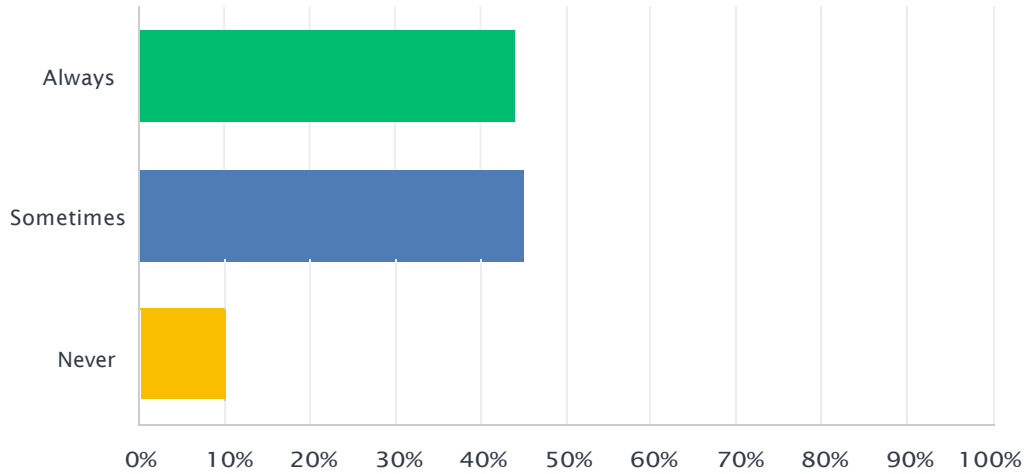
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	47.47%	263
Sometimes	51.08%	283
Never	1.44%	8
TOTAL		554

Q55 Does CW train caseworkers prior to their direct work with families to prepare them for their work?

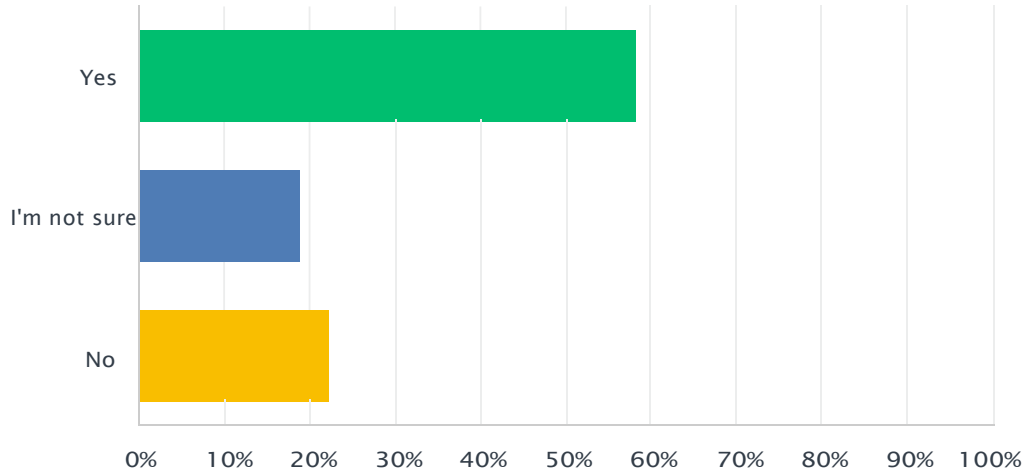
Answered: 554 Skipped: 404



ANSWER CHOICES	RESPONSES	
Always	44.22%	245
Sometimes	45.13%	250
Never	10.65%	59
TOTAL		554

Q56 Does CW train caseworkers on an ongoing basis to maintain their knowledge and skills?

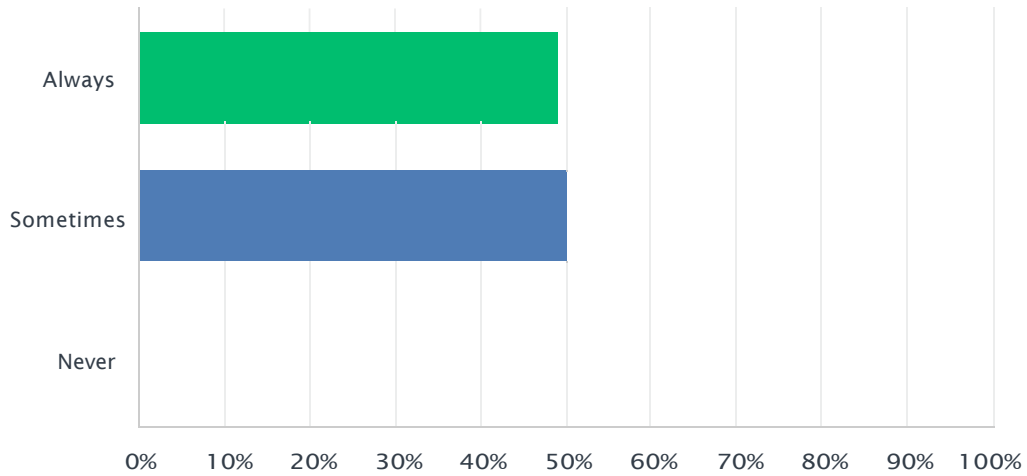
Answered: 552 Skipped: 406



ANSWER CHOICES	RESPONSES	
Yes	58.51%	323
I'm not sure	19.02%	105
No	22.46%	124
TOTAL		552

Q57 Does CW address safety threats and safety concerns of children in their homes?

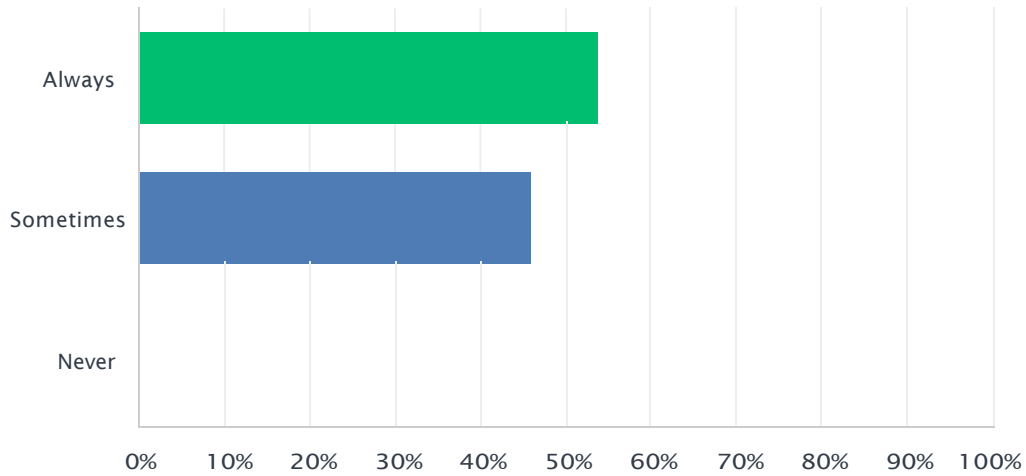
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	49.21%	62
Sometimes	50.79%	64
Never	0.00%	0
TOTAL		126

Q58 Does CW assess safety threats and safety concerns of children in substitute care?

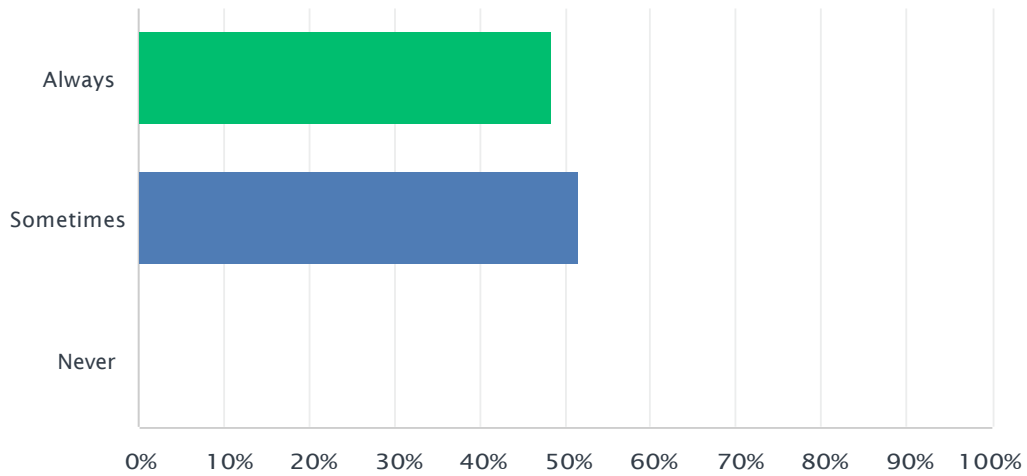
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	53.97%	68
Sometimes	46.03%	58
Never	0.00%	0
TOTAL		126

Q59 Does CW address safety threats and safety concerns of children in substitute care?

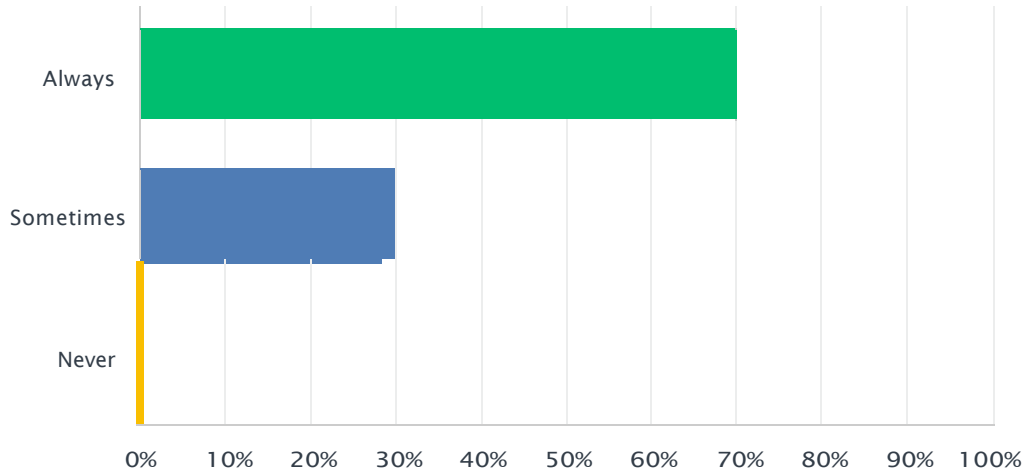
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	48.41%	61
Sometimes	51.59%	65
Never	0.00%	0
TOTAL		126

Q60 Does CW maintain the confidentiality of reports of abuse in care?

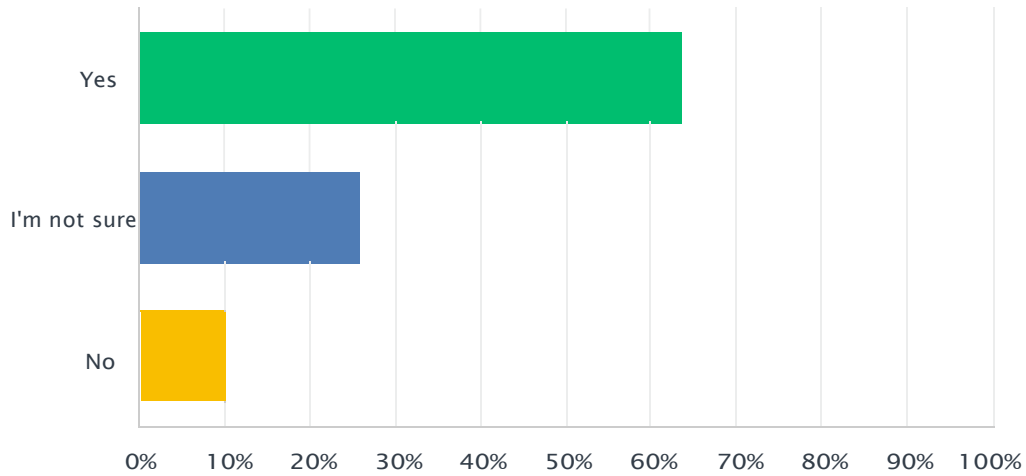
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	70.63%	89
Sometimes	28.57%	36
Never	0.79%	1
TOTAL		126

Q61 Is the process of responding to allegations of abuse and neglect regarding children in substitute care clear?

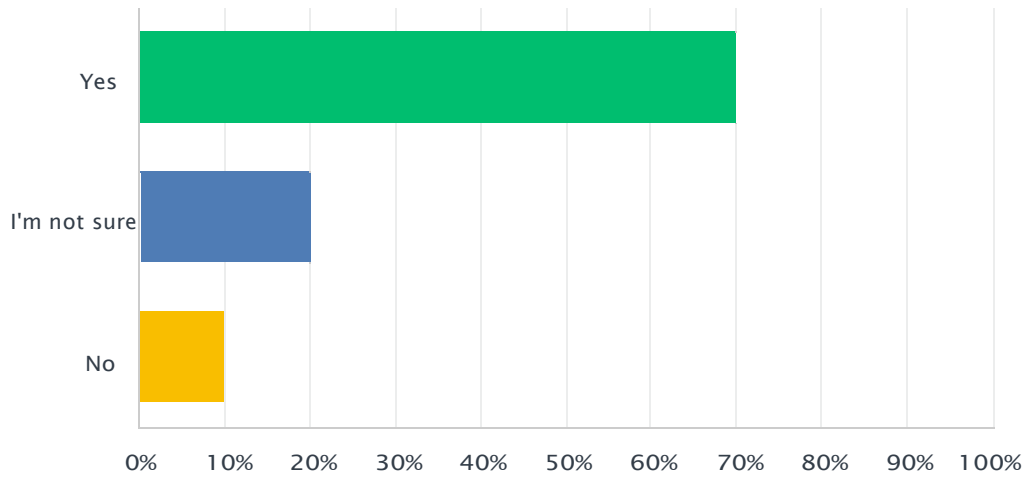
Answered: 127 Skipped: 831



ANSWER CHOICES	RESPONSES	
Yes	63.78%	81
I'm not sure	25.98%	33
No	10.24%	13
TOTAL		127

Q62 Is the process of responding to allegations of abuse and neglect regarding children in substitute care understandable?

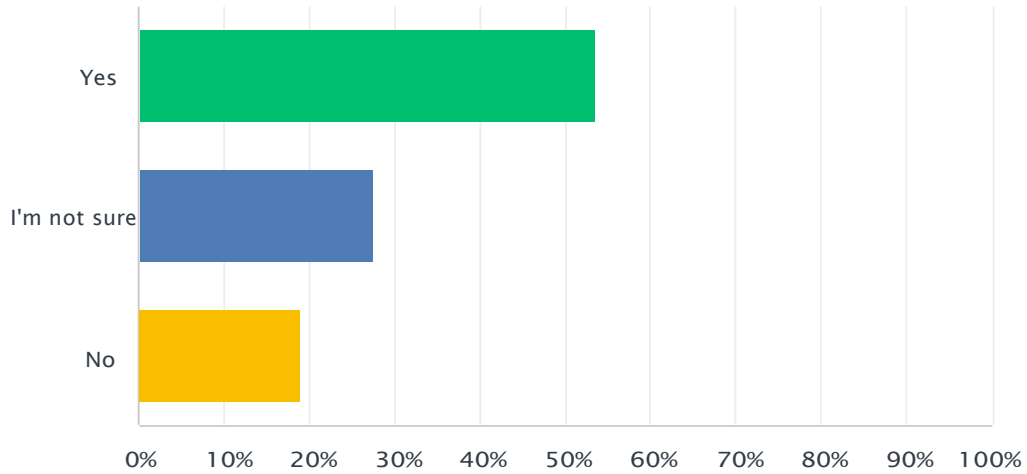
Answered: 127 Skipped: 831



ANSWER CHOICES	RESPONSES	
Yes	70.08%	89
I'm not sure	20.47%	26
No	9.45%	12
TOTAL		127

Q63 Does CW standardize the response to allegations of maltreatment for children in substitute care?

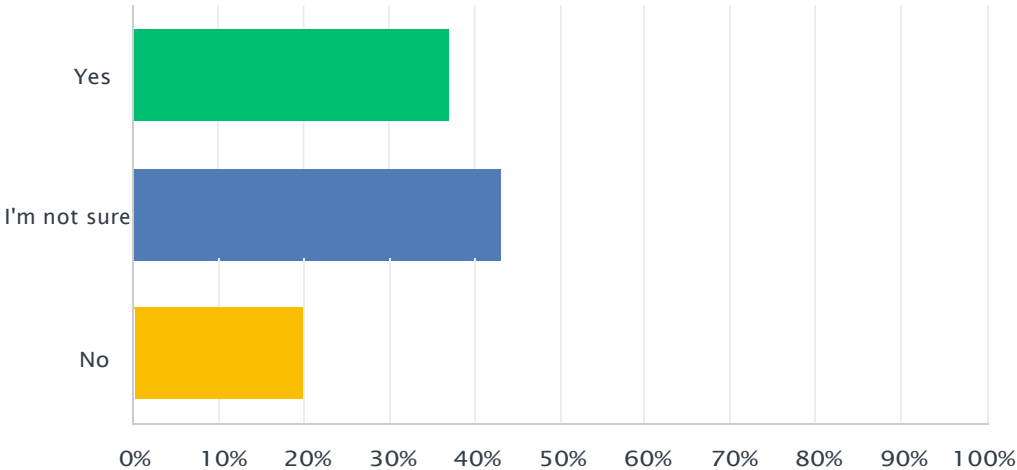
Answered: 127 Skipped: 831



ANSWER CHOICES	RESPONSES	
Yes	53.54%	68
I'm not sure	27.56%	35
No	18.90%	24
TOTAL		127

Q64 Has CW standardized the protocol for "closed at screening"?

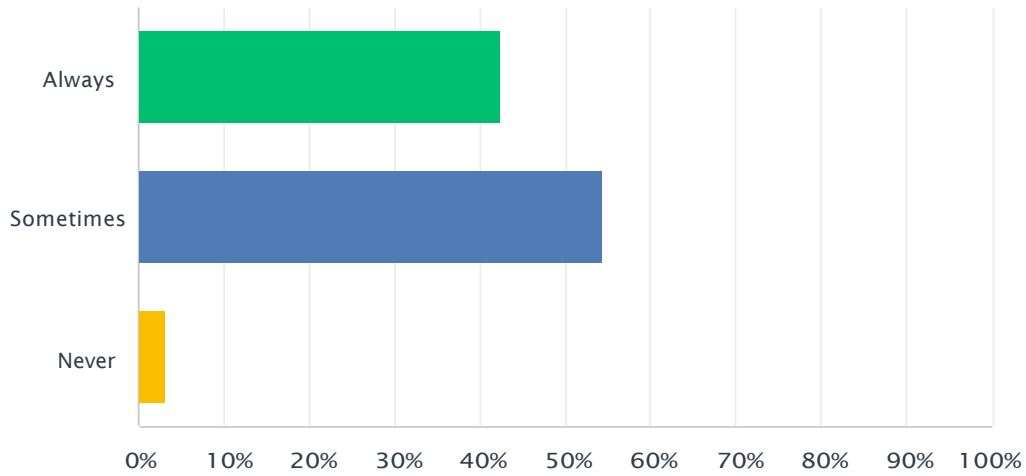
Answered: 127 Skipped: 831



ANSWER CHOICES	RESPONSES	
Yes	37.01%	47
I'm not sure	43.31%	55
No	19.69%	25
TOTAL		127

Q65 Does CW ensure that requirements (agency policies, legal regulations, or laws) are met when recruiting, certifying, and monitoring foster parents?

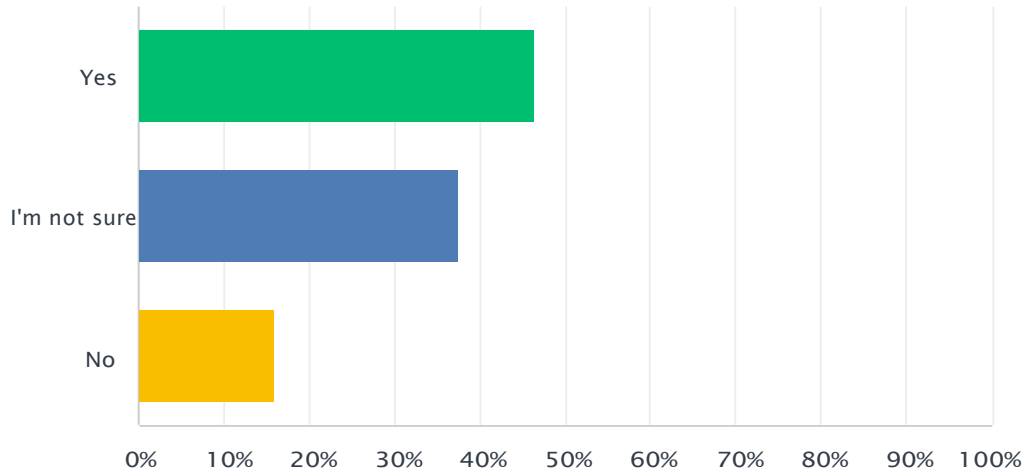
Answered: 125 Skipped: 833



ANSWER CHOICES	RESPONSES	
Always	42.40%	53
Sometimes	54.40%	68
Never	3.20%	4
TOTAL		125

Q66 Has the organizational culture of CW improved during the tenure of Rebecca Jones Gaston?

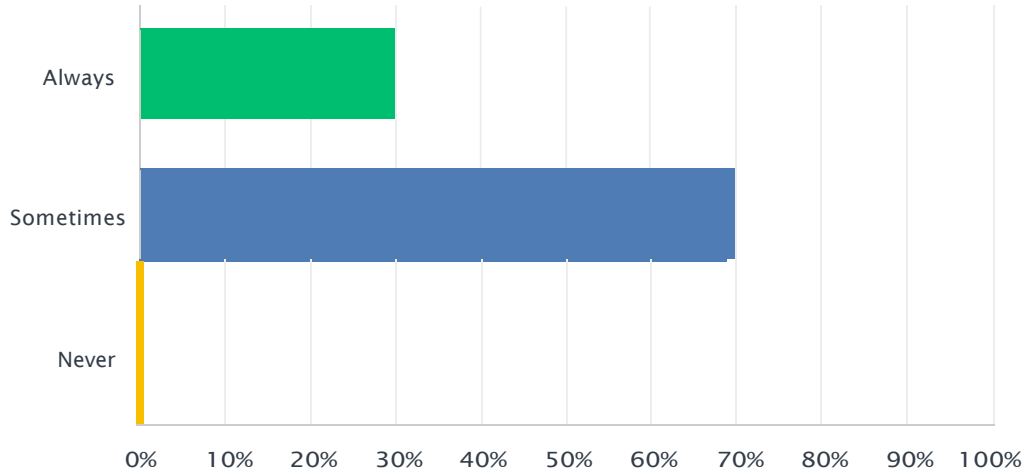
Answered: 125 Skipped: 833



ANSWER CHOICES	RESPONSES	
Yes	46.40%	58
I'm not sure	37.60%	47
No	16.00%	20
TOTAL		125

Q67 Do you believe that CW leadership pursues appropriate policy changes to improve child protection?

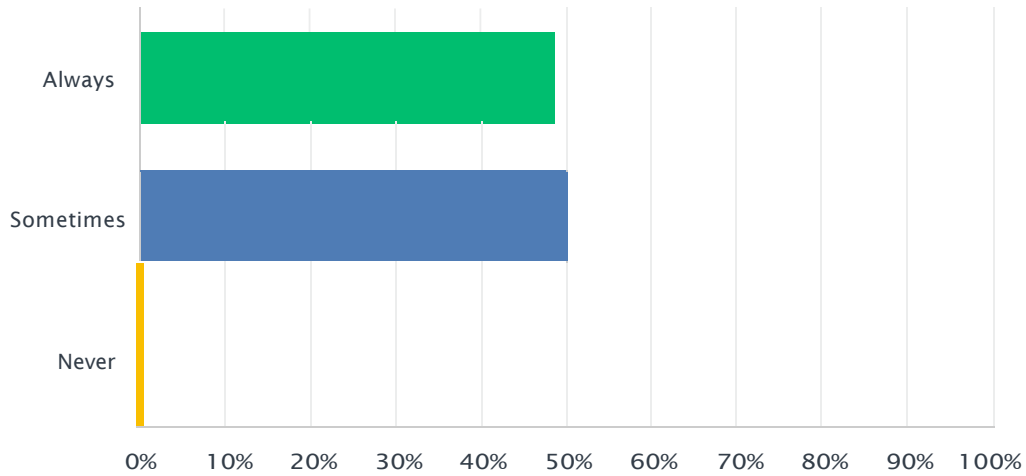
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	30.16%	38
Sometimes	69.05%	87
Never	0.79%	1
TOTAL		126

Q68 Does CW respond according to policies and procedures to maltreatment reports from children in substitute care?

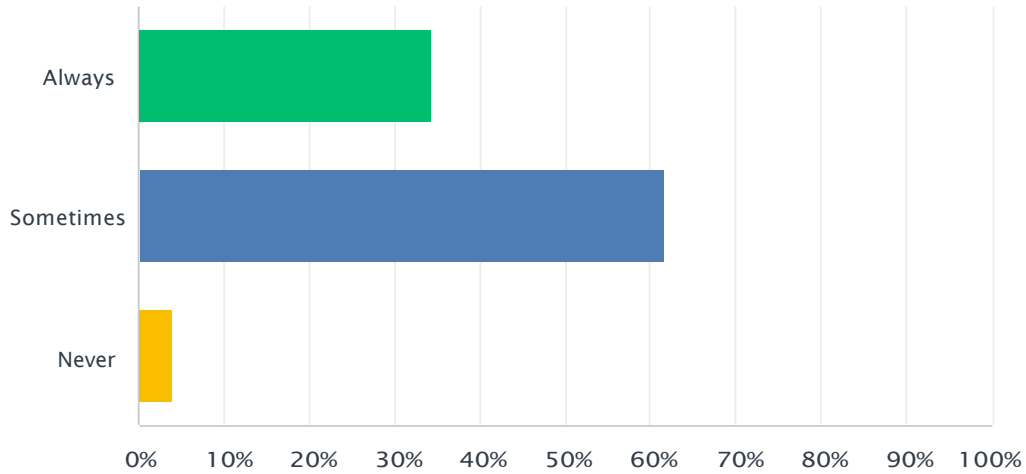
Answered: 125 Skipped: 833



ANSWER CHOICES	RESPONSES	
Always	48.80%	61
Sometimes	50.40%	63
Never	0.80%	1
TOTAL		125

Q69 Does CW engage in continuous quality improvement processes at the state level?

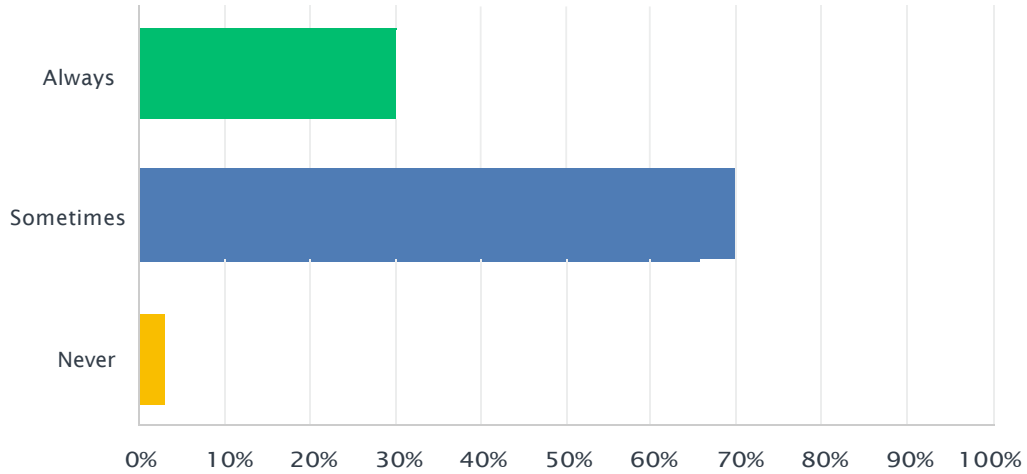
Answered: 125 Skipped: 833



ANSWER CHOICES	RESPONSES	
Always	34.40%	43
Sometimes	61.60%	77
Never	4.00%	5
TOTAL		125

Q70 Does CW engage in continuous quality improvement processes at the district level?

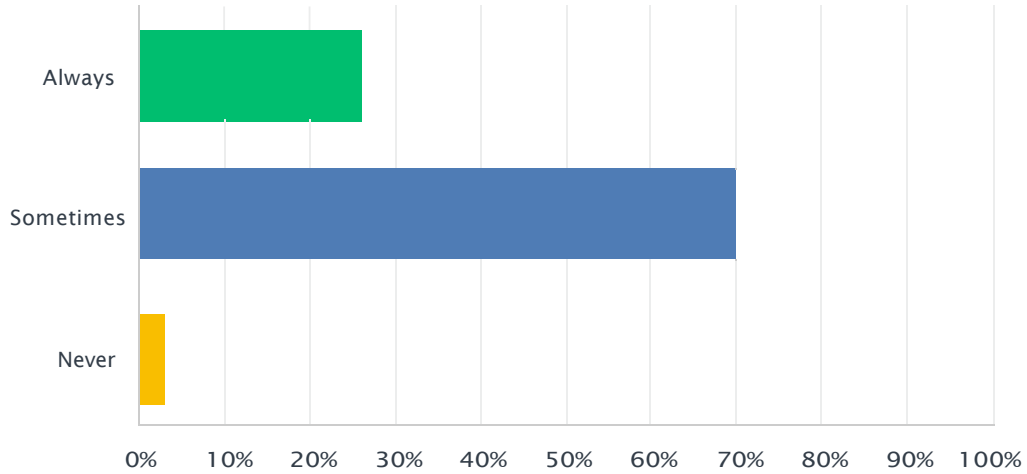
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	30.95%	39
Sometimes	65.87%	83
Never	3.17%	4
TOTAL		126

Q71 Does CW engage in continuous quality improvement processes at the county level?

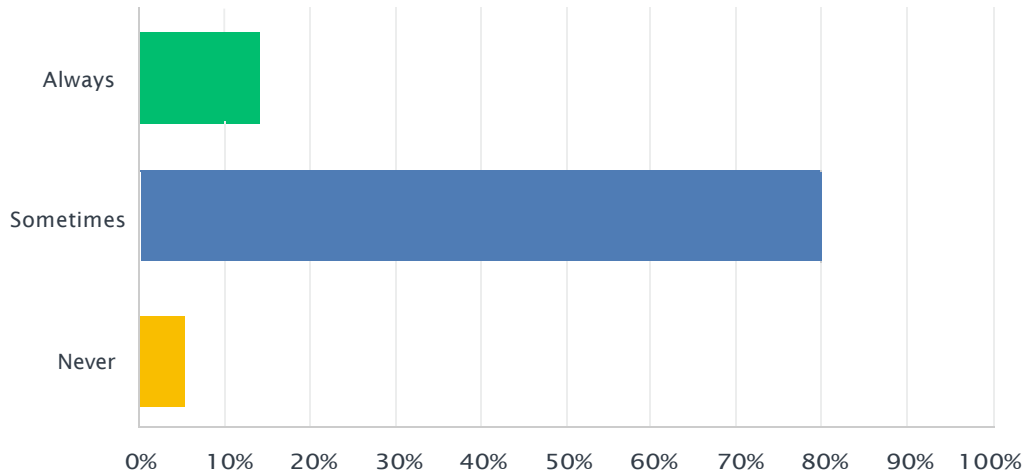
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	26.19%	33
Sometimes	70.63%	89
Never	3.17%	4
TOTAL		126

Q72 Does CW use the evaluations of the quality of services to improve service delivery to families?

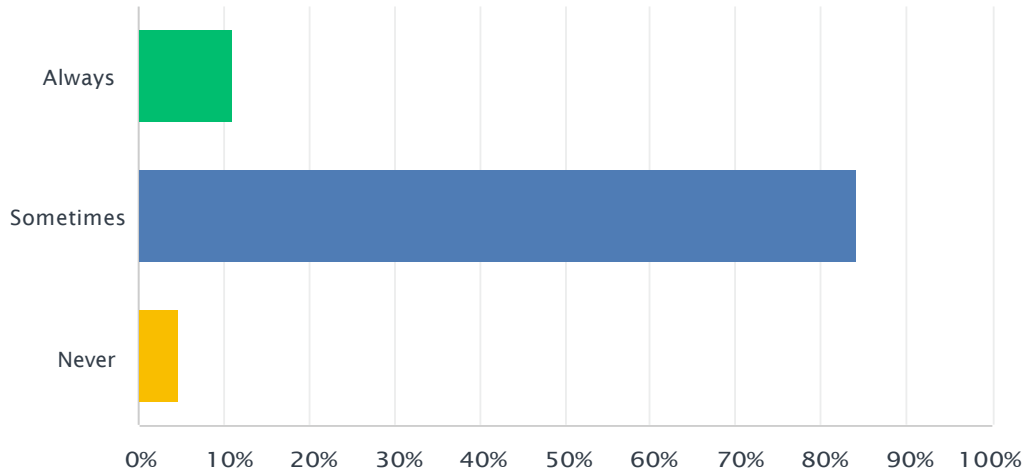
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	14.29%	18
Sometimes	80.16%	101
Never	5.56%	7
TOTAL		126

Q73 Does CW recruit and retain foster parents who are able to meet the identified needs of children in foster care?

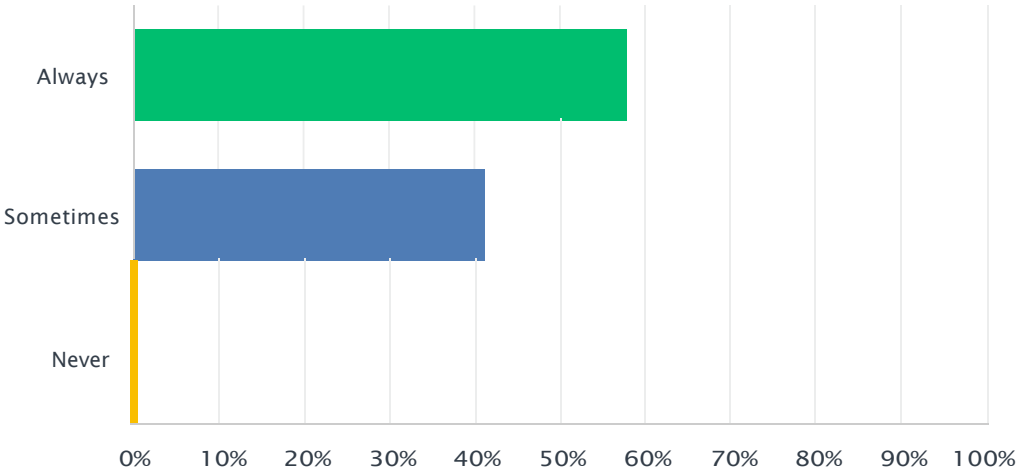
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	11.11%	14
Sometimes	84.13%	106
Never	4.76%	6
TOTAL		126

Q74 Does CW prioritize the placement of children with relatives?

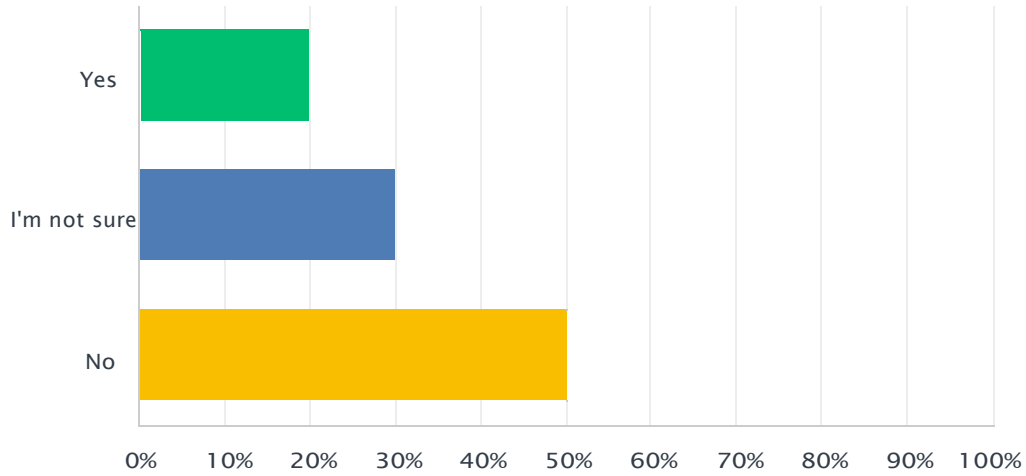
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	57.94%	73
Sometimes	41.27%	52
Never	0.79%	1
TOTAL		126

Q75 Does CW maintain a statewide service array that ensures their ability to meet the identified needs of children and families?

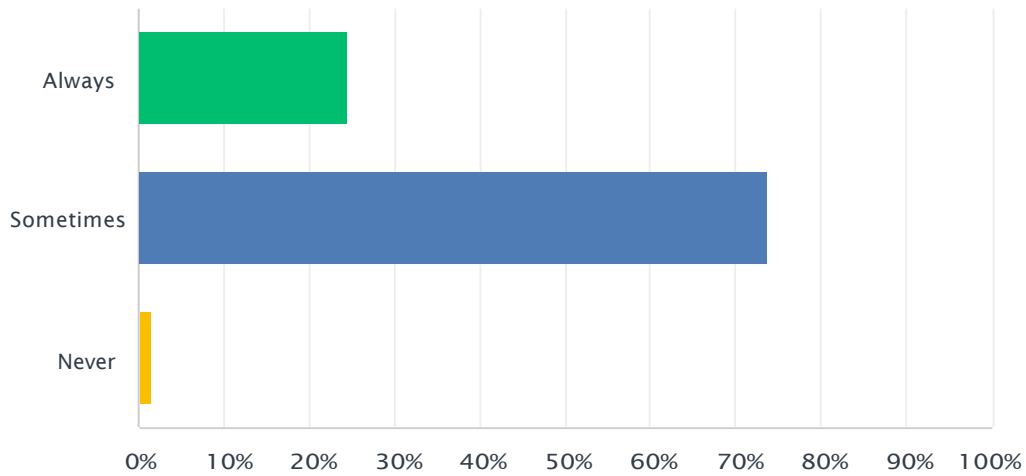
Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Yes	19.84%	25
I'm not sure	29.37%	37
No	50.79%	64
TOTAL		126

Q76 Does CW address the underlying conditions for removal before returning children to their parents' care?

Answered: 126 Skipped: 832



ANSWER CHOICES	RESPONSES	
Always	24.60%	31
Sometimes	73.81%	93
Never	1.59%	2
TOTAL		126



Appendix F: Survey Protocol

The survey was disseminated online to caseworkers (identified in the survey as field staff), supervisors, managers, consultants, and Central Office staff. The survey asked participants to identify their tenure and role in child welfare, and the remaining survey questions were determined by their role. All questions were closed-ended and allowed a single answer. Three options were given, depending on the question: either Yes/I'm Not Sure/No, or Always/Sometimes/Never.

The survey took between 15–30 minutes to complete. The survey questions were based on the inquiry questions developed for each research question. Some questions were duplicated between the survey, interviews, and focus groups to ensure the collection of information from varying perspectives across the child welfare system.

Survey Question	Research Question	Role(s)
1. Does CW address safety threats and safety concerns of children in their homes?	1	Central Office Consultants Managers Supervisors Caseworkers
2. Does CW assess safety threats and safety concerns of children in substitute care?	1	Central Office Consultants Managers Supervisors Caseworkers
3. Does CW address safety threats and safety concerns of children in substitute care?	1	Central Office Consultants Managers Supervisors Caseworkers
4. Does CW maintain the confidentiality of reports of abuse in care?	1	Central Office Consultants Managers



Survey Question	Research Question	Role(s)
		Supervisors Caseworkers
5. Is the process of responding to allegations of abuse and neglect regarding children in substitute care: Clear? Understandable?	1	Central Office Consultants Managers Supervisors Caseworkers
6. Does CW standardize the response to allegations of maltreatment for children in substitute care?	1	Central Office Consultants Managers Supervisors Caseworkers
7. Has CW standardized the protocol for "closed at screening"?	1	Central Office Consultants Managers Supervisors Caseworkers
8. Does CW ensure that requirements (agency policies, legal regulations, or laws) are met when recruiting, certifying, and monitoring foster parents?	1	Central Office Consultants Managers Supervisors Caseworkers
9. Does CW comply with federal background check requirements during: Certification of substitute care providers? Oversight of substitute care providers?	1	Supervisors Caseworkers
10. Does CW leadership advocate for safety for children under CW supervision?	1	Supervisors Caseworkers



Survey Question	Research Question	Role(s)
11. Has the organizational culture of CW improved during the tenure of Rebecca Jones Gaston?	2	Central Office Consultants Managers Supervisors Caseworkers
12. Do you believe that CW leadership pursues appropriate policy changes to improve child protection?	2	Central Office Consultants Managers Supervisors Caseworkers
13. Does CW respond according to policies and procedures to maltreatment reports from children in substitute care?	2	Central Office Consultants Managers Supervisors Caseworkers
14. Does CW engage in continuous quality improvement processes at the following levels: State? District? County?	3	Central Office Consultants Managers Supervisors Caseworkers
15. Does CW use the evaluations of the quality of services to improve service delivery to families?	3	Central Office Consultants Managers Supervisors Caseworkers
16. Does CW provide training and coaching for staff on how to use data to drive decisions and improve quality of services?	3	Supervisors Caseworkers



Survey Question	Research Question	Role(s)
17. Does CW recruit and retain foster parents who are able to meet the identified needs of children in foster care?	4	Central Office Consultants Managers Supervisors Caseworkers
18. Does CW recruit and retain appropriate child-specific providers, including kith and kin, to care for the number of children who need such placements?	4	Supervisors Caseworkers
19. Does CW maintain an appropriate number of foster homes to house the number of children who need to be placed in foster care?	4	Supervisors Caseworkers
20. Does CW conduct Diligent Recruitment (the process of recruiting, retaining, and supporting foster families that reflect the ethnicity and race of children in substitute care) of foster care providers?	4	Supervisors Caseworkers
21. Does CW recruit and retain substitute care providers who can care for children who identify as LGBTQIA2S+?	4	Supervisors Caseworkers
22. Does CW recruit and retain substitute care providers who can care for children who are living with high needs?	4	Supervisors Caseworkers
23. Does CW provide training and coaching for staff on best practices for: Recruitment of substitute care providers? Retention of substitute care providers? Support of substitute care providers?	4	Supervisors Caseworkers



Survey Question	Research Question	Role(s)
24. Does CW leadership support the recruitment, retention, and support of substitute care providers?	4	Supervisors Caseworkers
25. Does CW prioritize the placement of children with relatives?	5	Central Office Consultants Managers Supervisors Caseworkers
26. Does CW conduct ongoing searches for relatives of children in substitute care?	5	Supervisors Caseworkers
27. Does CW appropriately match children to substitute care placements based on the needs of the child and the capability of the providers?	5	Supervisors Caseworkers
28. Does CW provide training and coaching to staff on best practices for improving permanence for children in substitute care?	5	Supervisors Caseworkers
29. Does CW identify permanency goals appropriate to the needs of the child?	6	Supervisors Caseworkers
30. Does CW create permanency plans based on the identified needs of the child?	6	Supervisors Caseworkers
31. Does CW provide training and coaching to staff on how to plan for permanency for children and families?	6	Supervisors Caseworkers
32. Does CW leadership encourage improving permanence for children in substitute care?	5	Supervisors Caseworkers
33. Does CW leadership advocate for improving permanency planning?	6	Supervisors Caseworkers



Survey Question	Research Question	Role(s)
34. Does CW provide training and coaching to staff in assessing individuals, including children and families?	7	Supervisors Caseworkers
35. Does CW leadership encourage individualized assessments for children and families?	7	Supervisors Caseworkers
36. Does CW maintain a statewide service array that ensures their ability to meet the identified needs of children and families?	8	Central Office Consultants Managers Supervisors Caseworkers
37. Does CW address the underlying conditions for removal before returning children to their parents' care?	8	Central Office Consultants Managers Supervisors Caseworkers
38. Does CW provide in-home services to families post-reunification to prevent re-entry into substitute care?	8	Supervisors Caseworkers
39. Does CW ensure that behavioral health services are being delivered in order to meet case plan goals?	8	Supervisors Caseworkers
40. Does CW provide training and coaching to staff on how to work with providers in delivering services to meet the needs of children and families?	8	Supervisors Caseworkers
41. Does CW leadership advocate for providing services to meet the needs of children and families?	8	Supervisors Caseworkers



Survey Question	Research Question	Role(s)
42. Does CW develop comprehensive case plans that meet the identified needs of the child and family?	9	Supervisors Caseworkers
43. Does CW provide training and coaching for staff on best practices in case planning?	9	Supervisors Caseworkers
44. Does CW leadership advocate for improving case planning?	9	Supervisors Caseworkers
45. Does CW facilitate contact between children and their siblings in accordance with the Family Support Services Case Plan?	10	Supervisors Caseworkers
46. Does CW train caseworkers prior to their direct work with families to prepare them for their work?	11	Supervisors Caseworkers
47. Does CW train caseworkers on an ongoing basis to maintain their knowledge and skills?	11	Supervisors Caseworkers



Appendix G: Interview Protocol

The purpose of the individual interviews was to gather perspectives from Child Welfare (CW) leadership and representatives from the Governor's office on the progress that has been made throughout the child welfare system since Public Knowledge® completed the Child Safety in Substitute Care Final Report in 2016. The interviews provided perceptions of individuals within the child welfare system.

Public Knowledge® conducted 27 interviews, each of which were scheduled for 50 minutes and were facilitated over videoconference.

The interviewees were:

- Fariborz Pakseresht, ODHS Director
- Liesl Wendt, ODHS Deputy Director
- Rebecca Jones Gaston, Child Welfare Director (now former Child Welfare Director)
- Lacey Andresen, Child Welfare Deputy Director for Program and Practice
- Aprille Flint-Gerner, Child Welfare Deputy Director (now Child Welfare Director)
- Alysia Cox, CW Deputy Chief of Strategy and Innovation (also serving as the Data Representative)
- Tami Kane-Suleiman, Program Manager for Child Fatality Prevention and Review Program
- Deena Loughary, Child Safety Program Manager
- Stacey Loboy, Foster Care and Youth Transitions Program Manager
- Belit Burke, District Manager
- Sherril Kuhns, Federal Policy and Resources Manager
- Kim Keller, Child Permanency Manager
- Kristen Khamnohack, ORCAH Screening Program Manager
- Hannah Lene, ORCAH Supervisor
- Kirby Crawford, ORCAH Manager
- Kim Lorz, Training and Workforce Development Manager
- Sarah Fox, Treatment Services Program Manager
- Steve Allen, OHA Behavioral Health Director
- Dana Hittle, OHA Interim State Medical Director
- Lilia Teninty, Office of Developmental Disabilities Services (ODDS) Director
- Joel Metlen, Human Services Strategic Projects Director, Child Welfare Strategic Initiatives Director



- Rosa Klein, Governor’s Office Policy Advisor
- Berri Leslie, Oregon Governor’s Deputy Chief of Staff

The comprehensive set of interview questions is listed in the table below. This includes questions that were added to the protocol to interview the ORCAH staff as well as the follow-up interviews with the Executive Leadership Team and the ORCAH Screening Program Manager.

Interview Question	Research Question	Interviewee(s)
1. Does CW meet federal requirements for caseworker contacts with children in substitute care?	1	Data Representative
2. Does CW meet state requirements for caseworker contacts with children in substitute care?	1	Data Representative
3. Does CW adequately assess out-of-state facilities to determine the appropriateness of placing children?	1	Governor’s Office CW Leadership Policy Managers
4. Has CW centralized and standardized reporting, screening, and assessments statewide?	1	Safety Managers
5. Since 2016, has CW redesigned the process of responding to allegations of abuse and neglect regarding children in substitute care?	1	Governor’s Office CW Leadership Safety Managers Foster Care Manager
6. What is CW’s policy on protecting the confidentiality of children who identify as LGBTQIA2S+?	1	CW Leadership Policy Managers
7. Has CW standardized the protocol for “closed at screening”?	1	Safety Managers



Interview Question	Research Question	Interviewee(s)
8. Does CW comply with federal background check requirements during certification and oversight of substitute care providers?	1	Foster Care Manager Policy Managers
9. Does CW have policies and procedures in place to guide staff on safety practices?	1	Safety Managers Policy Managers
10. Does CW have in place quality assurance processes for monitoring safety for children under CW supervision?	1	Safety Managers Data Representative
11. What is ORCAH's biggest accomplishment since centralization of intake?	1	ORCAH Staff
12. What are your top complaints from mandated reporters?	1	ORCAH Staff
13. Are caseworkers using the new pathway to report maltreatment, or are they still consistently calling the hotline?	1	ORCAH Staff
14. What improvements have you made to policies and procedures that benefit your staff, local staff, and mandated reporters?	1	ORCAH Staff
15. Has ORCAH positively contributed to the safety of children and young adults in substitute care?	1	ORCAH Staff
16. What have been your biggest challenges with COVID-19?	1	ORCAH Staff
17. How does ORCAH address or prioritize backlogged cases?	1	ORCAH Staff
18. What processes are in place to assign backlogged cases?	1	ORCAH Staff



Interview Question	Research Question	Interviewee(s)
19. What has been the most significant change in your tenure?	1	CW Leadership
20. What has been the most significant accomplishment for CW in your tenure?	1	CW Leadership
21. What is the most significant issue facing child welfare in Oregon?	1	CW Leadership
22. What has been the most persistent challenge in child welfare during your tenure in Oregon?	1	CW Leadership
23. How is the process of sharing screened reports between ORCAH and local law enforcement handled at the local level?	1	CW Leadership
24. In what ways are CW staff encouraged to speak up with safety concerns regarding children in substitute care?	2	Governor’s Office CW Leadership Safety Managers
25. Does CW respond according to policies and procedures to maltreatment reports from children in substitute care?	2	Foster Care Manager Policy Managers
26. In what ways does CW advocate for a safety culture among its workforce?	2	Governor’s Office CW Leadership Safety Managers
27. Does CW use Organizational Change Management processes and structures?	2	CW Leadership
28. In what ways do CW executives model leadership skills and behaviors?	2	Governor’s Office CW Leadership Safety Managers Foster Care Manager Policy Managers Training Manager



Interview Question	Research Question	Interviewee(s)
		Data Representative
29. Do CW's nondiscrimination policies include considerations of sexual orientation, gender identity, and gender expression (SOGIE)?	2	CW Leadership
30. What are the primary challenges ORCAH staff, managers, and leaders are dealing with now?	2	ORCAH Staff
31. What are your top primary complaints you receive from District and County staff?	2	ORCAH Staff
32. How has leadership supported ORCAH?	2	ORCAH Staff
33. How do you handle complaints about ORCAH?	2	ORCAH Staff
34. How do you communicate your improvements in ORCAH to county staff and mandated reporters (such as improvements in call wait times)?	2	ORCAH Staff
35. How has the organizational culture shifted during your tenure?	2	CW Leadership
36. Is case information entered or tracked outside of OR-Kids?	3	Data Representative
37. Does CW follow their Data Quality Plan?	3	CW Leadership Data Representative
38. Does CW use data to inform the development of new or revised practices, policies, and procedures?	3	CW Leadership Data Representative Policy Managers
39. Does CW have a continuous quality improvement process that includes leadership support, leadership modeling, staff and stakeholder engagement, communication,	3	CW Leadership Data Representative



Interview Question	Research Question	Interviewee(s)
oversight, data collection, case record reviews, and use of the findings?		
40. What does the CQI process look like at each level?	3	Data Representative
41. Does CW utilize performance-based contracting with its external service providers?	3	CW Leadership
42. Does CW provide training and coaching for staff on how to use data to drive decisions and improve quality of services?	3	Training Manager
43. Does CW have a case review system in place to inform decision-making and improve the quality of services?	3	Data Representative
44. How do you use data and continuous quality improvement processes to make changes?	3	ORCAH Staff
45. Does CW recruit and retain appropriate child-specific providers, including kith and kin, to care for the number of children who need such placements?	4	Data Representative Foster Care Manager
46. Does CW provide appropriate services and support to substitute care providers to ensure children are adequately cared for and supervised?	4	Foster Care Manager
47. How does CW oversee the contracted placements for children living with high needs?	4	Foster Care Manager
48. Has CW increased reimbursement rates for substitute care providers?	4	CW Leadership Foster Care Manager



Interview Question	Research Question	Interviewee(s)
49. Does CW prioritize the use of the least restrictive placement?	4	CW Leadership Foster Care Manager
50. Does CW have or oversee a statewide recruitment, retention, and support plan for substitute care providers?	4	CW Leadership Foster Care Manager
51. Does CW use data to inform their statewide recruitment, retention, and support plan for substitute care providers?	4	Data Representative Foster Care Manager
52. Does CW have policies and procedures for staff regarding the recruitment, retention, and support of substitute care providers?	4	Policy Managers Foster Care Manager
53. Does CW provide training and coaching for staff on best practices for the recruitment, retention, and the support of substitute care providers?	4	Training Manager Foster Care Manager
54. Does CW utilize a case review process to identify lessons learned in the recruitment, retention, and the support of substitute care providers?	4	CW Leadership Foster Care Manager
55. Does CW pursue termination of parental rights as required by federal law?	5	CW Leadership Data Representative Foster Care Manager
56. Does CW meet state requirements with regard to using the CANS to establish reimbursement rates for providers?	5	Foster Care Manager
57. Does CW provide training and coaching to staff on best practices for improving permanence for children in substitute care?	5	Training Manager Foster Care Manager



Interview Question	Research Question	Interviewee(s)
58. What efforts led to decreasing the number of children in substitute care?	5	CW Leadership
59. Does CW provide training and coaching to staff on how to plan for permanency for children and families?	6	Training Manager
60. Does CW utilize a case review process to understand and improve barriers and strengths in permanency planning?	6	Foster Care Manager
61. Does CW have a mechanism to evaluate the provision of assessments?	7	Data Representative
62. Does CW provide training and coaching to staff in assessing individuals, including children and families?	7	Training Manager
63. Does CW maintain a statewide service array that ensures their ability to meet the identified needs of children and families?	8	Governor’s Office CW Leadership
64. Has CW developed a continuum of care options for children in substitute care?	8	CW Leadership Foster Care Manager
65. Does CW partner with the Oregon Health Authority to identify and improve systemic barriers regarding access to services?	8	Governor’s Office CW Leadership
66. Does CW partner with Oregon Coordinated Care Organizations to identify and improve systemic barriers regarding access to services?	8	Governor’s Office CW Leadership
67. Does CW have a mechanism to evaluate the services provided to children and families?	8	Data Representative
68. What was the process of developing the self-selected environments policy?	8	CW Leadership



Interview Question	Research Question	Interviewee(s)
69. What data are collected for self-selected environments? How are they monitored? How are risk factors for trafficking addressed?	8	CW Leadership
70. Does CW retain enough staff to adequately serve the children and families in CW custody?	11	Governor’s Office CW Leadership
71. Does CW regulate caseloads for caseworkers to ensure they can meet the needs of children and families under their supervision?	11	CW Leadership
72. Does CW meet state requirements in recruiting qualified caseworkers?	11	CW Leadership
73. Does CW adequately train caseworkers prior to their direct work with families?	11	CW Leadership Training Manager
74. Does CW adequately train caseworkers on an ongoing basis?	11	CW Leadership Training Manager
75. How does CW track training provided to caseworkers?	11	Data Representative Training Manager
76. Do you (and your staff) have the tools, training, and supports needed to make good screening decisions?	11	ORCAH Staff

Appendix H: Focus Group Protocol

The purpose of the focus groups was to gather peer groups at varying levels of the child welfare agency to share their collective experience regarding progress that has been made throughout the child welfare system since Public Knowledge® completed the *Child Safety in Substitute Care Final Report* in 2016. The focus groups were an opportunity for staff to share their feedback with each other and with PK to provide input into the final report.

Public Knowledge® conducted eleven focus groups, each of which were scheduled for 90 minutes on Zoom. The focus groups included the following participants:

- Two focus groups of central office staff, including staff from Permanency, Federal Policy and Resources, Project Management, Treatment Services Unit, and Workforce Development.
- Two focus groups of caseworkers from districts throughout Oregon. One group will include caseworkers focused on safety services and the other group will be comprised of permanency caseworkers. Caseworkers were invited from a mixture of large and small counties, urban and rural areas, and locations across the state.
- Two focus groups of casework supervisors from districts throughout Oregon. One group will include supervisors overseeing safety services and the other group will be comprised of permanency supervisors. Supervisors were invited from a mixture of large and small counties, urban and rural areas, and locations across the state.
- One focus group of Program Managers from around the state.
- One focus group of Child Safety Consultants from Central Office.
- One focus group of Permanency Consultants from Central Office.
- One focus group of ORCAH screeners from around the state.

The roles included in the focus groups changed from PK's initial methodology to concentrate discussions with the CW staff most involved in and impacted by the changes within the agency relevant to this review. Instead of conducting a focus group with District Managers and Adoption Staff, PK facilitated a group with Program Managers and another with Permanency Consultants. Program Managers oversee each district and work closely with supervisors and caseworkers, and Permanency Consultants are able to share the perceptions of permanence from a central office perspective. Based on feedback received regarding the implementation of ORCAH, PK added a focus group dedicated to ORCAH screeners to hear their feedback on the implementation process and the impact of centralization on child safety.



The focus groups were facilitated by two Public Knowledge® team members, one of whom facilitated, and one took notes. Responses to the focus group questions were aggregated and responses were not connected to a specific participant.

The focus group questions were based on the inquiry questions developed for each research question. Due to time constraints and rich discussions, every focus group did not address every question assigned to them.

	Focus Group Question	Research Question	Participant Group
1.	Does CW adequately assess safety thresholds and safety concerns of children in their homes during intake, initial assessments, and safety assessments, and throughout the life of the case?	1	Safety Caseworkers Safety Casework Supervisors Safety Consultants
2.	Does CW effectively manage caseloads to adequately meet the needs of children and families?	1	Central Office Casework Supervisors
3.	Does CW adequately supervise placements of children in out-of-state facilities?	1	Central Office Program Managers
4.	Has CW centralized and standardized reporting, screening, and assessments statewide?	1	Central Office Safety Caseworkers Safety Casework Supervisors Safety Consultants
5.	Is the process of responding to allegations of abuse and neglect regarding children in substitute care transparent?	1	Safety Caseworkers Safety Casework Supervisors Safety Consultants
6.	Does CW consistently share safety information across entities?	1	Central Office Program Managers
7.	What is CW’s policy on protecting the confidentiality of children who identify as LGBTQIA2S+?	1	Central Office Caseworkers Casework Supervisors



Focus Group Question	Research Question	Participant Group
8. Does CW consistently distinguish between allegations of abuse and critical incidents? (Including a follow-up question of how the two are distinguished).	1	Central Office Safety Caseworkers Safety Casework Supervisors Safety Consultants
9. Does CW address safety threats or safety concerns raised in a substitute care placement?	1	Safety Caseworkers Safety Casework Supervisors Safety Consultants
10. Does CW provide training and coaching to staff about best practices in safety for children under CW supervision?	1	Safety Caseworkers Safety Casework Supervisors
11. Does CW utilize a case review process to measure progress on improving safety for children under CW supervision?	1	Central Office Program Managers Safety Caseworkers Safety Casework Supervisors Safety Consultants
12. Does CW have in place quality assurance processes for monitoring safety for children under CW supervision?	1	Central Office Program Managers Safety Casework Supervisors
13. Does CW leadership promote safety for children under CW supervision?	1	Central Office Program Managers Safety Caseworkers Safety Casework Supervisors Safety Consultants



Focus Group Question	Research Question	Participant Group
14. Has ORCAH positively contributed to the safety of children and young adults in Oregon?	1	ORCAH Screeners
15. How are cases assigned as they come in through the hotline? Are the number of assignments manageable?	1	ORCAH Screeners
16. In what ways is safety prioritized in decision-making for children in substitute care?	2	Central Office Program Managers Safety Caseworkers Safety Casework Supervisors Safety Consultants
17. In what ways are CW staff encouraged to speak up with safety concerns regarding children in substitute care?	2	Central Office Program Managers Safety Caseworkers Safety Casework Supervisors Safety Consultants
18. Do CW staff feel comfortable raising concerns?	2	Central Office Program Managers Caseworkers Casework Supervisors Safety Consultants Permanency Consultants
19. Do CW staff know how to escalate concerns about safety issues?	2	Central Office Program Managers Caseworkers Casework Supervisors Safety Consultants Permanency Consultants



Focus Group Question	Research Question	Participant Group
20. Does CW communicate the importance of child safety for children in substitute care?	2	Central Office Program Managers Caseworkers Casework supervisors
21. In what ways does CW promote a safety culture among its workforce?	2	Central Office Program Managers Caseworkers Casework Supervisors Safety Consultants Permanency Consultants
22. Does CW use Organizational Change Management processes and structures?	2	Central Office Program Managers
23. In what ways do CW executives model leadership skills and behaviors?	2	Central Office Program Managers Caseworkers Casework Supervisors Safety Consultants Permanency Consultants
24. Do CW's nondiscrimination policies include considerations of sexual orientation, gender identity, and gender expression (SOGIE)?	2	Central Office Program Managers Caseworkers Casework Supervisors Safety Consultants Permanency Consultants
25. How has the structure of your daily work changed in the last 6 months?	2	ORCAH Screeners
26. Do you have the tools, training, and support you need to make appropriate screening decisions?	2	ORCAH Screeners



Focus Group Question	Research Question	Participant Group
27. What are the primary complaints you receive from reporters?	2	ORCAH Screeners
28. Do you feel supported by management and leadership?	2	ORCAH Screeners
29. What have your biggest challenges been with COVID-19?	2	ORCAH Screeners
30. Is there an override for county staff to bypass waiting on a hotline call?	2	ORCAH Screeners
31. How does CW identify and document children who identify as LGBTQIA2S+?	3	Central Office Program Managers
32. Does CW have a continuous quality improvement process that includes leadership support, leadership modeling, staff and stakeholder engagement, communication, oversight, data collection, case record reviews, and use of the findings?	3	Central Office Program Managers
33. Does CW engage in continuous quality improvement processes at the state, district, and county levels?	3	Central Office Program Managers Casework Supervisors
34. What does the CQI process look like at each level?	3	Central Office Program Managers
35. Does CW conduct effective evaluations of the quality of services offered by external service providers?	3	Central Office Program Managers
36. Does CW use the evaluations of the quality of services to improve service delivery to families?	3	Central Office Program Managers Casework Supervisors



Focus Group Question	Research Question	Participant Group
37. Does CW collaborate with service providers to share feedback from case reviews?	3	Program Managers Casework Supervisors
38. Does CW recruit and retain foster parents who are able to meet the identified needs of children in substitute care?	4	Program Managers Permanency Caseworkers Permanency Casework Supervisors
39. Does CW recruit and retain appropriate child-specific providers, including kith and kin, to care for the number of children who need such placements?	4	Central Office Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
40. Does CW maintain an appropriate number of foster homes to house the number of children who need to be placed in substitute care?	4	Central Office Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
41. Does CW adequately assess the ability of substitute care providers to ensure the appropriate care and supervision of children?	4	Central Office Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
42. Does CW provide appropriate services and support to substitute care providers to ensure children are adequately cared for and supervised?	4	Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
43. Does CW diligently recruit substitute care providers who reflect the ethnicity and race of children in substitute care?	4	Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants



Focus Group Question		Research Question	Participant Group
44.	Does CW recruit and retain substitute care providers who can care for children who identify as LGBTQIA2S+?	4	Central Office Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
45.	Does CW recruit and retain substitute care providers who can care for children who are living with high needs?	4	Central Office Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
46.	Does CW track, at the state and local levels, the current capacity for substitute care providers?	4	Central Office Program Managers Permanency Consultants Permanency Casework Supervisors
47.	Does CW track the skills and capabilities of substitute care providers to ensure appropriate matching for children and their placement providers?	4	Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
48.	Does CW prioritize the use of the least restrictive placement?	4	Central Office Program Managers Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
49.	Does CW leadership promote the recruitment, retention, and support of substitute care providers?	4	Central Office Program Managers Caseworkers Casework Supervisors



Focus Group Question	Research Question	Participant Group
		Permanency Consultants
50. Does CW conduct ongoing searches for relatives of children in substitute care?	5	Program Managers Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
51. Does CW frequently use temporary placements for children in substitute care?	5	Program Managers Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
52. Does CW prioritize the placement of children with relatives?	5	Program Managers Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
53. Does CW adequately assess prospective adoptive parents to determine an appropriate match?	5	Program Managers Permanency Consultants
54. Does CW collaborate with the courts to ensure timely permanency hearings?	5	Central Office Program Managers Permanency Caseworkers Permanency Casework Supervisors
55. In what ways does CW make concerted efforts to achieve permanence in a timely manner?	5	Central Office Program Managers Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants



Focus Group Question	Research Question	Participant Group
56. Does CW recommend placement decisions based on the identified needs and permanency plan of the child?	5	Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
57. Does CW appropriately match children to substitute care placements based on the needs of the child and the capability of the providers?	5	Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
58. Does CW follow federal requirements for placement preferences for Native American or Alaska Native children?	5	Central Office Program Managers Permanency Consultants
59. Does CW utilize a case review process to understand and improve barriers and strengths regarding permanence for children in substitute care?	5	Central Office Program Managers
60. Does CW leadership encourage improving permanence for children in substitute care?	5	Central Office Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
61. Does CW identify permanency goals appropriate to the needs of the child?	6	Program Managers Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
62. Does CW create permanency plans based on the identified needs of the child?	6	Program Managers Permanency Caseworkers Permanency Casework Supervisors



Focus Group Question	Research Question	Participant Group
63. Does CW recommend changes in placement based on the identified needs and permanency plan of the child?	6	Program Managers Permanency Caseworkers Permanency Casework Supervisors
64. Does CW collaborate with families and children to identify and improve barriers regarding permanency planning?	6	Program Managers Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
65. Does CW collaborate with the courts to identify and eliminate barriers regarding permanency planning?	6	Central Office Program Managers Permanency Consultants
66. Does CW utilize a case review process to understand and improve barriers and strengths in permanency planning?	6	Central Office Permanency Consultants
67. Does CW leadership promote improving permanency planning?	6	Central Office Program Managers Permanency Consultants
68. Does CW identify necessary services for children based on the assessment(s)?	7	Central Office Program Managers
69. Does CW identify necessary services for parents based on the assessment(s)?	7	Central Office Program Managers
70. Does CW identify necessary services for substitute care providers based on the assessment(s)?	7	Central Office Program Managers Permanency Caseworkers Permanency Casework Supervisors



	Focus Group Question	Research Question	Participant Group
71.	Does CW utilize a case review process to inform and improve individualized assessments for children and families?	7	Central Office Program Managers
72.	Does CW leadership promote individualized assessments for children and families?	7	Central Office Program Managers
73.	Does CW maintain a sufficient capacity of substitute care placements to serve children living with high needs?	8	Central Office Permanency Caseworkers
74.	Does CW provide appropriate services to meet children’s identified needs?	8	Central Office Program Managers
75.	Does CW provide appropriate services to meet the identified needs of children who identify as LGBTQIA2S+?	8	Central Office Program Managers Caseworkers Casework Supervisors
76.	Does CW provide services and supports to the family throughout the duration of the case to prepare for reunification?	8	Permanency Caseworkers Permanency Casework Supervisors
77.	Does CW address the underlying conditions for removal before returning children to their parents' care?	8	Permanency Caseworkers Permanency Casework Supervisors
78.	Does CW adequately assess independent living skills?	8	Program Managers Permanency Caseworkers Permanency Consultants
79.	Does CW provide services based on the assessment of a young adult's independent living skills and needs?	8	Permanency Caseworkers Permanency Casework Supervisors
80.	Does CW provide services necessary to parents so they can achieve case goals?	8	Permanency Caseworkers



Focus Group Question	Research Question	Participant Group
		Permanency Casework Supervisors
81. Does CW provide services necessary to parents in order to support them meeting their conditions for return?	8	Permanency Caseworkers Permanency Casework Supervisors
82. In what ways does CW provide safe spaces for young adults who identify as LGBTQIA2S+?	8	Central Office Program Managers Caseworkers Casework Supervisors Safety Consultants Permanency Consultants
83. In what ways does CW provide services that address sexuality, gender-based needs, and the process of coming out for LGBTQIA2S+ young adults?	8	Central Office Program Managers Caseworkers Casework Supervisors
84. Does CW utilize a case review process to inform and improve the barriers and strengths in providing services to meet the needs of children and families?	8	Central Office Program Managers
85. Does CW ensure that services are provided as recommended in the case plan?	9	Program Managers Casework Supervisors
86. Does CW adequately involve families throughout the case planning process?	9	Caseworkers Casework Supervisors
87. Does CW adequately involve tribes throughout the case planning process?	9	Central Office Program Managers
88. Does CW provide training and coaching for staff on best practices in case planning?	9	Caseworkers



Focus Group Question	Research Question	Participant Group
89. Does CW utilize case review processes for identifying and improving barriers to case planning?	9	Program Managers Casework Supervisors Permanency Consultants
90. Does CW leadership promote improving case planning?	9	Central Office Program Managers
91. Does CW allow for sufficient and quality family interactions between children and parents to preserve family connections?	10	Caseworkers Casework Supervisors
92. Does CW facilitate sufficient family interaction to prepare parents and children for reunification?	10	Permanency Caseworkers Permanency Casework Supervisors
93. Does CW maintain the child’s connections to their community, faith, extended family, tribe, and school?	10	Program Managers Permanency Caseworkers Permanency Casework Supervisors
94. Does CW facilitate contact between children and their siblings in accordance with the Family Support Services Case Plan?	10	Permanency Caseworkers Permanency Casework Supervisors Permanency Consultants
95. Does CW prioritize placing siblings together when possible and appropriate?	10	Permanency Caseworkers Permanency Casework Supervisors
96. Does CW provide training and coaching for staff on best practices for maintaining connections with children, their families (including siblings), and their community, faith, extended family, tribe, and school?	10	Permanency Caseworkers
97. Does CW utilize a case review process that informs and improves connections with children, their families (including siblings),	10	Program Managers Permanency Caseworkers



	Focus Group Question	Research Question	Participant Group
	and their community, faith, extended family, tribe, and school?		Permanency Casework Supervisors
98.	Does CW leadership promote improving connections between children in substitute care and their families?	10	Central Office Program Managers
99.	Does CW provide support to its workforce to prevent staff turnover?	11	Central Office Program Managers Caseworkers Casework Supervisors Safety Consultants Permanency Consultants
100.	Does CW regulate caseloads for caseworkers to ensure they can meet the needs of children and families under their supervision?	11	Program Managers Caseworkers Casework Supervisors
101.	Does CW adequately train caseworkers prior to their direct work with families?	11	Caseworkers
102.	Does CW adequately train caseworkers on an ongoing basis?	11	Caseworkers
103.	In what ways does CW provide adequate supervision to child welfare caseworkers and middle managers?	11	Program Managers Casework Supervisors

Appendix I: Staffing Information

Stacey Moss: Expert Witness

Stacey Moss is the President and CEO of Public Knowledge® and is serving as the Expert Witness. Stacey is responsible for providing overall direction and leadership for Public Knowledge®, with 20 years of experience working within governmental agencies, educational institutions, and non-profit organizations. She also has extensive experience in training development and implementation; leadership assessments and coaching; organizational change management; and organizational development. Stacey received her Juris Doctorate from the University of Wyoming and is a certified child welfare law specialist (CWLS) and Project Management Institute (PMI) project management professional (PMP).

Stacey has spent her career in the child welfare industry. Starting as an attorney representing parents and children in juvenile court proceedings. Then, representing the child welfare agency in many policy and rule promulgation, general advice, and court proceedings. Then running a state agency of attorneys ad litem for children and youth in child welfare proceedings. And finally, the last 10+ years at Public Knowledge® doing consulting work nationally on child welfare and other related systems work. Stacey was the Policy and Regulatory Lead on the 2016 PK project to produce the 2016 *Child Safety in Substitute Care Final Report*.

Stacey has authored or published seven publications in the ten years preceding the submission of this report, all of which are listed on her resume in Appendix J. She has not testified in another case in the four years preceding the submission of this report.

Allison Olson Ward: Project Manager

Since 2022, Allison has been the Learning Practice Director at Public Knowledge® and is the Project Manager for this effort. Allison is responsible for growing the learning service line at PK as well as for building client relationships, project management, data analyses, research, and drafting deliverables. She has 19 years of experience working with state and local child welfare agencies and juvenile court systems and direct experience working with youth and families experiencing the child welfare system.

Allison has been pivotal in diverse projects throughout her career, including redesigning caseworker training, assisting in implementing Comprehensive Child Welfare Information Systems (CCWIS) and improving Adult Protective Services (APS) systems. Her responsibilities span project planning, management, curriculum design, stakeholder engagement, and quality assurance. Allison excels in organizational change management. As a certified Project Management Professional (PMP), Allison's adept at overseeing intricate projects. Her experience highlights her ability to lead teams, align objectives, and facilitate change



management while maintaining effective stakeholder communication. Allison received her Master’s Degree in Counseling from the University of Wisconsin–Madison, and is a Certified ToP Facilitator, and a certified Project Management Practitioner.

Statement of Compensation

The Public Knowledge® Project Team includes the following staff with associated hourly rates.

Table 29. PK Team

Team Member	Hourly Rate
Stacey Moss	\$280
Allison Olson Ward	\$180
Susan Smith	\$220
Julie Breedlove	\$175



Appendix J: Stacey Moss CV

Stacey Moss, JD, CWLS, PMP

President and CEO

Professional Summary



Stacey is the President and CEO of Public Knowledge® and has over 20 years of experience working within governmental agencies, educational institutions, and nonprofit organizations. Stacey received her Bachelor of Arts from the University of Northern Colorado, and her Juris Doctorate from the University of Wyoming. She holds a Certified Child Welfare Law Specialist (CWLS) certification and a Project Management Professional (PMP) certification. Stacey brings expertise and knowledge to every project, but focuses her consulting in child welfare, Medicaid, and leadership.

Key Qualifications

- **Legal Expertise:** Extensive experience as an attorney, including roles as a Deputy Director and Chief Financial Officer of the Wyoming Guardians Ad Litem Program, providing legal advice to Wyoming state agencies, and practicing family law and child welfare law.
- **Teaching and Training:** Served as an Adjunct Professor of Law, educating students in legal writing and appellate advocacy. Conducted trainings throughout the US on various topics, demonstrating a commitment to knowledge dissemination.
- **Research and Publications:** Published multiple legal handbooks and articles on child welfare, juvenile court systems, and various legal issues. Contributed significantly to the field through insightful research and informative publications.
- **Effective Presenter:** Delivered presentations at numerous conferences, workshops, and training events, showcasing excellent communication and public speaking skills. Has created and delivered more than 75 trainings and presentations.

Stacey Moss, JD, CWLS, PMP

President and CEO

- **Collaboration and Teamwork:** Demonstrated ability to work effectively within diverse teams, promoting joint program planning and fostering effective team dynamics.
- **Community Engagement:** Active involvement in various community projects and volunteer work, including serving as a Big Brothers Big Sisters Project Manager and participating in Americorps National Civilian Community Corps.
- **Child Welfare Law Specialist:** Recognized as a Child Welfare Law Specialist by the National Association of Counsel for Children, highlighting specialized expertise in child welfare law.

Work Experience

Public Knowledge, President and CEO

1 / 2013 –
Present

Stacey is the President and CEO of Public Knowledge, LLC. Prior to serving as the President, she was our CEO, Professional Practice Officer, Marketing Director, and a Management Consultant. Consulting practice focuses on the health and child welfare industries, and our program and people services.

Wyoming Office of the Public Defender, Guardians Ad Litem Program, Deputy Director, Director, Chief Financial Officer

7 / 2008 –
2 / 2013

Stacey served as the Deputy Director of the Office of the State Public Defender and acting Director and Chief Financial Officer of the Wyoming Guardians Ad Litem Program. She trained, supervised, and managed all attorneys throughout Wyoming in child welfare and juvenile justice case proceedings. Trained Program administrative staff; gave final approval on all program expenditures and revenue; and tracked and maintained Program budget.

University of Wyoming College of Law, Adjunct Professor of Law

1 / 2008 –
6 / 2009

Stacey taught legal writing and appellate advocacy as an adjunct professor of law.

Stacey Moss, JD, CWLS, PMP

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Wyoming Attorney General's Office, Assistant Attorney General to the
Departments of Family Services, Transportation, and Health 4/2007 –
6/2008

Stacey provided day-to-day legal advice to Wyoming state agencies. She represented the Department of Family Services (DFS), Wyoming Department of Transportation, and the Wyoming Department of Health. Stacey reviewed and made recommendations to DFS for legislation, rules, and policy; and trained DFS management, employees, and caseworkers. Stacey completed a mini-CFSR in preparation for the federal I-VE Review. She also concluded rule revisions and advice to the Substitute Care and Day Care Licensing Division and successfully represented the Department of Transportation in administrative hearings on license suspensions.

Corthell and King, P.C., Associate Attorney 6/2006 –
3/2007

Stacey practiced law in a general practice law firm, focused primarily on family law and child welfare law, including representing parents and children in juvenile court.

Wyoming Domestic Violence Legal Clinic at the University of Wyoming College of Law, Student Director 5/2005 –
5/2006

Stacey supervised and trained the student attorneys in the legal clinic at the law school. The clinic provided holistic legal representation to victims of domestic violence under the supervision of a faculty attorney.

University of Wyoming Engineering Department Wyoming Technology Transfer Center, Research Assistant and Trainer 1/2004 –
5/2006

Stacey worked for the Wyoming Technology Transfer Center researching the legal establishment of rural roads in Wyoming, from territorial days until present. She also conducted trainings throughout Wyoming and wrote a comprehensive reference guide on this issue for Wyoming road personnel and attorneys.

Jubin & Zerga Law Firm, Investigator 4/2003 –
8/2003

Stacey Moss, JD, CWLS, PMP

President and CEO

Americorps National Civilian Community Corps, Corps Member	12/2002 – 4/2003
Henderson, Taylor, & Rapp Law Firm, Investigator	7/2002 – 12/2002
Colorado State Public Defender, Investigator	8/2001 – 6/2002
Big Brothers Big Sisters of Hastings, Project Manager	11/2000 – 5/2001

Education

Juris Doctorate, University of Wyoming College of Law	2006
Bachelor of Arts: Sociology, Minor in Legal Studies, University of Northern Colorado	2002

Certifications and Training

Organizational Mindfulness, Institute for Organizational Science and Mindfulness (IOSM)	2023
Leadership Institute, Classic Leadership Institute	2019
Hogan and Team Hogan Assessments Certification, Meta Skills Hogan Assessment Systems	2016
Project Management Professional (PMP), Project Management Institute (PMI)	2015
Technology of Participation® (ToP) Strategic Planning and Environmental Scanning Methods, Institute of Cultural Affairs (ICA)	2014
Technology of Participation® (ToP) Group Facilitation Methods, Institute of Cultural Affairs (ICA)	2013
Child Welfare Law Specialist, National Association of Counsel for Children	2012

Stacey Moss, JD, CWLS, PMP

President and CEO

Employment Law Certification, Mountain States Employment Council

2010

Publications

Publisher and Advisory Board Member for the Family Integrity and Justice Works Quarterly (2002, 4 editions), published by Public Knowledge®

Juvenile Court Law Update (2004–2018), published by the Wyoming Supreme Court Children’s Justice Project, a yearly publication

A Handbook for Educators: Navigating Wyoming's Juvenile Court System (2015), published by the Wyoming Supreme Court Children’s Justice Project

Skills-Based Handbook for Guardians Ad Litem in Wyoming’s Juvenile Courts (2013), published by the Wyoming Supreme Court Children’s Justice Project (original publication 2013, updated multiple times)

Minor Consent Laws in Wyoming: Protecting a Minor’s Right to Confidential Medical Care (2012), published by the Wyoming Lawyer

Wyoming Foster and Relative Caregivers Handbook – published by the Wyoming Department of Family Services (original publication 2012, multiple updated publications and revisions since)

How a Child Enters the Juvenile Court System – a Handbook for Foster and Relative Caregivers (2011), published by the Wyoming Supreme Court Children’s Justice Project (multiple updated publications and revisions since)

Wyoming’s Hidden Children and the Attorneys that Represent Them (2011), published by the Wyoming Lawyer

MDT (Multidisciplinary Team) Meetings Handbook (2011), published with the Wyoming Supreme Court Children’s Justice Project

Your Rights: A Guide to Juvenile Court in Wyoming for Children and Youth (2009), published by the Wyoming Supreme Court Children’s Justice Project (multiple updated publications and revisions since)

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New Rules for Guardian Ad Litem Program (2008), published by the Wyoming Lawyer

Current Termination of Parental Rights Statute: An Incentive to Avoid the Court System (2008), published by the Wyoming Lawyer

Wyoming Women and the Law Handbook (2007), published by Wyoming Women's Council (Co-authored with Dona Playton)

High Times in Wyoming: Reflecting the State's Values by Eliminating Barriers and Creating Opportunities for Women in the Equality State, 7 Wyo. L.R. 295 (2007) (Co-authored with Dona Playton)

Legal Establishment of County Roads in Wyoming (2006), published by the Wyoming Technology Transfer Center and the Mountain Plains Consortium

Case Note – Punitive Damage Determinations: A Jury's Factual Inquiry or a Court's Mathematical Leash, State Farm Mut. Auto. Ins. Co. v. Campbell, 538 U.S. 408 (2003), 5 Wyo. L.R. 637 (2005)

Presentations

Winning on Purpose, Public Knowledge® SPARK Summit	04/2023
Faculty, Mississippi Child Welfare Regional Conferences, 4 regions	Q1 2023
Management Consulting, the Market, and Core Management Consulting Skills; Public Knowledge® SPARK Summit	10/2022
Team Effectiveness and Decision Making, Public Knowledge® SPARK Summit	10/2021
Diversity Orientation, Public Knowledge® SPARK Summit	04/2021
Faculty, Judicial Academy on Reasonable Efforts, Region 4	5/2020
Faculty, Judicial Academy on Reasonable Efforts, Regions 9 and 10	1/2020
Faculty, CQI Workshops on Multiple Topics, Capacity Building Center for Courts, multiple dates and locations	2014 – 2019

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5 Behavioral Principles of Highly Effective Teams, Public Knowledge All-Staff Training	10/2019
Faculty, Judicial Academy on Reasonable Efforts, Region 4	9/2019
Developing Training for Adult Learners, 42nd National Child Welfare Law Conference, co-presented with Andy Yost and Allison Olson	8/2019
Procurement for Government Sector, Public Knowledge	7/2019
Child Welfare and CCWIS Systems Overview, Public Knowledge Training	6/2019
How Qualitative Data and Exploring Stakeholder Perception Can Help Your System Reform Efforts or Stall Them, American Association of Health and Human Services Attorneys (AAHSA) Conference, co-presented with Melissa Davis	8/2018
Mock Permanency and Shelter Care Hearing Training Videos (online training videos), Wyoming Supreme Court Children's Justice Project	2017
Two Sides to Every Technology Project: Bridging the Communication Gap Between IT and Program Staff, National Staff Development and Training Association (NSDTA) Conference, co-presented with Melissa Davis	10/2017
A How to Guide for Institutionalizing Joint Program Planning, Children's Bureau CIP Grantee Meeting	8/2017
Planning and Managing the Change from One "Big-Bang" Vendor to Multiple Modular Vendors, Medicaid Enterprise Services Conference (MESCC), co-presented with Jesse Springer	8/2017
How Qualitative Data and Exploring Stakeholder Perception Can Help Your System Reform Efforts or Stall Them, 17th ABA National Conference on Children & the Law: Strengthening Our Advocacy for Results (SOAR), co-presented with Melissa Davis	4/2017
Juvenile Court Training Modules (online training modules, recorded with handouts and video), Wyoming Supreme Court Children's Justice Project	2017

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5 Behavioral Principles of Highly Effective Teams, Public Knowledge All-Staff Training	10/2016
Finding the 25 th Hour, Public Knowledge® Knowledge Share	11/2016
Supporting Joint Program Planning & Improvement, Children's Bureau CIP Grantee Meeting	8/2016
A New Strategy to Acquire an MMIS as Services Not Systems, Medicaid Enterprise Services Conference (MESC), co-presented with Jim Plane and Teri Green	8/2015
Power of Persuasion, Public Knowledge Knowledge Share	4/2015
Google Tips and Tricks for Consultants, Public Knowledge Knowledge Share	1/2015
Multiple Child Welfare Topics, Wyoming Children's Justice Conference	6/2014
Wyoming Juvenile Court 101 Training, multiple locations and dates	2008– 2014
Balancing Work Life and Family Life Panel, Women's Law Summit	4/2014
Multidisciplinary Teams, Wyoming Supreme Court Children's Justice Project, co-presented with Eydie Trautwein and Debra Dugan-Doty	2013
Multiple Child Welfare Topics, Wyoming Children's Justice Conference	6/2013
Guardians ad Litem in Rural Wyoming	10/2012
Multiple Child Welfare Topics, Wyoming Children's Justice Conference	6/2012
Child Abuse and Neglect Laws, Juvenile Courts and the History of the Child in the US, sponsored by the Court Appointed Special Advocates	5/2012
2012 Session Update, sponsored by the Wyoming Guardians Ad Litem Program	3/2012

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Child Abuse and Neglect Laws, Juvenile Courts and the History of the Child in the US, sponsored by the Court Appointed Special Advocates	2/2012
Wyoming Guardians Ad Litem Program for Law Students, taught class at Children and the Law course at University of Wyoming College of Law	1/2012
Federal Law 101 for Foster and Relative Caregivers, sponsored by the Wyoming Supreme Court Children's Justice Project	11/2011
The Law, The Courts, and The Child, sponsored by the Court Appointed Special Advocates	10/2011
Role of a GAL in Wyoming, Juvenile Court Rules and Anatomy of an Abuse/Neglect Proceeding, sponsored by the University of Wyoming College of Law Legal Services and DV Legal Assistance Project Clinics	10/2011
Online Training Drill – Timelines and Reasonable Efforts Training for Foster and Relative Caregivers, sponsored by the Wyoming Supreme Court Children's Justice Project (completed September 2011)	9/2011
Online Training Drill – Juvenile Court Hearings and MDTs for Foster and Relative Caregivers, sponsored by the Wyoming Supreme Court Children's Justice Project (completed August 2011)	8/2011
Online Training Drill – The Role of a GAL in Wyoming, sponsored by the Wyoming Supreme Court Children's Justice Project (completed July 2011)	7/2011
Resources for GALs in Wyoming, sponsored by the Wyoming Children's Justice Conference	6/2011
Fostering Connections & Health Reform: What It Means to Children in Juvenile Court, (co-presented with Meredith Asay, Heather Babbitt and Eydie Trautwein) sponsored by the Wyoming Children's Justice Conference	6/2011
Juvenile Caselaw & Session Update 2011, sponsored by the Wyoming Children's Justice Conference	6/2011

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Termination of Parental Rights Law in Wyoming (co-presented with Sue Chatfield), sponsored by the Wyoming Trial Lawyers Association	1/2011
An Overview of the Uniform Child Custody Jurisdiction and Enforcement Act and its Relation to Family Law and Guardian Ad Litem Practice (co-prepared and co-presented with Dona Playton) (prepared materials for training, but was not able to present with co-presenter), sponsored by the Wyoming State Bar	9/2010
Title 14 Actions and Community Based Resources (co-presented with Eydie Trautwein), sponsored by the Wyoming Department of Health Mental Health and Substance Abuse Division	8/2010
The Nuts and Bolts of Representing Children in Wyoming Juvenile Court, sponsored by the Wyoming Guardians Ad Litem Program	6/2010
Engaging Incarcerated Parents in Juvenile Court, sponsored by the Wyoming Children's Justice Conference	6/2010
Overview of State Laws in Child Welfare/Permanency, sponsored by the Wyoming Supreme Court Children's Justice Project	2/2010
Title 14 Actions and Community Based Resources (co-prepared and co-presented with Eydie Trautwein), sponsored by the Governor's Roundtable on Children's Mental Health and Starfish Awards	2/2010
Overview of Federal Laws in Child Welfare/Permanency, sponsored by the Wyoming Supreme Court Children's Justice Project	2/2010
The Role of a Guardian Ad Litem in Wyoming, sponsored by the Laramie County Bar Association	11/2009
The Nuts and Bolts of Representing Children in Wyoming Juvenile Court, sponsored by the Wyoming Guardians Ad Litem Program	9/2009

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The Wyoming Guardians Ad Litem Program – Attorneys Representing Children in Juvenile Court, sponsored by the University of Wyoming College of Law for Law Week	9/2009
Multiple trainings for the Wyoming Court Appointed Special Advocates (CASA), topics include, but are not limited to: Federal Child Welfare Law, State Child Welfare Law, the Court System, Burden and Standard of Proof, Evidence and Court Practice, Juvenile Court Process, Working with Incarcerated Parents, Termination of Parental Rights Law, etc.	2008– 2015
Multiple Trainings for many audiences around the state, including the law school clinics each year, on the Guardians Ad Litem Program and the Role of a Guardian Ad Litem in Wyoming, sponsored by the Wyoming Guardians Ad Litem Program	2008– 2013
Multiple trainings on legal issues for caseworkers at the Department of Family Services, sponsored by the Department of Family Services, including CORE training, permanency, TPR, foster care placements, etc.	2007– 2008
Multiple trainings around the State of Wyoming on the Legal Establishment of County Roads, sponsored by the Wyoming Technology Transfer Center	2006
