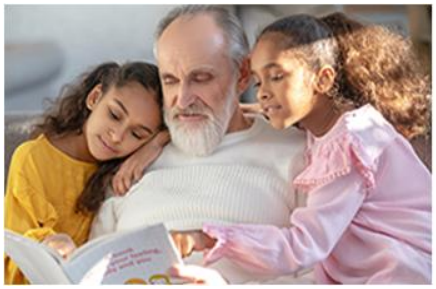
Oregon Department of Human Services

Oregon Title IV-E Prevention Plan

Approved April 1, 2021



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Section 1: Introduction

Oregon's Child Welfare Vision for Transformation

Developed in collaboration with families, communities, Tribes and partners, Oregon's *Child Welfare Vision for Transformation* is for all children and young adults to experience safe, stable, healthy lives and grow up in the care of a nurturing family and community. Our *Vision for Transformation* is based on a belief that children do best growing up in a family and on values related to honoring and supporting cultural wisdom, building community resilience and voice, and ensuring the self-determination of communities of color.

The *Child Welfare Vision for Transformation* includes three guiding principles:

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

The first guiding principle, supporting families and promoting prevention, includes approaches that:

- **Center on family support** and focus on individual needs and appropriate services
- **Value the voices**, experiences, cultures, intellect, and uniqueness of the children, youth and families we serve
- **Are based on early support services** at a time when small interventions can make an enormous difference in people's lives, prevent a crisis and provide appropriate resources if a crisis occurs
- **Use a multi-generational approach** to meet families' needs and address factors that contribute to risk, trauma and safety concerns and the cycles of child abuse and neglect
- **Focus on strengthening and preserving connections to family and community** by keeping children and young adults safely in their own homes 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
- **Engage with the community** by integrating the voices of children, young adults, parents, families, Tribes and partners to be more responsive to their needs
- **Honor and support the self-determination of communities of color** and other marginalized communities and aim to build their power
- **Are culturally responsive** by embracing the communities' lived experiences and the cultures of children and young adults in decision-making that affects their safety, health and well-being; as a result, delivering services that are aligned with the cultural context of children, young adults, family and community so they can live their lives with dignity, autonomy and equality
- **Are trauma-informed** to recognize the impact of trauma, including historical trauma, and promote a culture of safety, empowerment and healing, and

- **Are strength-based** to support families and individuals with the tools to better handle mental health, substance use, domestic violence issues and other factors that can contribute to child abuse and neglect.

Oregon is beginning its journey and intends to align all child welfare system work with the *Vision for Transformation*, including planning for and implementation of the Family First Prevention Services Act. By following our *Vision for Transformation*, we expect to achieve outcomes that include:

- A more equitable system leading to better outcomes for children of color
- Fewer children in foster care
- Safer and more stable placements
- Stronger community partnerships
- Stronger Tribal relationships
- Increased cross-system collaboration
- Decreased racial disproportionality and disparities
- More children served in their families and fewer in substitute care
- Lower rates of child neglect and abuse
- Fewer child fatalities
- Lower rates of child neglect and abuse in substitute care
- Fewer re-reports and recurrences of maltreatment
- More diverse resource families, and
- Reduced time to achieve permanency, including reunification, guardianship and adoption

Opportunities for Expanding Prevention Services under Family First

Throughout the United States and in Oregon particularly, the child welfare system has primarily focused on removing or rescuing children from their families, homes, and neighborhoods for safety reasons. Research, however, consistently shows that children and young adults can have better outcomes when they remain safely in their home while maintaining ties to their family, friends, schools and communities (Child Welfare Information Gateway, 2014).

The Family First Prevention Services Act (Family First) enacted on February 9, 2018, provides jurisdictions the option of receiving federal title IV-E reimbursement at a matching rate for certain evidence-based, trauma-informed services related to parenting skills, mental health and substance use disorders, aimed at preventing children from entering or re-entering foster care. Because title IV-E has historically been a child eligibility entitlement used to fund foster care or adoption and guardianship assistance, Family First represents a new opportunity for jurisdictions to expand and sustain evidence-based prevention services to families of children at risk of foster care placement.

The Oregon Department of Human Services (ODHS), Child Welfare Program has primarily provided foster care and out of home supports, with a proportionally smaller set of activities directed to serving children who have remained with their families For example, on September

30, 2018, approximately 15% of children served by the child welfare system were served in their own families. Oregon, in partnership with the Tribal Nations of Oregon, welcomes Family First implementation as a tool that is aligned with our ongoing transformation effort to safely reduce the number of children in foster care and increase the number of youth who can safely remain at home with their families and in their communities. Leveraging Family First to increase access to preventive evidence-based programs and strengthen in-home supports is one strategy in Oregon's larger statewide effort to build a prevention-focused system that better supports our children, families and communities.

Building on Oregon's Demonstrated Success

Oregon has seized prior federal policy opportunities to improve practice in support of better outcomes for children and families. In July 2015, Oregon began implementation of its Title IV-E Waiver Demonstration Project, to develop the Leveraging Intensive Family Engagement (LIFE) model. LIFE is a values-based practice model designed to reduce the time to permanency of children who are likely to have long-term stays in foster care. LIFE has four essential practice values: **strengths-based, trauma-informed, culturally responsive, parent-directed and youth-guided**; and four key components: regularly scheduled **case planning meetings, enhanced family finding, parent peer mentors and team collaboration**.

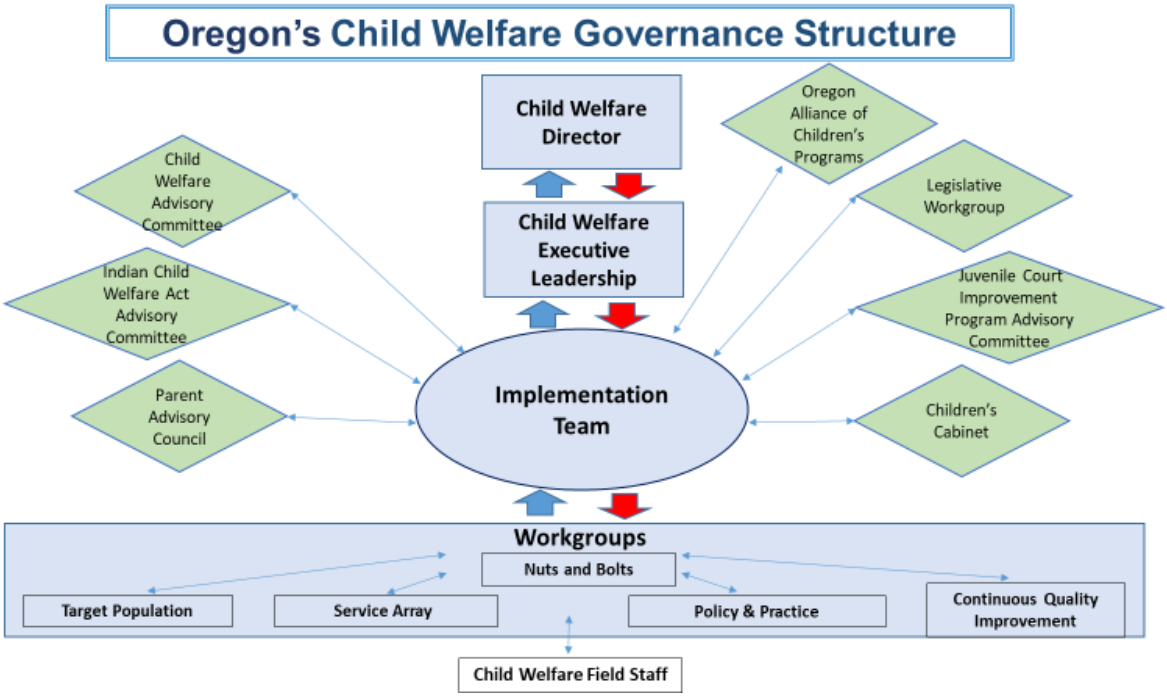
A final evaluation by Portland State University in March 2020 (ODHS-CW & Portland State University, 2020) found that LIFE was successful in promoting parent and youth engagement, facilitating case progress and encouraging relative placements. LIFE provides parents, youth, relatives and other members of the team with opportunities for input, choice and participation in decision-making. The evaluation also indicated an observed shift toward values-based practice by caseworkers and other service providers.

The demonstrated positive outcomes of LIFE align with Oregon's *Vision for Transformation* to be a more family-centered, holistic and prevention-oriented system. To enhance family and community engagement and partnership, Oregon will build on the most successful elements of LIFE to inform the casework practice model for the delivery of Family First prevention services to children and families.

Collaboration, Consultation and Coordination with Partners in the Development of the Prevention Plan

To achieve the *Vision for Transformation* and engage all key family-serving systems to accomplish the outcome of implementing Family First successfully, Oregon has engaged intentionally in collaboration and partnership. As a primary vehicle for ensuring cross-system collaboration and decision-making, Oregon created a governance structure for developing and implementing a comprehensive Prevention Plan. The governance structure consists of an implementation team and four workgroups focused on the key Prevention Plan components: target population, service array, practice and policy, and continuous quality improvement (CQI).

Figure 1. Oregon's Prevention Plan governance structure



The implementation team and workgroups are comprised of a diverse array of partners including child welfare agency field and program leaders, Tribes, young adults who experienced foster care, parents who experienced the child welfare system, foster care providers, community partners, sister agencies and private service providers. The governance structure membership is intentionally varied to ensure many voices and perspectives are included in Oregon's plan development and implementation. The sister and other public agencies actively participating and providing consultation on the implementation team and workgroups include representatives from the ODHS Self-Sufficiency Program, Oregon Health Authority: Child and Family Behavioral Health and Maternal and Child Health Sections, Department of Education Early Learning Division, local county juvenile departments, Oregon Judicial Department and the Oregon Legislative Assembly. Consultants from Chapin Hall at the University of Chicago and Casey Family Programs have also provided much appreciated technical assistance and capacity building support.

The current charge of the implementation team is to lead workgroup teams to:

- Develop, support and monitor the progress of Oregon's Family First Prevention Plan
- Communicate and collaborate with other workgroups and external partners to ensure an integrated Prevention Plan for implementation
- Address implementation barriers and opportunities, and
- Champion Oregon's system transformation efforts and ensure that Family First implementation supports these efforts.

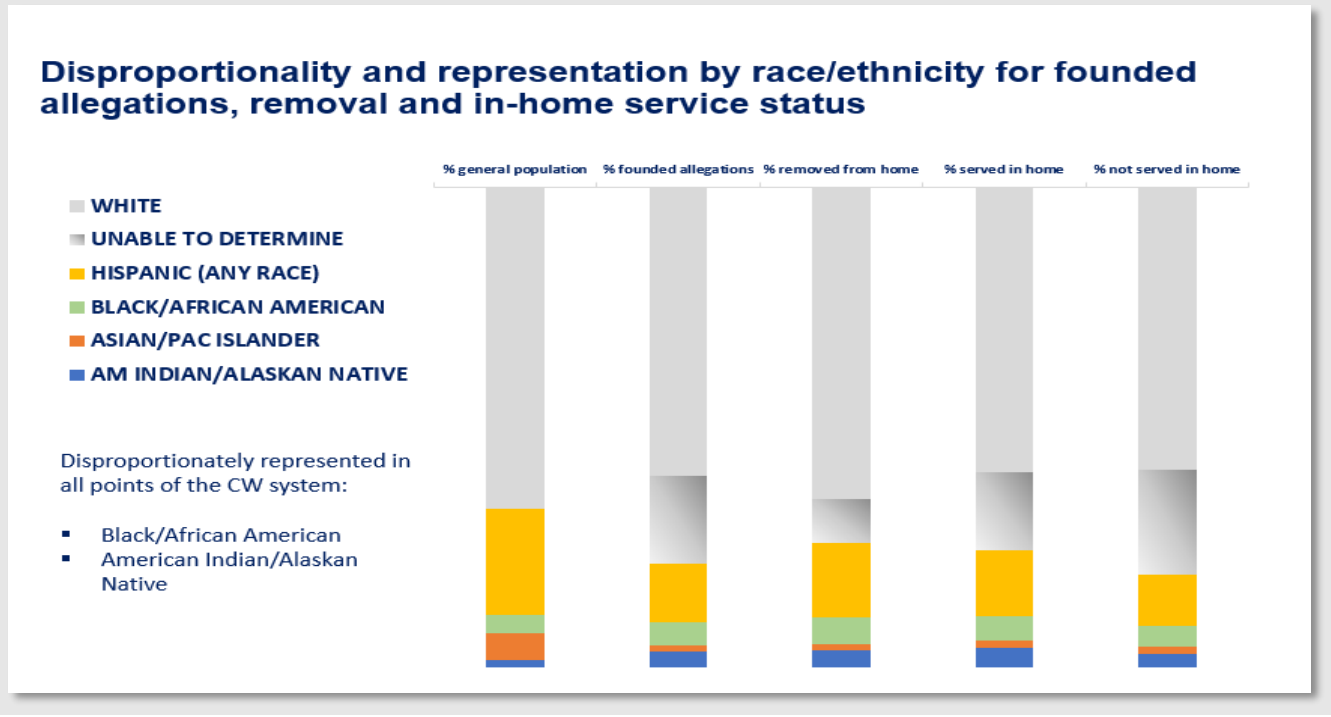
The recommendations of the implementation team were generated using a consensus building process and shared with Oregon's Child Welfare Executive Leadership Team for final decision-making and reconciliation as reflected in this Plan. As Oregon moves into implementation, Oregon intends to adapt the implementation team and relevant workgroup membership and charges to ensure we are effectively operationalizing and overseeing implementation in concert with those carrying out and impacted by services.

Addressing Racial Equity and Justice in the Child Welfare System

Reducing racial disproportionality and focusing on achieving racial equity and justice in the child welfare system has also been a priority for Oregon and informed the development of all aspects of the Plan. In particular, the implementation team and workgroups have specifically focused on the needs of African American, American Indian/Alaska Native and Latinx children and families in addition to the needs of parents with intellectual and developmental disabilities.

Like in many states and jurisdictions across the country, African American and American Indian/Alaska Native children in Oregon are disproportionally overrepresented in the foster care system. The following bar graph, based on the 2018 Child Welfare Data Book (ODHS, 2019), demonstrates disproportionality and representation by race and ethnicity for founded allegations, removal and in-home service status. African American and American Indian/Alaska Native children are disproportionately represented at each point in the child welfare system when compared to the general population of children as shown on the far-left hand bar.

Figure 2. Disproportionality by race and ethnicity, 2018



To address the racial disproportionality and the specific needs of these populations who may come into contact with the child welfare system, a diverse array of culturally specific and culturally responsive services and Oregon Tribal Best Practices have been highlighted in Oregon's Prevention Plan. Although many of these services have not yet been rated or selected for review by the federal Title IV-E Prevention Clearinghouse, Oregon finds that these services and practices have high value and efficacy in meeting the needs of historically underserved communities. Highlighting these services in the Plan represents Oregon's commitment to developing a service array that meets the needs of all children and families. Oregon's commitment to serving all families effectively extends beyond culturally specific or appropriate services and includes partnering with providers with expertise in delivering services and programs that are adapted to fit the culture and context of Oregon's communities and populations.

Collaboration with the Tribes of Oregon

Recognizing the State of Oregon has a government to government relationship with the nine federally recognized Oregon Tribal Nations, Oregon has tailored engagement with the Tribes to respect and uphold tribal sovereignty. In addition to including tribal representatives in the implementation team, ODHS Child Welfare and Tribes have had direct dialogue in bi-weekly meetings to identify the culturally specific needs of tribal communities as well as the needs of tribal children and families who can benefit from prevention services.

Five of the Tribes have title IV-E state plan agreements with ODHS Child Welfare. These Tribes are the Confederated Tribes of Grand Ronde, Confederated Tribes of Warm Springs, Confederated Tribes of Siletz Indians, the Confederated Tribes of Umatilla Indian Reservation, and the Klamath Tribes. Oregon has been working with each of these five Tribes to determine candidacy for their tribal members, identify target populations and discuss service array. To date, these are ongoing consultations with each Tribe in determining these specific areas. Given the future impact of these decisions on the direction of serving their tribal citizens, Tribes are taking the time needed to consult with their leaders and community to ensure that this Prevention Plan and future modifications are fully inclusive of Tribal needs.

In the area of service array, Oregon has recognized Oregon Tribal Best Practices as modalities that are connected to the prevention services and approaches that are a part of Oregon's Prevention Plan. Oregon Tribal Best Practices are tribal practices such as sweat lodge ceremonies, canoeing, storytelling, Positive Indian Parenting and Family Spirit. Tribal Best Practices are not yet recognized as having the requisite evidence by the Title IV-E Prevention Clearinghouse for Family First purposes, but Oregon acknowledges their importance and supports Tribes in expanding or standing-up these practices.

Oregon has outlined the following next steps to continue engagement with Tribes and Tribal partners on the Prevention Plan:

- Ongoing engagement and consultation with the Tribes with a title IV-E agreement even after the first submission of Oregon's Prevention Plan, including meeting specifically with Tribal Councils from Warm Springs and Klamath Tribes
- Meet with Tribes without a title IV-E agreement: Burns Paiute Tribe, Coquille Tribe, Confederated Tribes of Coos, Lower Umpqua, Siuslaw Indians, and the Cow Creek Band of Umpqua Indians
- Develop additional infographics for the Tribes to map out how the Family First framework will align and coordinate with tribal service delivery systems, and
- Inform Tribes on the Prevention Plan amendment process in preparation for amplifying their voice and vision into future iterations of the Oregon Prevention Plan.

Since partnering with Oregon Tribal Nations, Oregon has gained additional perspective on how prevention works within tribal communities. For Oregon Tribal Nations and beyond, prevention is already built into tribal culture, customs and values. Most Oregon tribal service delivery systems are intertwined with tribal culture, customs and values that have proven effective in serving their tribal members. Oregon has taken serious note of the experience and expertise of Oregon tribal prevention practices. For example, Oregon learned from the Confederated Tribes of Grand Ronde prevention framework and incorporated key aspects into its prevention framework.

Moving forward, Oregon will continue engaging and consulting with Oregon Tribal Nations to ensure their voice and vision is fully captured and integrated into the Oregon Prevention Plan. A recent indication that Oregon is heading in the right direction was demonstrated by the Warm Springs Tribal Court quoting Family First policy during a child welfare hearing. From this example to many others, Oregon's Tribes are already embodying a prevention-oriented system.

Oregon's Implementation Strategy

Oregon is using a phased-in and staged approach toward implementation with ongoing, structured opportunities for partner feedback and adjustment. Lessons learned from other states and jurisdictions underscore the importance of progressively scaling up an evidence-based service array, with ample occasion for communication and collaboration between program developers, field staff, service providers, community partners, Tribes, families and youth with lived experience and other stakeholders.

This iteration of the Prevention Plan is just the first step toward Oregon's goal of transforming to a prevention-oriented system. The initial phase of implementation that this Plan describes includes modifications to the current system of service delivery and the standing up of new evidence-based prevention services. Future steps toward transformation including structural changes to the current system of service delivery and additional progression towards a comprehensive prevention service array.

As Oregon begins its journey of transformation, the implementation of Family First will be an integral landmark on the road to ending racial disproportionality, utilizing values-based practice and intentional engagement, strengthening communities and serving children and families together in their homes.

Section 2: Eligibility and Candidacy Identification

Child and Family Eligibility for Title IV-E Prevention Services

To be eligible for prevention services under Family First an individual must be in one of the following categories:

- A child who is a candidate for foster care
- A youth in foster care who is pregnant or parenting, or
- Parents or kin caregivers of a candidate for foster care or a pregnant and parenting youth in foster care.

According to federal guidance, a child is a "candidate for foster care" when they are identified as being at imminent risk of entering or re-entering foster care if not for the receipt of prevention services. This term also includes a child whose adoption or guardianship arrangement is at risk of disruption or dissolution. The federal Children's Bureau, which administers the title IV-E programs, is not further defining the phrase "candidate for foster care" or the term "imminent risk," so jurisdictions have flexibility in how they chose to define and apply the federal criteria to the populations they serve.

Although pregnant or parenting youth in foster care are not candidates for foster care, they are eligible to receive prevention services under Family First. Once a child is eligible, the child, parent or kin caregiver may be the recipient of an applicable service to prevent foster care or enhance their parenting capacity, if the service is identified in a child-specific prevention plan in advance of services being provided.

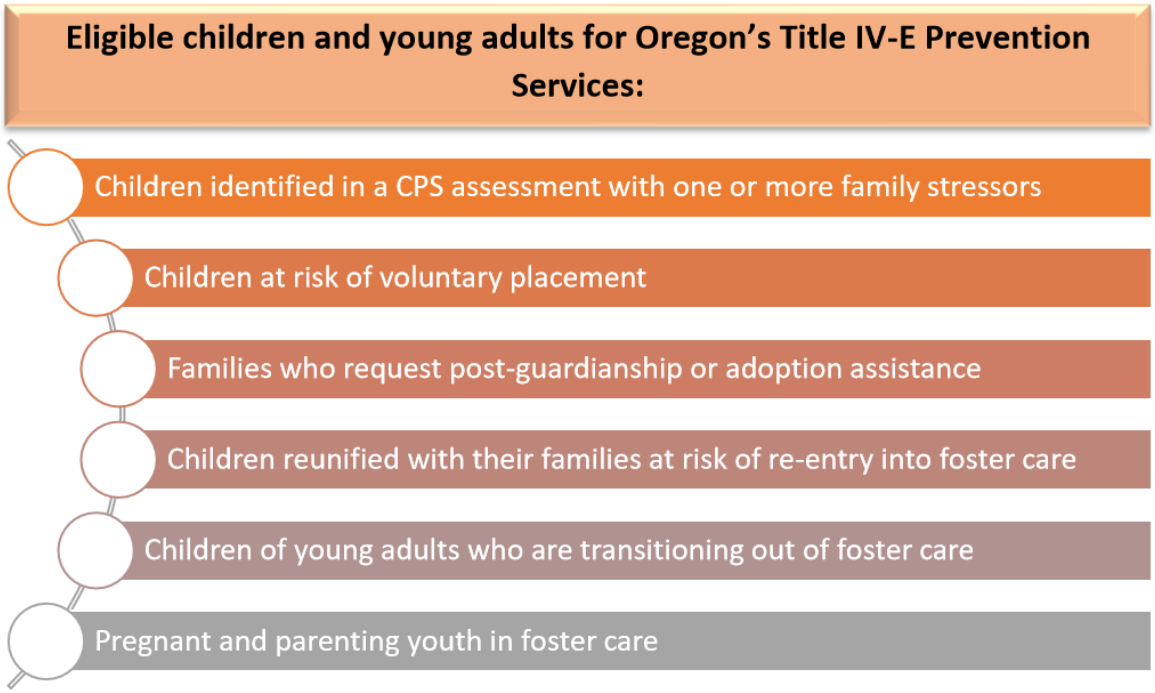
Defining Candidacy and Eligible Populations in Oregon

Oregon developed its candidacy definition through a target population workgroup comprised of members with lived experience, Tribal representatives, community service providers, sister agencies and ODHS Child Welfare staff, including data and research specialists from the Office of Reporting, Research, Analytics and Implementation. Their charge was to develop data-informed recommendations to inform eligibility for prevention services in Oregon's Prevention Plan. This information will also be used to inform Oregon's larger prevention-oriented system efforts.

Candidates eligible for Family First prevention services include six target population groups (see figure 3). The first five population groups are children at imminent risk of foster care entry or re-entry, while the sixth population group, pregnant and parenting youth in foster care, are eligible because they are explicitly so in the Family First legislation. We describe each of these

populations and the supporting analytic work used to identify them in the subsequent section below.

Figure 3. Population groups of children and young adults eligible for title IV-E prevention services



Only Oregon Child Welfare staff and Tribes with title IV-E agreements with Oregon will determine child-specific eligibility for prevention services.

To clarify whether a child within a candidacy group needs services, Oregon is operationalizing "imminent risk" of foster care entry or re-entry as:

> *Observable family behaviors, conditions or circumstances that are occurring now and are likely to have a negative impact on a child's physical, sexual, psychological, cognitive or behavioral development or functioning. While intervention may not be required for the child to be safe, it is reasonable to determine that by supporting the family through culturally responsive and inclusive engagement, honoring family traditions and relationships and family-led services, family stress factors that lead to subsequent incidents of maltreatment or foster care placement may be mitigated.*

For the initial phase of implementation, Oregon anticipates that this definition of candidacy and imminent risk will mean that the population served will be limited to children and their families who have open child protective services (CPS) or family support services (FSS) cases. Oregon is planning for later phases of our prevention-oriented transformation to serve an expanded

population of families in need beyond those who are required to engage in services. Oregon recognizes that to support that expansion, we need to build our readiness, work to shift our culture to serve these families differently and add new resources and tools for our workforce to best identify the supports families need. Specifically, as we explore how best to identify this population and their needs, Oregon intends to select a validated tool that can help identify risk.

Discussion of Oregon Family First Eligible Populations and Eligibility Processes

1. Children identified in a CPS assessment with one or more of select family stressors

In order to inform decision-making about the eligible populations for Family First prevention services in Oregon, the target population workgroup analyzed cohort 2018 data to understand the size and scope of the child population already known to Child Welfare and who could benefit from evidence-based interventions under Family First.

During 2018, Child Welfare received 84,233 calls/referrals to the Oregon Child Abuse Hotline (ORCAH), of these 40,916 were closed at screening and 43,317 were assigned as CPS assessments. Of this total, 8,167 resulted in a founded allegation of abuse and/or neglect representing 12,585 unduplicated children (see Table 1).

Table 1. Child Protective Services case flow, 2018 cohort

Screening/assessment process	Counts
Total CPS screening/referrals	84,233
Number closed at screening	40,916
Number assigned as assessment	43,317
Incomplete/unfounded assessments	35,150
Founded assessments	8,167

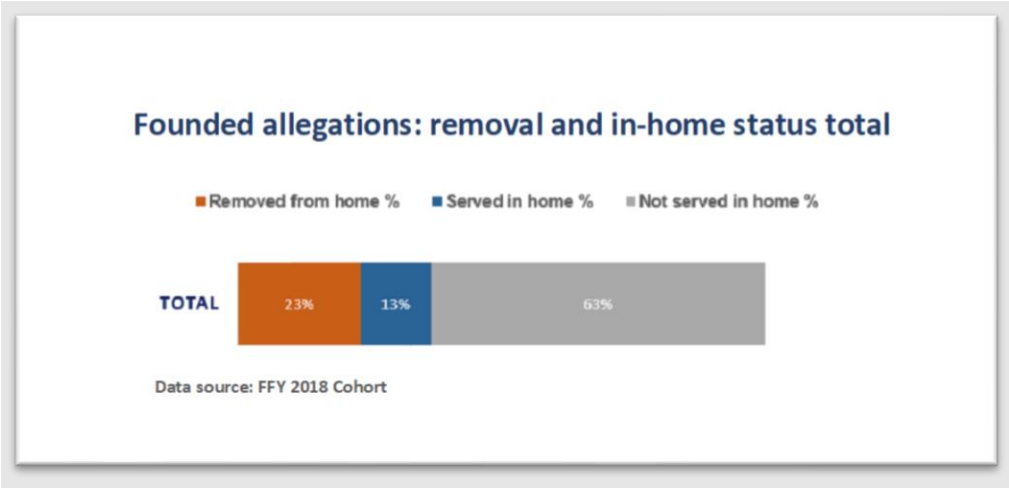
Of 12,585 children with findings of maltreatment, two-thirds remained in their own homes (9,679), while roughly a quarter (2,906) were removed from their homes and entered foster care. Of the ones remaining at home, some had in-home safety plans (1,700) and received services. The majority, however, stayed in their homes (7,979) and did not receive services because the assessment determined that it was not necessary to open a service case to keep the child(ren) safe (see Table 2).

Table 2. Founded allegations by removal and in-home service status, 2018 cohort

Unique children with founded allegation(s) of abuse/neglect	Counts
Number of children removed from home and entering care	2,906
Number of children remaining at home	9,679
Number of children remaining at home with no services	7,979
Number of children remaining at home with services	1,700
Total	12,585

Consequently, the majority of children (63%) with founded allegations of abuse and neglect did not receive any services after the conclusion of an assessment as the graph below illustrates:

Figure 4. Percentage of children served in home versus in care following a founded allegation, 2018



The decision to open a case at the conclusion of an assessment is based on whether a child is "safe" or "unsafe." The child protective services (CPS) worker investigates an alleged incident of abuse or neglect and comprehensively assesses how a family functions. A child is considered unsafe if five safety threat threshold criteria are met. Consequently, a child may have experienced child maltreatment and have service-specific needs but, in current practice, service delivery is driven solely by child safety.

This illuminated a potential opportunity to expand in-home services to children and their families after a finding of child abuse and/or neglect. Further examination of the data supported the proposed expansion of services. Approximately one-third (33%) of children who received in-home services were later removed and seven percent, approximately 500 children, who remained at home without any services were later removed. This suggested that service delivery should be expanded to all children and families after an incident of maltreatment rather limiting service provision based solely on safety concerns.

To determine the needs of this group of children and families, the workgroup reviewed additional CPS assessment data consisting of 15 family stressors that potentially could put children at risk of foster care entry. Data showed that nine of 15 family stressors aligned with the three allowable Family First service categories of mental health, substance use treatment and parent skills training. Additional data analysis revealed that many of the family stressors present in founded allegations were also present in unfounded allegations of child maltreatment, suggesting another opportunity for expansion of prevention services. Table 3 illustrates the prevalence of family stressors by founded and unfounded allegations and their alignment with a Family First service category.

Table 3. Prevalence of family stressors in families with founded and unfounded allegations and alignment with Family First service need

Founded vs. unfounded allegations by family stressors			
Stressor	**Family First Service Needed**	**Founded**	**Unfounded**
Parent/caregiver alcohol/drug use	**Substance use or Mental Health**	**42.5%**	**20.3%**
Domestic violence	Other non-Family First service	29.7%	14.9%
Child emotional behavior disability	**Mental Health or Parenting**	**9.9%**	**15.0%**
Parent/caregiver involvement with LEA	Other non-Family First service	19.9%	7.2%
Family financial distress	Other non-Family First service	11.8%	7.9%
Parent/caregiver mental illness	**Mental Health**	**13.5%**	**6.4%**
Parent/caregiver history of abuse	**Mental Health**	**11.4%**	**7.0%**
Inadequate housing	Other non-Family First service	8.6%	4.4%
Head of household unemployed	Other non-Family First service	6.6%	3.4%
New baby/pregnant	**Parenting**	**6.6%**	**3.4%**
Child developmental disability	**Mental Health or Parenting**	**2.0%**	**3.1%**
Child mental illness	**Mental Health**	**2.1%**	**3.0%**
Heavy child care responsibility	**Parenting**	**2.0%**	**1.4%**
Parent developmental disability	**Parenting**	**1.8%**	**1.1%**
Social Isolation	Other non-Family First service	2.0%	1.0%

Oregon concluded that the candidacy definition should include all children identified in a CPS assessment with one or more of the following identified family stressors:

- Parent/caregiver alcohol and drug use
- New baby/pregnant
- Heavy childcare responsibility
- Parent developmental disability
- Child developmental disability

- Child emotional behavior disability
- Parent/caregiver mental illness
- Parent/caregiver history of abuse
- Child mental illness

Estimated Size: The estimated size of this candidacy population for the initial phase of implementation is 1,700 children. This is based on the total number of the children in FFY 2018 who were determined "unsafe" and an in-home services case was opened immediately following a CPS assessment. In later phases of implementation, Oregon intends to expand this category to include children who are determined "safe" at the conclusion of a CPS assessment.

Determining Eligibility: For the initial phase, the CPS worker in consultation with their supervisor will make the imminent risk determination for the child whose family qualifies for in-home services. Instead of a permanency worker being assigned within the transfer protocol timelines cited above, a "family preservation worker" will be assigned who will immediately engage the family in the process of developing a child-specific prevention plan.

2. Children who are at risk of voluntary placement through Child Welfare if their caregivers are unable to access appropriate services/assistance for the child, or other utilized community resources have been determined to be ineffective or inaccessible.

Oregon currently provides Family Support Services (FSS) to families and young adults who request certain voluntary services or are unable to be served in the community. Eligibility for FSS falls into the following six categories:

- Voluntary out-of-home placement for the child
- Voluntary custody of the child
- Former foster youth request for Independent Living Program (ILP) services
- Post adoption and post legal guardianship services
- Voluntary in-home services
- Court ordered pre-adjudicated youth

An analysis of the requests from caregivers for voluntary services revealed that the children who are at imminent risk of foster care are those whose families seek a voluntary placement or custody agreement due to the behavioral/mental health condition of the child or the medical/mental health condition of the parent.

Estimated Size: Based on 2018 data, approximately 164 children would be eligible for Family First prevention services based on requests from caregivers for voluntary services.

Determining Eligibility: During an FSS assessment, the worker will determine in consultation with their supervisor if the potential candidate meets the definition of imminent risk and is a child at risk of being placed in foster care through a voluntary placement or custody agreement.

3. Children who have exited the foster care system whose caregivers have requested post-adoption or post-guardianship services.

Children who exit care to adoption or guardianship are at risk of re-entry. Prior research shows that 17 percent of children who exit to guardianship re-enter care (Wulczyn et al., 2020). Oregon plans to make Family First prevention services available to caregivers who request post-adoption or post-guardianship services to ensure they have the supports they need to remain intact.

Estimated Size: Additional analysis of the FSS 2018 data showed that caregivers requested post-adoption or post guardianship services for approximately 122 children.

Determining Eligibility: The FSS worker will determine whether a child is at imminent risk of foster care placement during the FSS assessment.

4. Children who have exited the foster care system to reunification but are at risk of re-entry.

In 2018, approximately 2,346 children/youth placed in foster care were reunified with a parent and/or guardian. Prior research indicates that some of these children are at-risk of returning to care without needed supports and resources (Wulczyn et al., 2020). This finding suggests that some children and their families could benefit from additional Family First prevention services to reduce the likelihood of re-entry.

Estimated size: Data analysis of Oregon's recent four-year trends shows that, on average, 298 children each year re-enter foster care after being reunified.

Determining Eligibility: For the initial phase of implementation, the permanency worker will determine whether a child who successfully exits foster care to reunification meets the imminent risk definition immediately at the conclusion of the trial reunification and provided a determination is made that the child is no longer "unsafe." For future phases, eligibility for candidacy will be extended to include a greater time period after reunification has occurred.

5. Children of youth/young adults transitioning out of the foster care system

Children of recent former foster youth are a high-risk group because of their parents' history in foster care. Research shows the intergenerational link between being in foster care and the likelihood of having a child enter care (Jackson Foster et al., 2015). To reduce this risk, Oregon plans to make Family First prevention services available to any child of a former foster youth/young adult transitioning out of the foster care system.

Estimated Size: A recent analysis of the current independent living program (ILP) in Oregon found that approximately 42 of these young adults had eligible children that could receive Family First services.

Determining Eligibility: During an FSS assessment, the worker will determine in consultation with their supervisor if the child of the former foster youth meets the definition of imminent risk of foster care. Oregon will provide ILP services to the former foster youth and, as needed,

prioritize the provision of in-home parenting supports and other services to prevent the children of these youth from entering foster care.

6. Pregnant and Parenting Youth in Foster Care

Under Family First, pregnant and parenting youth in foster care are automatically eligible for Family First prevention services.

Estimated Size: An analysis of 2018 data identified approximately 10 parenting youth who were in foster care. Oregon does not currently track the number of pregnant foster youth and the number of parenting youth in foster care may be an underestimate. Oregon will begin to track this eligibility population in accordance with new federal reporting requirements.

Eligibility Determination: A pregnant and/or parenting youth in foster care will be eligible once they are identified as pregnant or parenting. Parenting youth will be identified regardless of their gender or gender identity.

Eligibility Documentation

The family preservation worker will document candidacy eligibility in the child-specific prevention plan as described in Section 4 of this Plan. For pregnant and parenting youth in foster care, eligibility will be documented in the youth's case plan. In addition to documentation of eligibility in the child-specific prevention and case plan, Oregon is exploring adding an eligibility screen in OR-Kids, the Child Welfare's SACWIS system, to document and track the eligibility criteria required for title IV-E prevention services, including the date that eligibility is determined.

Section 3: Title IV-E Prevention Services Description and Oversight

Service Description and Selection Process

Eligibility for federal reimbursement requires prevention services in the categories of mental health, substance use disorder treatment and in-home parenting skills to be evidence-based, trauma-informed and rated as "promising," "supported" or "well-supported" by the title IV-E Prevention Services Clearinghouse.

To ensure the selection of evidence-based practices (EBPs) and prevention services for the Family First Prevention Plan match the needs of the identified candidacy populations, Oregon used data and qualitative information to:

- Map and assess the scope, quality, and volume of Oregon's existing service array relevant to Family First (i.e., parenting, substance use disorder, and mental health services)
- Identify specific EBPs within the current service array that might align with the needs of the candidacy population
- Conduct a gap analysis and recommend additions to the service array that will fill unmet needs of children and families identified as candidates, and

- Address barriers and identify strategies for procuring or scaling the service array to meet needs.

In assessing the needs of the six candidacy populations described in Section 2, Oregon identified several subgroups of children whose needs should be further differentiated and/or prioritized to assist in the process of service matching. These subpopulations, which also include the service needs of children's parents, are:

- Children 0-5 years old
- Children 6-12 years old
- Children whose parents have a substance use disorder
- Children whose parents have intellectual and developmental disabilities, and
- African American, American Indian/Alaska Native and Latinx children

These subpopulations of children and families were selected because they may require a specialized type of service model due to their age or demonstrated need for culturally-responsive, culturally-specific or specialized services. The needs of African American, American Indian/Alaska Native and Latinx families and parents with intellectual and developmental disabilities are disproportionally represented in the Child Welfare population and may require a specialized service array to meet their needs. Additionally, children whose parents have a substance use disorder have a significant need for prevention services because parent/caregiver drug or alcohol use is the single highest family stressor identified in a founded CPS allegation for children removed from home.

After considering all the options, Oregon has selected the four EBPs in Table 4 below for title IV-E claiming in the initial phase of implementation.

Table 4. Oregon EBPs selected for title IV-E reimbursement

	Service, Description & Version	Target Population	Title IV-E Clearinghouse Rating	Intended Outcomes	Rationale for Selection
Mental Health	**Parent-Child Interaction Therapy (PCIT)** is a dyadic therapy that serves parents and children together to meet the parenting needs of the caregiver and improve the child's behavioral functioning. It is administered in an office setting where a therapist monitors parent and child interactions through a two-way mirror and communicates with the parent via a wireless communication device. Version: Eyberg, S. & Funderburk, B. (2011). *Parent-Child Interaction Therapy Protocol: 2011.* PCIT International, Inc.	Children 2-7 and their parents/ caregivers	Well-supported	• Improved child behavioral and emotional functioning • Improved child social functioning • Increased positive parenting practices • Improved parent/caregiver emotional and mental health • Improved family functioning	PCIT was selected because it is designed to meet the needs of caregivers with young children who have emotional and mental health needs. Oregon has significant infrastructure for training and expansion of this service, including an annual PCIT conference hosted in Oregon. PCIT is also culturally responsive and can be provided in multiple languages. It has demonstrated similar outcomes with parents who are impacted by intellectual and/or developmental disabilities.
	Functional Family Therapy (FFT) is an intervention directed at adolescents who have behavioral and conduct needs. It combines individual and family interventions to address behavioral health needs for youth and positive parenting capabilities for families and caregivers. It is especially effective for youth who have been, or are at risk of, being involved with the juvenile justice system. Version: Alexander, J.F., Waldron, H.B., Robbins, M.S., & Neeb, A.A. (2013). *Functional Family Therapy for Adolescent Behavioral Problems*. Washington, D.C.: American Psychological Association.	Children 11-18	Well-supported	• Improved child behavioral and emotional functioning • Decreased child substance use • Decreased child delinquent behavior • Increased positive parenting practices • Improved family functioning	FFT was selected because it is expected to prevent the need for foster care placement for families seeking support and intervention for youth with behavioral health needs. FFT may divert youth from both juvenile justice and child welfare involvement. Oregon currently has some juvenile departments that utilize Functional Family Probation for youth on formal probation. Functional Family Probation is compatible with FFT, which will allow for continuity of services within local systems.

	Service, Description & Version	Target Population	Title IV-E Clearinghouse Rating	Intended Outcomes	Rationale for Selection
Cross- Cutting	**Motivational Interviewing (MI)** is a method of counseling that is designed to promote behavioral change and to improve physiological, psychological and lifestyle outcomes by identifying ambivalence and increasing motivation to change. MI can be applied to many different treatment settings and can be implemented as part of casework practice. This practice can also be integrated within other service models as a driving curriculum. Version: Miller, W.R. & Rollnick, S. (2012). *Motivational Interviewing, Third Edition: Helping People Change.* New York: The Guilford Press.	Adolescents and parents/ caregivers	Well-supported	• Enhanced internal motivation to change • Increased family engagement and retention in services • Decreased substance use disorder	MI was selected because it is an easy model to access and can be added to existing services to improve outcomes. It has also demonstrated effectiveness in meeting the needs of caregivers with substance abuse treatment needs and can be integrated with casework practice models.
In-Home Parent Skill-Based	**Parents as Teachers (PAT)** is a curriculum that has demonstrated ability to assist parents in developing positive parenting skills. It aims to increase parent knowledge of early childhood development and prevents child maltreatment by improving parenting practices. PAT ensures early healthy childhood development and promotes early detection of developmental delays. Version: Depending on the ages of children in the families served, *Foundational Curriculum*. Parents as Teachers National Center, Inc. (2016) and/or *Foundational 2 Curriculum: 3 Years Through Kindergarten*. Parents as Teachers National Center, Inc. (2014) will be used.	Children prenatal – 5 and their parents/ caregivers	Well-supported	• Reduced children maltreatment • Improved child social and cognitive functioning • Improved child physical health and development • Increased positive parenting practices • Improved family functioning	PAT was selected because the curriculum can be applied to existing prevention services that Oregon has already invested in and there is broad capacity for expansion of this service in Oregon. In addition, the PAT curriculum has a demonstrated impact on improving outcomes for families at risk of child welfare involvement. It is culturally responsive and has shown effectiveness with non-white populations.

EBPs of Interest for Future Phases of Implementation

Oregon has also identified several EBPs of interest for future phases of implementation, as listed in Table 5 below. Although not on the list of EBPs that are eligible or likely eligible to receive title IV-E prevention funding in the near future, this list includes a number of culturally specific EBPs, Oregon Tribal Best Practices and other specialized services that Oregon has identified as being effective in addressing racial disparities and/or the needs of underserved, vulnerable populations. Those populations include African American, American Indian/Alaska Native and Latinx families, and parents with intellectual and/or developmental disabilities. Because these services and practices meet such critical needs in Oregon, they have been included in the Prevention Plan and will be an integral part of Oregon's larger prevention service array regardless of when eligibility for title IV-E funding occurs.

Table 5. EBPs of interest for future phases of Oregon's prevention transformation

	Service & Description	Target Population	Title IV-E Clearinghouse Rating
Mental Health	**Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** uses a cognitive behavioral approach to treat children and adolescents who have experienced severe trauma. TF-CBT focuses on building the youth's self-regulation skills and the parent's behavior management and supportive care abilities. It combines with other interventions and treats severe trauma which, in turn, reduces severe externalizing behaviors.	Children 3-18 and their parents/ caregivers	Promising
	Parents Anonymous is a largely peer-driven program that supports caregivers in their substance abuse treatment while also helping them to maintain children in the home. It seeks to build on family strengths and enhance well-being by increasing protective factors through trauma-informed practices.	Children 0-18 and their parents/ caregivers	Pending review
	Parent Management Training Oregon (GenerationPMTO) is an intensive in-home parent training service that focuses on strengthening families at all levels by promoting parenting and social skills.	Children 2-18 and their parents/ caregivers	Pending review
Substance Use	**Sobriety Treatment and Recovery Teams (START**) is a family-based intervention that maintains an in-home placement while supporting a parent's recovery needs. This intervention relies heavily on peer support and system navigation to ensure that families access the appropriate services and remain engaged.	Children 0-5 and their parents/ caregivers	Promising
	FAIR (Families Actively Improving Relationships) is a treatment individualized to fit the unique circumstances and needs of families presenting with opioid, methamphetamine, and other substance use disorders. FAIR clinicians coordinate with child welfare staff to ensure that parents are meeting their treatment plan goals. FAIR matches well with GenerationPMTO, which is included as an in-home parent skill-based intervention for future implementation.	Children 0-18 and their parents/ caregivers	Not yet selected for review
	Oregon Tribal Best Practices		
	Tribal Youth Conference is an alcohol- and drug-free gathering of tribal youth. Examples include Westwind Youth Gathering and He He Gathering.	American Indian/Alaska Native adolescents	Not yet selected for review

	Service & Description	Target Population	Title IV-E Clearinghouse Rating
In-Home Parent Skill-Based	**Healthy Families America (HFA)/Healthy Families Oregon (HFO)** is a home visiting program that aims to cultivate and strengthen nurturing parent/child relationships, promote healthy childhood development, and enhance family functioning by reducing risk factors and building protective factors.	Children prenatal – 5 and their parents/caregivers	Well-supported
	Nurse-Family Partnership (NFP) is a home visiting service provided by trained nurses to support individualized goal setting. It emphasizes preventative health practices, parenting skills and educational/career planning, and includes regular in-home work to develop strong parent/child relationships.	Children prenatal – 2 and their parents/ caregivers	Well-supported
	Youth Villages – Intercept is an intensive in-home service that focuses on stabilizing home living situations by addressing both behavioral health and family system needs. The model includes 24-hour crisis supports, skills training and therapeutic interventions to address treatment goals and home stability.	Children 0-18 and their parents/ caregivers	Supported
	Parent Management Training Oregon (GenerationPMTO) is an intensive in-home parent training service that focuses on strengthening families at all levels by promoting parenting and social skills.	Children 2-18 and their parents/ caregivers	Pending review
	Self Enhancement Model (SEM) is a community partnership that works with African American families to provide skill development services in a culturally appropriate manner. This program also focuses on educational and mentor relationships to help African American adolescents develop skills to meet their own needs.	African American adolescents and their parents/ caregivers	Not yet selected for review
	Make Parenting a Pleasure (adapted) is a comprehensive curriculum designed to strengthen parenting skills and provide support to highly stressed parents.	Children 0-8 and their parents/ caregivers who have cognitive limitations	Not yet selected for review
	Community Healing Initiative (CHI) is a community-centered model that uses culturally-appropriate targeted supervision, intervention and prevention strategies for Latinx families with probation youth. A Youth, Family and Community Team plans and implements activities focused on positive youth development, family support and community protection.	Latinx adolescents and their parents/ caregivers	Not yet selected for review
	Sobriety Treatment and Recovery Teams (START) is a family-based intervention that maintains an in-home placement while supporting a parent's recovery needs. This intervention relies heavily on peer support and system navigation to ensure that families access the appropriate services and remain engaged.	Children 0-5 and their parents/ caregivers	Promising
	Oregon Tribal Best Practices		
	Family Spirit is a culturally-specific home visiting service for mothers and their young children living in tribal communities. This program seeks to meet cultural and parenting needs by engaging participants in a culturally-appropriate manner to ensure positive parenting and healthy child development.	American Indian/ Alaska Native children prenatal – 3 and their mothers	Pending review
	Positive Indian Parenting is an eight-session course for tribal families that focuses on culturally-specific traditions and values and connects with modern parenting skill development.	American Indian/ Alaska Native children and their parents/caregivers	Not yet selected for review

	Service & Description	Target Population	Title IV-E Clearinghouse Rating
	Trauma Recovery and Empowerment Model (TREM) is a fully manualized 24- to 29-session group intervention for women who have survived trauma and have substance use and/or mental health conditions. This model draws on cognitive-behavioral, skills training and psychoeducational techniques to address recover and heal from abuse.	Women who have a history of sexual, physical and/or emotional abuse	Not yet selected for review
	Canoe Journey – Family teaches and role models proper etiquette and tribal values associated with the tradition of canoe carving and paddling as a basic element of survival for tribal communities.	American Indian/ Alaska Native children and their parents/caregivers	Not yet selected for review
	Ceremonies and Rituals that are important to the traditional and spiritual beliefs of tribal communities.	American Indian/ Alaska Native children and adults	Not yet selected for review
	Cradle Boards focuses on a strategy of returning back to traditional ways by returning the baby "back to their backs" using a form of a cradleboard indigenous to the tribal community in order to reduce incidents of SIDS (sudden infant death syndrome) and the use of alcohol and drugs, including tobacco.	American Indian/ Alaska Native children prenatal – infancy and their parents/ caregivers	Not yet selected for review
	Cultural Camp are summer culture camps for tribal students that include gender specific activities. Examples of activities include rite of passage; Elders and storytelling; and instruction in berry picking, fishing, bead work, arts and crafts, carving, drumming, singing, dancing, stick games, native language, canoe building, archery and horseback riding.	American Indian/ Alaska Native adolescents	Not yet selected for review
	Domestic Violence Group Treatment for Men is a program is designed for men over the age of 18 who have a record of violent behaviors and are court ordered or referred by child welfare for treatment. It includes tribal practices like smudging and peace pipe led by Elders.	American Indian/ Alaska Native adult men	Not yet selected for review
	Family Unity empowers tribal families by defining their strengths, thus creating a support system that promotes self-sufficiency and leads to positive and healthy lifestyle choices. The family's needs are identified with all supporting family members and service providers together and everyone is clear about what needs to be done in order to meet the strengths and needs of the family.	American Indian/ Alaska Native adolescents and their parents/ caregivers	Not yet selected for review
	Healthy Relationship Curriculum is a tribal-based curriculum to help build healthy relationships within a community. The program includes eight subject chapters with teachings, activities, icebreakers and stories.	American Indian/ Alaska Native children and adults	Not yet selected for review
	Native American Community Mobilization focuses on the mobilization of a community or building of a coalition to: SEE what is happening in your community (data collection and assessment), FEEL by acknowledging and taking ownership of what you are seeing (capacity building), THINK by taking what you SEE and FEEL into a plan of action (planning), and DO by putting your plan into action (performing and implementation).	American Indian/ Alaska Native children and adults	Not yet selected for review
	Powwow is a tribal celebration of drumming, dancing and singing in a safe and drug- and alcohol-free environment to build community, cultural identity and social ties.	American Indian/ Alaska Native children and adults	Not yet selected for review

	Service & Description	Target Population	Title IV-E Clearinghouse Rating
	Tribal Crafts give community members the opportunity to create a craft under the supportive supervision and instruction of knowledgeable instructors including youth, adults, community leaders and elders.	American Indian/ Alaska Native children and adults	Not yet selected for review
	Tribal Family Activities are alcohol- and drug-free family and community gatherings that are promoted by all nine Oregon Tribes at various times throughout the year, especially during traditional food gathering seasons.	American Indian/ Alaska Native children and adults	Not yet selected for review
Cross-Cutting	***Oregon Tribal Best Practices***		
	Adventure Based Practices provides organized outdoor activities for both prevention and treatment programs. Most common examples are kayaking trips, rope courses, skiing trips and whitewater rafting.	American Indian/ Alaska Native children and adults	Not yet selected for review
	Horse Program improves attitudes, behavior, mood management, sense of responsibility, communication and relationship skills in partnership with horses, tribal youth and families. Regular individually mentored and small group sessions include equine care, ground work and riding training sessions.	American Indian/ Alaska Native children and adults	Not yet selected for review
	Native American Storytelling is the purposeful use of learning and retelling stories for reconfiguration of an individual or group life condition through metaphysical meanings within traditional and personal story telling. Storytelling enables the listener to learn and apply things that have happened or may happen.	American Indian/ Alaska Native children and adults	Not yet selected for review
	Round Dance is an alcohol- and drug-free one-day traditional community-wide ceremony.	American Indian/ Alaska Native children and adults	Not yet selected for review
	Sweat Lodge ceremonies promote renewal and return to traditional healing methods.	American Indian/ Alaska Native children and adults	Not yet selected for review
	Talking Circle is a culturally-based spiritual discussion and support group.	American Indian/ Alaska Native children and adults	Not yet selected for review

Trauma-Informed Framework

In 2019, ODHS implemented policy establishing standards and expectations as a trauma-informed organization. This included a commitment to building resiliency in agency staff and interacting with service recipients and one another in a way that is aware of and responsive to the impact of trauma in the lives of individuals. This trauma-informed policy and its related training, tools and resources created a framework to guide ODHS in becoming a trauma-informed organization. It also set minimum requirements for all staff training and standards for all ODHS programs including Child Welfare and Self-Sufficiency, the state agency responsible for cash assistance programs.

Consistent with Oregon's Child Family Service Plan (CFSP) 2020-2024, trauma-informed practice and service-delivery has been interwoven into many practices, services, policies and training opportunities in Child Welfare. Some of the core impacts are:

- Creating safety
- Creating trustworthiness and transparency
- Providing peer support
- Promoting collaboration and mutuality
- Promoting empowerment, voice, and choice
- Attending to cultural, historical, and gender issues
- Addressing secondary trauma for the workforce, and
- Trauma-informed practices

Oregon is mobilizing to ensure anti-racist and anti-bias knowledge and training is a foundational component of trauma-informed practice. Oregon plans to use trauma-informed, gender specific or non-conforming, and culturally responsive engagement skills when addressing the needs of children and young adults.

In the process of considering EBPs for the Prevention Plan, a key requirement for selection was that the service model itself had a trauma-informed approach. Oregon has ensured that the training models and curriculum for each selected EBP included trauma-informed elements throughout. Providers will be expected to implement all EBPs to fidelity which will include monitoring of trauma-informed elements in the practice.

In the initial phase of implementation, Oregon will build contract requirements for anti-bias and anti-racist and trauma-informed service delivery. Contracting processes will require each EBP provider to have policy and implement training on trauma-informed care that they will be required to report on. Through system partners, like Trauma informed Oregon (https://traumainformedoregon.org/), Child Welfare has access to training resources that can be leveraged to increase providers' competence to deliver trauma-informed care.

Implementation Plan

In considering which EBPs to prioritize for title IV-E claiming during the initial phase of implementation, in addition to alignment with the needs of our candidacy populations, Oregon conducted an achievability and impact analysis. This analysis rated each of the EBPs under consideration either high or low for its achievability in terms of implementation and potential impact.

- EBPs with **high achievability** were those that: (1) are likely to qualify for an evaluation strategy waiver because of the strength of their evidence, (2) possess existing fidelity and outcomes metrics by the proprietor or developer, and (3) already include a robust

in-state infrastructure, including resources to collect and share fidelity and outcomes information.

- Taking into account considerations of equity and culturally-responsive services, EBPs with **high impact** were those that: (1) already have the potential to serve a large number of families, (2) cover a significant geographic area in Oregon, and (3) include a broad intervention target population relative to the candidacy populations.

This framework guided the selection of the initial four services for Oregon's Prevention Plan: **Parent Child Interaction Therapy (PCIT), Parents as Teachers (PAT), Functional Family Therapy (FFT)** and **Motivational Interviewing (MI).** Oregon looks forward to adding more services through amendments to the Prevention Plan using a similar framework to guides our understanding of alignment with needs, achievability and fit.

The four selected interventions differ in terms of their level of existing or planned implementation as follows:

- **PCIT** is already a well-established intervention in Oregon, with 66 service providers in 23 of the state's 36 counties. Oregon plans to scale up PCIT to serve additional eligible families via the Prevention Plan.
- **PAT** is currently offered by three official affiliates and the Prevention Plan offers an opportunity to establish new sites in additional locations.
- **FFT** is authorized in four sites which serve urban, rural, and quasi-rural areas. These sites have been primarily serving a juvenile justice population and Oregon will be working with them to expand upstream into the community to reach the prevention model. In addition, Oregon will be working with the FFT organization to expand FFT authorized sites based on community need, community readiness and community providers' ability to reach the authorized service level.
- **MI** is used by many therapists and practitioners as well as by ODHS staff. Oregon's intention is to standardize the use of MI to fidelity within existing contracts for Strengthening, Preserving and Reunifying Families (SPRF) and In-Home Safety and Reunification Services (ISRS). In particular, Oregon wants to use MI as an adjunctive service for families with substance use disorder and mental health issues to support their engagement in preservation services.

Section 4: Child Specific Prevention Plan

Prevention Case Management

Case management of families receiving prevention services will be provided initially by Oregon Child Welfare family preservation workers. To ensure family needs are appropriately met, Oregon will install a specialized unit of family preservation workers at the local district level who will have primary responsibility for developing and overseeing child-specific prevention plans and working in collaboration with other workers serving such families. Although all Child Welfare workers are trained in and expected to provide trauma-informed family engagement, it

will be critical for families to receive services from specialized prevention workers and supervisors who are committed to family-centered practice and who have the necessary engagement skills to help families co-design and participate in services.

Family preservation workers will develop and oversee the child-specific prevention plan in collaboration with the child, family, Tribes, community partners and service providers. During future phases of implementation, Oregon will seek opportunities to collaborate and share case management responsibilities with community partners and sister agencies including other divisions within ODHS, such as the Self Sufficiency Program and Developmental Disability Services, that may be better suited to meet specific child and/or family needs through prevention services that do not require Child Welfare intervention.

To enhance family engagement and partnership in the delivery of prevention services, Oregon will embed the values of the LIFE practice model (strengths-based, trauma-informed, culturally responsive, parent-directed and youth-guided) as well as the child and family teaming approach, within the existing casework practice for developing and overseeing child-specific prevention plans. Because LIFE is currently provided in only seven Child Welfare branches in Oregon, the practice model will need to be progressively scaled up. For the initial phase, all Child Welfare staff and specific community partners will be trained and coached in values-based engagement and values-based child and family team meetings. Additional aspects of the practice model, including providing all families with access to a parent peer mentor, are planned for future iterations of Oregon's transformation.

Process for Assessing Need and Developing the Child-Specific Prevention Plan

After eligibility is determined, the family preservation worker will facilitate the development of the child-specific prevention plan using components from the LIFE model. Although a child and family may become eligible to receive prevention services anytime during the life of a case, the child-specific prevention plan will typically be initiated:

- During the course of either a CPS or FSS assessment,
- During the course of case planning for a child or young adult who is pregnant or parenting while in foster care, or
- At the time of exiting foster care.

The child-specific prevention plan will be entered by family preservation workers into OR-Kids, Oregon's Child Welfare SACWIS system, establishing the candidacy determination date necessary to monitor the 12-month service time limit and re-determine candidacy as needed.

For candidates who are determined "unsafe" following a CPS assessment, the child-specific prevention plan will be developed or, if developed earlier in partnership with the family, reviewed during a child and family team meeting referred to as the Family Engagement Meeting (FEM). The FEM occurs within 30 to 50 days following the identification of a safety threat or the filing of a court petition. Meetings will incorporate the components of LIFE child and family teaming model to be a collaborative, family-led discussion that may include Tribal partners,

representatives from Self-Sufficiency, community partners, and any other advocates or chosen supports that the family identifies. The child-specific plan itself will employ plain language to ensure it is a useful tool for families and community partners. Initially, family preservation workers will facilitate the Family Engagement Meetings if a designated meeting facilitator is not available. In the future, Oregon will explore the possibility of using Family Engagement Facilitators for prevention planning.

A family preservation unit worker may be assigned to a family at any point during the CPS or FSS assessment to begin the process. If there is a Child Welfare permanency caseworker already assigned at the time of eligibility, the preference will be for the child's caseworker to continue their relationship with the child and family and develop the child-specific prevention plan in order to ensure continuity for the family.

As Oregon transitions to a more prevention-oriented system, it recognizes that strengthening its ability to assess family need is an essential step in moving towards a system of well-being. Furthermore, evidence-based programs are most effective with their specific target population, making need-identification an important prerequisite to an effective prevention program. Therefore, Oregon plans to strengthen existing need assessment tools for its initial implementation and will explore the adoption of a functional assessment tool in the future. Currently, Oregon Child Welfare primarily uses two tools to assess child and family needs:

1. **Comprehensive CPS Assessment:** In addition to investigating an alleged incident of abuse or neglect, a CPS worker comprehensively assesses how a family functions by gathering and assessing information that includes child functioning, adult functioning, parenting practices and disciplinary practices. The needs identified during this process will be used to develop the child-specific prevention plan and to select appropriate services to address child or family needs.
2. **Protective Capacity Assessment (PCA):** Permanency workers complete a PCA to assess a parent's protective capacity, inform case plan goals and determine which services will best meet parental needs.

Oregon will engage families, agency and provider partners to assess child and family needs. All child and family team members involved in developing the child-specific prevention plan, but specifically the family, will be asked to share information and observations about needs, including assessment results.

Description of Processes to Ensure Appropriate Service Referral, Linkage and Oversight

Families will be empowered to choose and participate in evaluating the effectiveness of the services they receive. To this end, child and family team meetings will be the ongoing venue to facilitate discussions to determine the appropriate service referral, to evaluate service effectiveness and to recommend service modification if necessary.

For the initial phase of implementation, the Child Welfare family preservation worker, with guidance and support from the child and family team, will ensure that appropriate and timely referrals for EBP and other prevention services are made. The family preservation worker will be responsible for overseeing the effectiveness of service delivery, addressing any concerns with the family and service providers as they arise and adjusting service delivery as needed. Child and family team meetings will occur on a monthly basis for CPS cases and every 90 days for FSS cases. The family preservation worker will also have regular contact with the family, service providers and other child and family team members to assess and monitor the effectiveness of services and the prevention strategy overall.

Child Welfare supervisors will provide regular support and supervision to family preservation workers including monthly scheduled times for clinical supervision and case consultation. As current practice requires, the family preservation worker and supervisor will meet to conduct 90-day case plan reviews. A review of candidacy and continued eligibility will occur at the time of each child and family team meeting and redetermination of eligibility will occur every 12 months. As the family preservation worker continues to assess the family's needs, the supervisor will provide additional oversight to ensure the prevention strategies and EBP services in child-specific prevention plans continue to be appropriate and effective.

Coordinated with Other Services Provided to Children and Families under Oregon's Title IV-B Plan

Oregon's Prevention Plan is just one tool in addressing the varying needs of children at risk of foster care placement, pregnant and parenting youth in foster care and their families. Oregon will ensure that the partnership between programs and organizations that receive title IV-B funds, which is another source of federal funding for prevention and child welfare services, continues in support of coordinated services for children and families.

Oregon uses title IV-B subpart 1 funding to meet the basic needs of families, such as housing, clothing, food, supplies and transportation. The family preservation worker will assist families with these services to allow them to participate in prevention related services. Oregon also supports Addiction Recovery Teams (ART) throughout the state with title IV-B, subpart 1 funding. These team-based services include substance use disorder professionals located in Child Welfare office buildings for the primary purpose of providing parent support, facilitating rapid access to treatment and removing any barriers to beginning treatment. Where substance use disorder is an issue for families at risk and served via the Prevention Plan, ART professionals will join the child and family team and will coordinate with family preservation workers to assess the needs of parents, assist with the development of the child- specific prevention plan and provide referrals to appropriate EBPs or other services.

As part of Oregon's prevention continuum, the Oregon Early Learning Division (ELD) uses title IV-E subpart 2 funding to offer families community-based Family Preservation and Support Services in four goal areas:

- Early Childhood Development/Early Learning

- Child Abuse and Neglect Prevention
- Adolescent Risk Factors, and
- Child Poverty.

The Oregon ELD funds "Early Learning Hubs" and other programming throughout the state including classes and home visiting programs, specifically Healthy Families Oregon (HFO), to strengthen parent-child relationships and promote healthy child growth and development. Oregon will engage these hubs and service providers through the child and family teaming process, when available, to ensure families with young children have the appropriate continuum of support.

Oregon Tribes also use title IV-B funds to serve the needs of their communities by investing in services, systems change, community development and capacity building that targets child maltreatment, adult substance abuse, poverty, kindergarten readiness, parent engagement and foster care reduction. Tribes also use these funds for transportation to alleviate barriers to accessing services, improving family management and life skills. This funding assists Oregon Tribes as they build their own effective and integrated prevention systems. Oregon will include Tribal partners in all ICWA cases to ensure tribal children and families have access to the wide array of prevention services funded by title IV-E and title IV-B, as well as by state funding.

Section 5: Monitoring Child Safety

Approach to Monitoring and Overseeing Child Safety

In order to ensure safety and appropriate case progress, Oregon Child Welfare's Safety Model incorporates monitoring protocols that include regular face-to-face contact with the child, parents and foster parents if the child is in foster care. Oregon Child Welfare also requires regular contact with safety service providers and treatment service providers to facilitate collaboration on a family's case and to enable regular monitoring in case safety concerns arise.

Initial and ongoing child and family team meetings will assist in monitoring and overseeing child safety and the effectiveness of child-specific prevention plans in mitigating risk. Further, current rules and procedures for CPS and FSS cases will be used to monitor children and families receiving prevention services for any safety issues that may arise.

For foster care cases and in-home cases with safety threats, an ongoing safety plan is reviewed every 30 days and the family preservation worker will make changes to the family's safety plan based on emergent needs or safety concerns. This review will be updated or documented in case notes in OR-Kids. Oregon Child Welfare staff are trained to identify safety threats and understand the appropriate conditions needed for in-home services; this will guide safety monitoring throughout the course of the case.

For Family Support Services (FSS) cases, where there is not a present safety threat, Oregon family preservation workers will maintain regular face-to-face contact with the child, family, and child and family team. While the emphasis of this engagement will be ongoing need

assessment and family support, regular contact and monitoring will ensure Oregon Child Welfare can identify and respond to safety concerns if they emerge.

For future transformation, Oregon is exploring designated expert facilitators of child and family meetings and the family's natural supports assuming some role for monitoring safety and risk for families who have no identified safety threats.

Section 6: Evaluation Strategy and Waiver Request

Oregon's Overall Approach to Evaluation and Continuous Quality Improvement (CQI) of Preventive Programs

Family First requires each EBP service submitted in a state's Prevention Plan to include a well-designed and rigorous evaluation strategy. The Children's Bureau may waive this requirement for a well-supported EBP if the state provides compelling evidence of the effectiveness of the EBP and meets the CQI requirements. Oregon has reviewed each of the selected interventions for the initial phase of implementation and requests a waiver of the evaluation requirements for each of the well-supported programs: PCIT, PAT, MI and FFT. Since Oregon is not including any interventions that are not well-supported in its Prevention Plan for initial implementation, Oregon will explore whether and how to add rigorous evaluation strategies for additional interventions (e.g., FAIR or PMTO) in future amendments to the Plan. Our rationale for these evaluation waivers follows and is accompanied by waiver requests attached to this Prevention Plan.

Compelling Evidence for EBP Effectiveness and Waiver Justification

Parent Child Interaction Therapy (PCIT)

There is compelling evidence that PCIT reduces the risk of maltreatment and foster care placement by increasing the use of more effective parenting techniques, decreasing the behavior problems of children and improving the quality of the parent-child relationship.

PCIT is an evidenced-based parent training program with proven effectiveness in serving at-risk children ages 2 to 7 and their caregivers. Oregon's Prevention Plan aims to serve families that have identified stressors of child emotional behavior challenges for which PCIT is a well-aligned intervention. The Title IV-E Prevention Services Clearinghouse rated PCIT as a well-supported EBP following review of 21 eligible studies that indicated favorable effects in the target outcomes of child and adult well-being. Specifically, there were 18 favorable effect findings for child behavioral and emotional functioning, 20 for positive parenting practices and four for parent/caregiver mental or emotional health. The California Evidence-Based Clearinghouse for Child Welfare also rated PCIT as having well-supported research evidence with medium relevance for child welfare in the categories of disruptive behavior treatment (child and adolescent) and parent training programs that address behavior problems in child and adolescents. These studies provide significant demonstration of effectiveness that is applicable

to the population Oregon plans to serve with its prevention services and supports a waiver of evaluation requirements for PCIT.

PCIT reduces negative child behavior. PCIT was found to have a greater reduction in behavior problems and improve parenting skills to a greater degree compared to treatments as usual (Bjørseth Å & Wichstrøm L, 2016). Similar compelling results have been found in a recent local study which validates the efficacy of PCIT for Oregon's children and families. In a population of 2,787 children and families across the state of Oregon, families who graduated from PCIT demonstrated a very large effect size in the decrease of child problem behavior intensity (d=1.65) and families who terminated early but were able to attend at least four treatment sessions demonstrated significant improvements in child behavioral problems with medium-to-large effect size (d=0.70) (Lieneman et al, 2019).

PCIT decreases the risk of maltreatment. PCIT has also been shown to decrease the risk of child maltreatment. In a study of 110 physically abusive parents, only one-fifth (19 percent) of the parents participating in PCIT had re-reports of physically abusing their children after 850 days, compared to half (49 percent) of the parents attending a typical community parenting group (Chaffin et al., 2004). Decreases in the risk of maltreatment following PCIT treatment have also been confirmed in other studies among parents who had abused their children (e.g., Hakman et al., 2009; Chaffin et al., 2011).

PCIT is effective with diverse cultural populations: PCIT has demonstrated adaptability and positive outcomes for children of different genders and various cultural, ethnic and linguistic backgrounds (Capage, Bennett, & McNeil, 2001; Chadwick Center on Children and Families, 2004; McCabe, 2005). While PCIT was originally evaluated with white families, it has demonstrated positive effects with various populations and cultures, including African American families (Fernandez, Butler, & Eyberg, 2011), American Indian/Alaska Native families (Bigfoot & Funderburk, 2011) and Latinx and Spanish-speaking families (Borrego, Anhalt, Terao, Vargas, & Urquiza, 2006; McCabe & Yeh, 2009). These cultural applications are consistent with the approved PCIT model in the Title IV-E Prevention Services Clearinghouse.

As PCIT has been shown to be effective with populations of children and caregivers in Oregon, has demonstrated favorable outcomes for young children at risk of foster care placement and has proven application to non-white and non-English speaking populations, Oregon is requesting that the Children's Bureau waive the evaluation requirements for PCIT.

Parents as Teachers (PAT)

There is compelling evidence that PAT prevents child maltreatment by teaching new and expectant parents the skills necessary to improve healthy child social and cognitive development, including through early detection of developmental delays and health issues. PAT is also designed to be delivered to a diverse population of families with diverse needs.

PAT is an evidenced-based home-visiting parent education program with proven effectiveness in serving the needs of new and expectant parents and their young, pre-kindergarten children at risk of maltreatment. Oregon's Prevention Plan aims to serve families that have identified stressors of being new parents and/or having heavy childcare responsibility, as well as pregnant or parenting youth in foster care or transitioning to independence, for which PAT is a well-aligned intervention. PAT has a high relevance to Oregon's population of children newborn to 5 years. This age group is disproportionally overrepresented among abused and neglected children in Oregon and has experienced the majority of the state's child fatalities in FFY 2018.

The Title IV-E Prevention Services Clearinghouse has rated PAT as well-supported following review of six eligible studies that indicated favorable effects in the target outcomes of child safety and well-being. Specifically, there were two favorable effect findings for reducing child maltreatment, three for improving child social functioning and two for improving child cognitive functions and abilities. The Home Visiting Evidence of Effectiveness (HomVEE), in a published review in September 2019, reported that PAT, along with other home visiting models, had favorable impacts on primary measures of child development, school readiness and positive parenting practices.

PAT reduces child maltreatment. PAT has demonstrated significant effects in reducing the likelihood of founded allegations of abuse. For example, in one of the largest research studies in the U.S. conducted to evaluate the impact of home visiting on child maltreatment, researchers found a 22 percent decreased likelihood of substantiated cases of child maltreatment as reported by CPS for PAT families compared to non-PAT families (Chaiyachati et al, 2018). Additionally, a 2014 Home Visiting Summary Report from the Maine Department of Health and Human Services that focused on families with CPS involvement found that, of the families that entered a PAT program, 95 percent had no further substantiated reports or allegations of child abuse.

PAT improves child social and cognitive functions. Additionally, a review by the Title IV-E Prevention Services Clearinghouse shows that PAT had favorable and statistically significant impacts on child social and cognitive functions, which are relevant outcomes for Oregon's children and families. Some studies have noted that the effects on social and cognitive functions of children may be more significant for low-income participants, teen parents and Latina mothers (Wagner, Spiker, Linn 2002; Wagner & Clayton, 1999). Oregon understands the impact of caregiver well-being on overall child well-being and thus considers the positive impact of PAT on positive parenting practices to be a significant component of the effectiveness of the program.

Given PAT's favorable outcomes for young children at risk of foster care placement due to child maltreatment and its adaptability to the needs of diverse populations, Oregon is requesting that the Children's Bureau waive the evaluation requirements for PAT.

Functional Family Therapy (FFT)

There is compelling evidence that FFT is effective in reducing substance use and delinquent behaviors as well as improving behavioral and emotional functioning of adolescent youth. FFT also improves family functioning by reducing family conflict. It has demonstrated positive outcomes for youth from diverse ethnic and cultural backgrounds.

FFT is an effective short-term prevention for adolescents and their families to address risk and protective factors that impact the adaptive development of 11 to 18-year-old youth who have been referred for behavioral or emotional problems. While this service has the capacity to serve pre-teens and their families, the evidence of effectiveness has a focus on youth ages 11-18 years. FFT aligns well with the target populations of Oregon's Prevention Plan including children with the family stressor, child emotional behavior disability; children at risk of voluntary placement or who receive post-adoption and guardianship services; parenting youth/young adults transitioning out of foster care; and pregnant and parenting youth in foster care. Many of these youth experience disruptive behaviors with some also being jointly served by the juvenile justice system. In FFY 2018, child behavior combined with child drug and alcohol abuse was identified as a removal reason in 345 children (9.6% of total foster care entrants) and, in the same year, 314 children and young adults were served on an average daily basis in therapeutic foster care, residential care programs or psychiatric treatment facilities.

The Title IV-E Prevention Services Clearinghouse has rated FFT as well-supported following review of nine eligible studies that indicated favorable effects in the target outcomes of child and adult well-being. Specifically, there were two favorable effect findings for improving child behavioral and emotional functioning, nine for reducing child substance use, four for reducing child delinquent behavior and one for improving family function. The California Evidence-Based Clearinghouse for Child Welfare also rated FFT as having supported research evidence with medium relevance for child welfare in the categories of behavioral management programs for adolescents in child welfare, disruptive behavior treatment of children and adolescents and substance abuse treatment of adolescents.

FFT reduces adolescent substance use and delinquent behaviors and improves emotional and behavioral functioning. In a study of runaway youth with problem alcohol use and their primary caregivers, FFT was shown to be effective in significantly reducing alcohol and drug use compared with service as usual at 15-month post-baseline (Slesnick & Prestopnik, 2009). This same study, which was rated as high by the Title IV-E Prevention Services Clearinghouse, also had positive outcomes in reducing delinquent behaviors as well as family conflict. Other studies have also shown FFT's efficacy in reducing delinquent behavior (Barnoski, 2004), including reducing out of home placement (Darnell & Schuler, 2015) and improving behavioral functioning (Celinska, Furrer, & Chang, 2013).

FFT is effective with diverse cultural populations. FFT has shown positive outcomes for youth and families in different types of settings across the U.S. as well as in other countries such as in the U.K. (Humayun, S., Herlitz, L., Chesnokov, M., Doolan, M., Landau, S., & Scott, S., 2017) and in Sweden (Gustle, L., Hansson, K., Sundell, K., Lundh, L., & Löfholm, C. A., 2007). The earlier cited study of runaway youth (Slesnick & Prestopnik, 2009) consisted of predominantly non-white adolescents including Latinx, African American and American Indian/Alaska Native youth. Another study demonstrated the effectiveness of FFT in decreasing the re-entry of mostly

Latinx and African American youth into out-of-home placements in the first two months following their release. (Darnell & Schular, 2015).

Given FFT's favorable outcomes for youth at risk of foster care placement due to behavioral reasons and its adaptability to the needs of diverse populations, Oregon is requesting that the Children's Bureau waive the evaluation requirements for FFT.

Motivation Interviewing (MI)

There is compelling evidence that MI improves treatment outcomes of parents who have substance use disorders and, as a result, will prove effective in reducing the risk of foster care placements of children whose parents are affected by substance use. In addition to addressing substance use, MI can also be applied to a range of different diagnoses and maladaptive behaviors and, when combined with other services, is effective in motivating parents to engage and participate in services. MI is also adaptable across different cultures, ethnicities and languages, and has been successfully delivered in a wide variety of locations and settings.

MI is an intervention that identifies ambivalence for change and increases motivation by helping adults or youth progress through five stages of change: pre-contemplation, contemplation, preparation, action and maintenance. Because parent/caregiver substance use has consistently been the single highest family stressor in founded allegations of abuse in Oregon, MI is very relevant to the Prevention Plan's target population of children with the identified family stressor of parent/caregiver alcohol/drug use. In FFY 2018, parent/caregiver substance use was identified as a reason for child removal in 46.7% of foster care entrants. The Title IV-E Prevention Services Clearinghouse has rated MI as well-supported following review of 75 eligible studies that indicated favorable effects in the target outcomes of adult well-being. Specifically, there were 16 favorable effect findings for reducing parents' substance use. MI has also been rated by the California Evidence-Based Clearinghouse for Child Welfare as well-supported with a medium relevance for child welfare in the categories of motivational engagement programs and substance abuse treatment of adults.

MI decreases parent/caregiver substance use. MI has demonstrated effectiveness in reducing parent/caregiver alcohol and drug use in multiple high and medium rated studies (Carey, 2006; Field, 2014; Gentilello, 1999; Marlatt, 1998; Rendall-Mkosi, 2013; Saitz, 2014; and Stein, 2011). A study focused on alcohol interventions in trauma centers found that the MI treatment group decreased their weekly alcohol consumption by 49% over the comparison group for a period of 11 months following treatment (Gentilello, 1999).

MI has a positive impact on a range of behaviors and is effectively combined with other services and interventions. MI has demonstrated efficacy in addressing an array of behaviors and underlying conditions from evoking cognitive and behavioral change among domestic violence offenders (Kristenmacher2008) to improving self-management behaviors for patients with type II diabetes (Song, 2014). Further, a 2018 literature review of MI use in child welfare found

evidence in 12 studies that MI effectively improved a variety of outcomes, including parenting skills, parent/child mental health, retention in services, substance use and child welfare recidivism (Shah et al, 2018). MI can also be provided independently but is commonly provided in combination with another intervention to motivate change. Specifically, there is evidence that MI is beneficial when combined with PCIT (Chaffin et al., 2009; Chaffin, Funderburk, Bard, & Valle, 2011). A study conducted in Oklahoma reported that a combination of MI and PCIT improved parent's retention in PCIT treatment, which then in turn improved child welfare outcomes after a period of 2.5 years.

MI has demonstrated favorable outcomes in individuals from different cultural ethnic backgrounds. MI has shown positive outcomes across different ethnicities (Field, 2010), including non-white populations (Roudsari, 2009) and in multiple countries including Sweden (Palm, 2016), South Africa (Rendall-Mkosi, 2013) and Brazil (Segatto, 2011). Studies have also shown positive effects of MI with young adults of Mexican origin (Cherpitel 2016; Bernstein, 2017) and American Indian/Alaska Native adolescents (Gilder, 2017).

Given MI's favorable outcomes for parents/caregivers with substance use disorders and other maladaptive behaviors, its ability to be effectively combined with other interventions and its adaptability to diverse populations, Oregon is requesting that the Children's Bureau waive the evaluation requirements for MI.

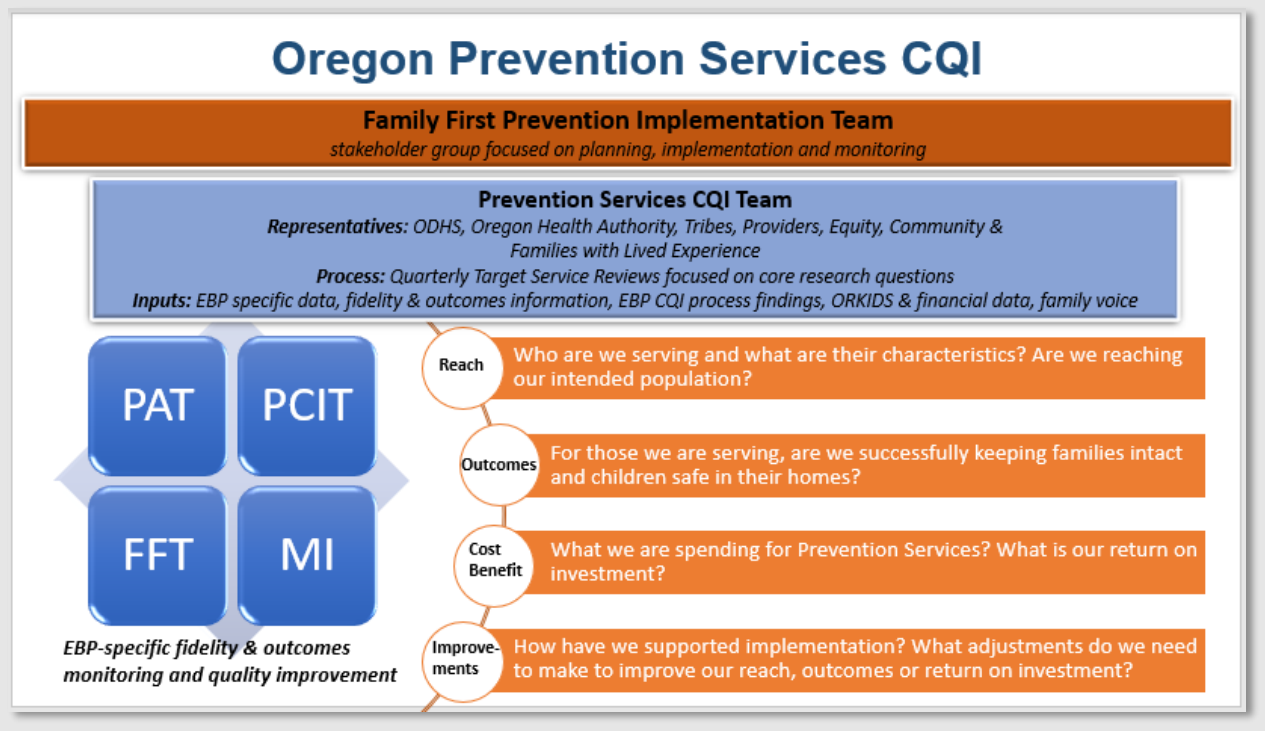
CQI Strategy

The four well-supported evidence-based programs--PCIT, PAT, FFT and MI--that are included in the initial phase of Oregon's Prevention Plan have existing fidelity and outcomes metrics by the proprietor or developer and include a robust in-state infrastructure to collect and share fidelity and outcomes information. Oregon is leveraging these existing metrics and infrastructure, in partnership with the Oregon Health Authority, Oregon's PAT and FFT certified/affiliate programs and community providers who have current Child Welfare contracts, to continue to enhance CQI strategies for these EBPs. Each service will be continuously monitored to ensure fidelity to the practice model, determine outcomes achieved and ensure that information gleaned from the continuous monitoring efforts will be used to refine and improve practices.

Prevention Plan CQI Structure and Processes

Oregon is creating new statewide CQI structure and processes for the Prevention Plan which build on existing CQI activities and will be aligned with Oregon's efforts to engage in robust CQI consistent with our Vision for Transformation. Currently, Child Welfare conducts Quarterly Targeted Reviews to measure progress towards goals in the Child Welfare Fundamentals Map (ODHS, 2020). The QTR brings programs managers from across various disciplines and areas of expertise to discuss data surrounding specific topics and incorporating diverse perspectives and recommendations for further analysis and action steps. The QRT process is a model for Quarterly Targeted Service Reviews (QTSR), which will be the main process used to understand, oversee and inform the implementation and effective service delivery of the EBPs in Oregon's Prevention Plan. The QTSR process will serve a key role in Oregon's overall Prevention Services CQI structure as the figure below details:

Figure 5. CQI structure and key research questions for Oregon's prevention services



Using core research questions to guide the CQI process, the Prevention Services CQI Team will be responsible for reviewing EBP specific data, monitoring fidelity and outcome measures and making necessary adjustments to ensure that services are effective and meet the desired outcomes for children and families. The Prevention Services CQI Team, like the Family First implementation team, will be inclusive and collaborative in conducting the QTSR. The team will be comprised of representatives from sister agencies, Tribes, service providers, community organizations and individuals with expertise regarding equity as well as family members with lived experience, to allow varied perspectives to make meaning of the evidence and guide recommendations to service providers and the implementation team.

During the initial phase of implementation, the QTSR will primarily focus on the process and data related to the implementation of EBPs to inform how services are being implemented and the status of implementation drivers and supports. This will allow for any adjustments to be made in order to ensure implementation success. In later phases, child and family outcomes will be reviewed more closely as data become available and as implementation stabilizes sufficiently to allow for the evaluation of outcomes.

To ensure information gathered during continuous monitoring efforts is used to improve EBP specific outcomes and performance, the QTSR will utilize a standardized process for monitoring, reviewing, analyzing and sharing collected data and results and obtaining feedback from service providers, Child Welfare staff and other partners. Data sources will include but not be limited to quantitative measures gathered from service provider, OR-Kids and other data system reports

and qualitative measures gathered from family, service providers and Child Welfare staff. In collaboration with EBP service providers, QTSR recommendations will drive necessary adjustments or contractual changes to EBP service delivery. Based on QTSR guidance, the Prevention Services CQI Team may also utilize a time-limited program improvement plan to improve EBP specific fidelity and outcomes. Following QTSR review of progress and confirmation of practice improvements, the CQI process cycle will repeat itself.

To measure the Child and Family Outcomes and Child Welfare Agency Outcomes detailed in Oregon's Family First Prevention Services Theory of Change (Appendix A), Oregon will identify and/or develop data points within current systems that can be used to establish baseline metrics and monitor progress toward the described outcomes.

In addition to reviewing and monitoring EPB-specific fidelity and outcomes, the QTSR will:

- Understand reach of prevention services to assess the extent to which Oregon is facilitating services to the target populations identified and the characteristics of those who are receiving services
- Monitor outcomes to ensure that children remain safe while receiving services and families are preserved
- Track fiscal investments in prevention services and understand how that investment benefits Oregon families, and
- Assess our capacity building efforts and progress towards transformation.

This information will be used to inform policy and practice improvements, engage communities to inform service planning and improve partnerships and address identified system gaps. The Family First implementation team will provide the necessary leadership and guidance for the CQI process, including informing how to interpret results and determining what changes are needed for implementation based on CQI findings.

EBP-Specific CQI Processes

Specific CQI processes for each well-supported EBP in the initial phase of implementation are as follows:

Parent Child Interaction Therapy (PCIT)

The Oregon Health Authority (OHA), Child and Family Behavioral Health Program, in partnership with Child Welfare, will have lead responsibility for overseeing the CQI of PCIT programs in Oregon. This will include collecting necessary data from providers in support of fidelity and PCIT specific outcomes and working with providers to address improvements. Oregon will initially work with the existing network of PCIT providers to extend services to the eligible target populations in the Prevention Plan but will seek opportunities to expand PCIT to the remaining seven counties in Oregon that do not currently provide PCIT.

OHA collects data and monitors PCIT fidelity through regular reviews of its provider network in Oregon. PCIT providers with less than two years of experience are required to have annual fidelity reviews and PCIT providers with more than two years of experience who receive

"adequate" or higher past review ratings have fidelity reviews once every biennium. Fidelity measures include ensuring that:

- PCIT providers are trained and meet all core competencies or have PCIT International certification
- PCIT providers use a fidelity checklist for each session (each session is different), specific parent handouts and the Eyberg Child Behavior Inventory (ECBI) for standard PCIT
- PCIT room equipment is in good working order, and
- PCIT providers participate in continuing education including attending the Annual Oregon PCIT Conference

Fidelity reviews are rated as "developing," "adequate," "excels" or "insufficient." PCIT providers with more than five years of experience who have consistently received an "adequate" or higher fidelity review rating may be offered a virtual review. Virtual reviews still include viewing the PCIT rooms and doing chart reviews but are provided via teleconferencing software. Fidelity review meetings are strengths-based and collaborative, and most providers look forward to the reviews in order to learn how to improve their practice. Providers who receive an insufficient rating are put on a weekly or monthly workplan and are required to report on progress until they have resolved the problem(s).

QTSR will include OHA representation and will monitor PCIT fidelity measures and the following EBP specific outcomes:

- Improvement of positive parenting skills,
- Reduction of negative child behavior, and
- Improvement of parent/caregiver emotional and mental health

To enable sharing of fidelity measures and outcome data, Child Welfare will establish a partner agreement with OHA. The Prevention Services CQI Team will gather progress report data from PCIT providers and additional qualitative data may be collected from families and Child Welfare staff to determine whether the PCIT specific outcomes have been achieved, partially achieved and/or not achieved. Results of outcomes and fidelity measures will be reviewed at QTSR and, if appropriate, recommendations made to refine and improve delivery of PCIT services.

Parents as Teachers (PAT)

For the initial phase of implementation, Oregon will partner with the three PAT-affiliated providers and the national PAT organization to ensure fidelity measures and outcomes are met and to extend PAT services to eligible target populations in Oregon's Prevention Plan. In a later phase, a request for proposal will be developed to select additional community-based providers depending on readiness and ability to meet PAT affiliation standards. Once selected, community-based providers will be required to follow the process of becoming an affiliated PAT site. Contracts will include CQI requirements for PAT fidelity and outcomes metrics and for participating in the Oregon Prevention Services CQI.

Oregon plans to partner with the PAT national organization for data collection and CQI. The PAT national organization collects data and monitors PAT fidelity through annual reviews of the affiliated PAT providers. Their CQI process covers tracking and evaluating service delivery and outcomes as well as monitoring staff requirements, including supervision, training and workload. PAT-affiliated providers are required to meet specific CQI measures referred to as Essential Requirements and Quality Standards. To meet these CQI measures, affiliates use a PDSA (Plan, Do, Study, Act) model. Together, the Essential Requirements and Quality Standards form the basis for the PAT Quality Endorsement and Improvement Process (QEIP), which is the process that affiliates go through to demonstrate their commitment to high-quality services and to potentially earn a "Blue Ribbon" designation.

The PAT national organization expects affiliates to engage in CQI of operations and service delivery on an ongoing basis and use a recognized CQI method to make improvements. PAT also provides technical assistance to its affiliates to assist with fidelity monitoring throughout the year. There is a year-end report due annually. If affiliates are not meeting certain benchmark percentages of the Quality Standards and Essential Requirements, they need to complete a "Success Plan," which outlines how they will improve in areas where they did not meet the benchmark measurements. If an affiliate requires a "Success Plan," they are labeled a "Provisional Affiliate," and will be expected to participate in rapid CQI processes using PAT worksheets and to participate in Technical Assistance (TA) work with an assigned PAT staff person. Once the minimum benchmark measures have been met, they will return to be a regular affiliate.

Oregon will partner with the PAT organization to monitor fidelity. The QTSR will monitor EBP implementation, fidelity measures and the following EBP specific outcomes:

- Improvement of child social and cognitive functioning, and
- Reduction of child maltreatment

The Prevention Services CQI Team will gather progress report data from PAT providers and additional qualitative data may be collected from families and Child Welfare staff to determine whether improvement of child social and cognitive functioning has been achieved, partially achieve and/or not achieved. Child Welfare may also establish partner agreements with Head Start/Early Intervention to share information related to child social and cognitive functioning. The reduction of child maltreatment will be monitored by collecting existing data reports in OR-Kids once families have completed PAT. Results of outcomes and fidelity measures will be reviewed at QTSR and, if appropriate, recommendations made to refine and improve delivery of PAT services.

Family Functional Therapy (FFT)

To implement FFT to fidelity, Oregon will develop a request for proposal to select community-based providers depending on their readiness and ability to meet the authorized FFT service standards. Once selected, community-based providers will be required to certify program staff in support of moving toward the FFT multi-year process to become an authorized FFT site.

Contracts will have CQI requirements for FFT fidelity and outcomes metrics and for participating in the Oregon Prevention Services CQI.

The CQI process will consist of a two-pronged approach of ensuring model fidelity and monitoring outcomes. To develop and achieve FFT authorized sites, efforts will be monitored through contract administration toward fidelity in three phases:

- Phase I: Clinical Training (Developing Expertise)
- Phase II: Supervisor Training (Creating Self Sufficiency)
- Phase III: Ongoing Partnership (Maintenance)

FFT fidelity will utilize the following measures:

- Staff qualifications,
- Successful completion of training,
- Rating of meetings and progress notes,
- Family Self Report (FSR) and Therapist Self Report (TSR) data,
- Rating of staffing and consultations with supervisors,
- Global Therapist ratings, and
- Family exit surveys

Oregon will partner with the FFT national organization to monitor fidelity. The QTSR will monitor EBP implementation, fidelity measures and the following EBP specific outcomes:

- Reduction of adolescent substance use and delinquent behaviors,
- Improvement of child emotional and behavioral functioning,
- Improvement of family functioning, and
- Family mastery of skills 3-6 months following treatment

The Prevention Services CQI Team will gather data and metrics from providers related to FFT specific outcomes including the reduction of adolescent substance use and delinquent behaviors. Child Welfare may establish partner agreements with local juvenile justice departments, the Oregon Youth Authority and/or OHA to share information related to adolescent substance use and delinquent behaviors. FFT providers will also be expected to follow-up with families to gather and report data on family mastery of skills 3-6 months following treatment. Additional qualitative data from families and Child Welfare staff may be collected to determine whether the FFT specific outcomes have been achieved, partially achieved and/or not achieved. Results of outcomes and fidelity measures will be reviewed at QTSR and, if appropriate, recommendations made to refine and improve delivery of FFT services.

Motivation Interviewing (MI)

Although many of Oregon's community providers, including Child Welfare contracted providers, are trained to deliver MI and use it in their practice to engage families, there is no statewide CQI process in place to monitor MI fidelity or outcomes. For the initial phase of implementation, Oregon will develop training, implementation support and CQI fidelity and outcome measures for the in-home service programs that are currently contracted through Child Welfare to include MI as a key practice for engaging and motivating parents. In a later phase, Oregon will develop similar infrastructure for Child Welfare caseworkers to deliver MI as a means of engaging parents/caregivers in order to motivate behavioral change.

Given MI's broad applicability, Oregon will expand MI beyond substance use treatment to include mental health and parent skill-based training services as well. Specifically, Oregon will implement MI to fidelity for Child Welfare's currently contracted in-home service programs, including those that provide parent training, navigator, mental health/wraparound and parent peer mentor services. Child Welfare has two primary in-home service programs: In-Home Safety and Reunification Services (ISRS) and Strengthening, Preserving and Reunifying Families (SPRF). ISRS provides services to families to prevent child removal, or when children have been placed in protective custody, to help them return home with in-home safety services. SPRF services were designed to support a comprehensive service array in local communities and are aimed at maintaining children safely in their home, reducing the lengths of stay in foster care and addressing re-abuse of children. Some of the services developed across the state include navigators, parent training specialists and parent peer mentors.

To establish fidelity standards and measures, Oregon will seek support from the Motivational Interviewing Network of Trainings (MINT) to provide MI training by credentialed trainers and will use the practice manual, **"**Motivational Interviewing, Third Edition: Helping People Change" by Miller, W.R., & Rollnick, S. (2012), to standardize practice. For fidelity monitoring, Oregon will use the Motivational Interviewing Treatment Integrity (MITI) instrument, which yields feedback that can be used to increase clinical skill in the practice of MI and measures how well a practitioner is using MI.

The QTSR will monitor MI implementation, fidelity measures and the following EBP specific outcomes:

- Increase of family engagement and retention in services,
- Increase of ISRS and SPRF service goals met, and
- Decrease of parent/caregiver substance use

The Prevention Services CQI Team will gather progress report data from ISRS and SPRF providers and qualitative data from families and Child Welfare staff to determine whether family engagement and retention in services following utilization of MI have been achieved, partially achieved or not achieved. Other metrics will also be considered for measuring family engagement, such as successful completion of case plan services and case closure. District contract administrators currently track the outcome of ISRS and SPRF service goals and data measuring the decrease of parent/caregiver substance use can be obtained from OR-Kids

and/or other data information systems and confirmed by observations from service providers and Child Welfare staff. Results of outcomes and fidelity measures will be reviewed at QTSR and, if appropriate, recommendations made to refine and improve delivery of MI by ISRS and SPRF providers.

Section 7: Child Welfare Workforce Training and Support

EBP Provider Workforce

Oregon will partner with the Oregon Health Authority, the PAT and FFT affiliated Oregon programs and the purveyor organizations to ensure providers have the necessary skills and capacities to provide PCIT, FFT and PAT to fidelity, including ensuring the provider workforce is trauma-informed. For MI, Oregon will work with the Motivational Interviewing Network of Trainers (MINT) to provide certified trainings and will partner with Trauma-Informed Oregon to provide additional trainings and resources to ensure that the contracted provider workforce is trauma-informed.

Child Welfare Agency Workforce

Child Welfare, in partnership with Portland State University (PSU), provides caseworkers a 12-month training plan that includes pre-service, onboarding and intensive field follow-up training and support as well as additional classroom and regional trainings. Pre-service training includes Essential Elements of Child Welfare Practice (97.5 hours), and all caseworkers receive Trauma-Informed-Practice Strategies (TIPS) for Child Welfare Workers in the first year.

Newly hired caseworkers receive several weeks of training over the course of their first year. This includes e-learning and classroom instruction in theory and practice, simulation exercises, field experience and training on the use of OR-Kids. Prior to working with families, a two-week Essential Elements course is required. Trainings are focused on teaching the skills necessary to assess safety through Oregon's Practice Model. To prepare for Family First, new training content will be created, and the current trainings offered by both Child Welfare and PSU will be enhanced and modified to incorporate training topics related to Family First.

New Family First Training Content

A Family First Overview: A generalized overview of Oregon's Prevention Plan including a discussion of how practice will change, how we will think differently and how we will reframe our efforts to serve families. An introduction on the principles of implementation science will also be provided. All Child Welfare staff who interact with children and families will be required to complete this overview.

LIFE Values-Based Practice: A training will be provided to enhance staff understanding and utilization of the four essential practice values of the LIFE model: strength-based, trauma-informed, culturally responsive, parent-directed and youth-guided. Training topics that support putting values into action will include content regarding the ways in which child welfare practice has historically contributed to racial injustice and trauma as well as opportunities for

staff to learn new ways to engage children and families through employing a non-defensive approach and engaging parents as partners. All Child Welfare staff who interact with children and families will be required to complete the training.

Individual Training Modules: All family preservation, CPS and permanency workers, meeting facilitators and their supervisors will further be required to complete the following training module topics:

- Identifying Candidates for Prevention Services
- Conducting Risk Assessments
- Assessing Child and Family Needs
- Developing the Child-Specific Prevention Plan
- Matching Families to the Appropriate Services
- Overseeing and Evaluating the Effectiveness of Services
- Facilitating Child and Family Team Meetings

In addition to learning new competencies and skills related to administering child-specific prevention plans, Child Welfare workers, their supervisors and meeting facilitators will learn how to integrate and align the practice of the Oregon Safety Model with the delivery of prevention services to children and families. All trainings will be offered with a trauma-informed lens and have an equity focus.

Initially, Family First training will be provided to district managers, program managers and consultants, then, to supervisors and MAPs (district-level coaches/trainers) and, finally, to meeting facilitators and caseworkers to support successful implementation and transfer of learning.

Current Training System Enhancements:

Existing orientation, onboarding, training, transfer of learning and evaluation activities will be revised to ensure that new recruits are trained per the new practices included in the Oregon Prevention Plan.

- Self-Paced Computer-Based Trainings
- Child Welfare Staff Pre-Service Trainings including:
    - Essential Elements for Child Welfare Practice (caseworkers)
    - Social Service Assistant Pre-Service Training
    - MAPS Pre-Service Training
    - Supervisor Pre-Service Training
- New Child Welfare staff orientation
- On-Ramp activities for all classifications

Workforce Support and Enhancements:

The following activities and tools will be developed to ensure that Child Welfare staff who have already completed their pre-service training will be prepared for shifts in practice in developing child-specific prevention plans, conducting risk assessments, assessing child and family needs, connecting families to appropriate services and overseeing and evaluating the appropriateness of prevention services.

- Training on the Oregon Prevention Plan for MAPS, Supervisors, Program Managers and Consultants
- Developing a Desk Guide for family preservation workers, Facilitated Discussion Guide (MAPS), and Group Supervision Template (MAPS, Consultants, Supervisors & Program Managers) to support transfer of learning and continuous practice improvement
- Scheduling regular Group Supervision to include discussion of real cases and, through parallel process, facilitated in a way to encourage strength-based thinking and engagement with families
- Ongoing professional development focusing on knowledge, skills and behavior necessary to provide family preservation services including developing and overseeing child-specific prevention plans and conducting risk assessments
- Advanced training and learning experiences designed to develop internal expertise in assessing child and family needs and linking families to evidence-based prevention services.
- Ongoing consultant support and coaching to family preservation workers, supervisors and facilitators, including monthly district team meetings and quarterly trainings for facilitators to allow opportunities for peer-to-peer learning

Section 8: Prevention Caseloads

Caseload size is a factor to consider in effective case management for families and children receiving preventive services. A manageable caseload allows Child Welfare workers to spend more time engaging and supporting families and leads to better outcomes for children and families. For the initial phase of implementation, Oregon has determined that family preservation caseloads can be covered by current capacity since the candidates for prevention services will initially be limited to the population of children who currently receive in-home services and pregnant and parenting foster youth.

The prevention caseload standard for all family preservation workers will be set at a ratio of 1:12 children or young adults. To manage and oversee the caseload for all Child Welfare staff, a state-wide caseload dashboard has been developed and will be implemented in March 2021. This dashboard allows program managers and supervisors to monitor current caseload for each of their case-carrying staff as it provides near real-time data to inform the management of caseload size. Once implemented, the expectation for program leaders, managers and supervisors is to incorporate the dashboard data into their daily work to inform their decisions with ongoing statewide support and oversight.

With the focused efforts and integration of in-home family service delivery, Oregon will continue to review current strategies and explore opportunities to improve the experience of children who are placed in foster care.

Section 9: Assurance on Prevention Program Reporting

Oregon provides an assurance in Attachment I that ODHS will report to the Secretary the required information and data regarding the provision of services and programs included in Oregon's Title IV-E Prevention Plan. Data will be reported as specified in federal guidance (Children's Bureau 2019, 2020). See Attachment I, State Title IV-E Prevention Program Reporting Assurance.

References

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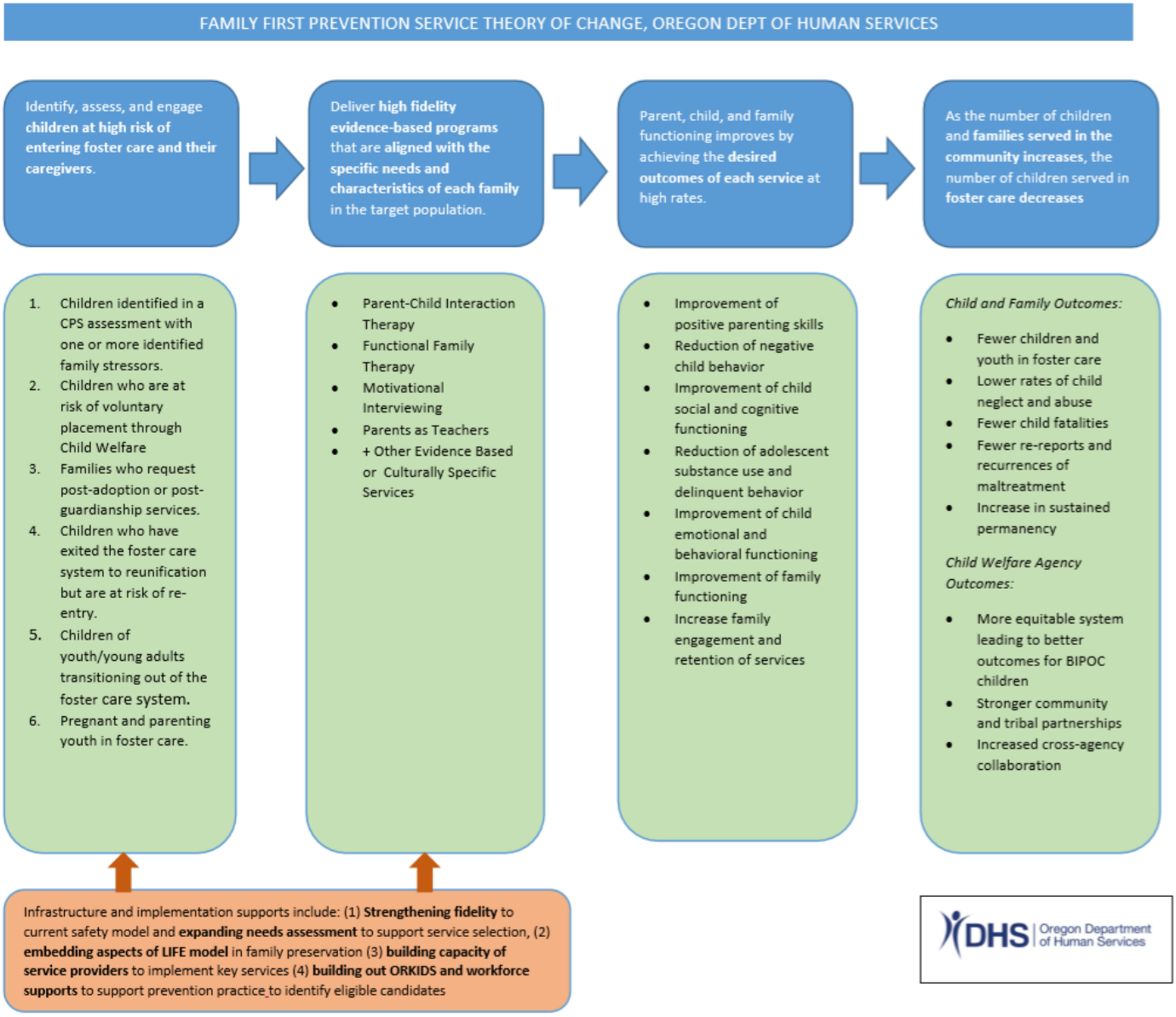
Appendix A - Family First Prevention Service Theory of Change



Appendix B - Current Practice for Oregon Family First Eligible Populations

1. **Children identified in a CPS assessment with one or more of select family stressors**
    a. For children identified as "unsafe," the current practice is for the CPS worker to transfer the case to the permanency worker for case management services within 48 hours of filing a court petition or identifying a safety threat.
2. **Children who are at risk of voluntary placement through Child Welfare if their caregivers are unable to access appropriate services/assistance for the child, or other utilized community resources have been determined to be ineffective or inaccessible**
    a. During the course of an FSS assessment, the current practice is for the Child Welfare worker to provide a family with in-home services only if the parent is temporarily unable to fulfill parental responsibilities due to a diagnosed medical or mental health condition and there are no available community resources. A voluntary placement agreement is used in all cases in which the sole reason for placing the child in foster care is the need to obtain services for the child's emotional, behavioral, or mental disorder or developmental or physical disability. A voluntary custody agreement is limited to specific situations when a parent or legal guardian requests Child Welfare to take legal custody of the child on a temporary basis, because a parent is temporarily unable to fulfill parental responsibilities due to medical or mental health condition.
3. **Children who have exited the foster care system whose caregivers have requested post-adoption or post-guardianship services**
    a. The current practice is for ORCAH to receive a request for services from an adoptive parent or guardian and then the request is assigned to the field for an FSS assessment. Child Welfare provides services when a family whose adoption or legal guardianship (usually financially subsidized) occurred in Oregon through Child Welfare, and the family requests services to support or maintain the adoption or guardianship. A family may request services while the child remains in the family home or request that the child be placed temporarily in foster care to address the child's identified needs.
4. **Children who have exited the foster care system to reunification but are at risk of re-entry**
    a. The current practice is for the Child Welfare worker to close the case immediately following a foster care placement or following a trial home visit (which can typically last for up to 6 months). Whether the child is returned to the parent or in a trial home visit, in-home safety plans are required to manage the safety of children who are determined to be unsafe through assessment or ongoing case management. There are 4 requirements for an in-home safety plan

allowing the child to remain in the physical care of their parent. These include a home-like setting, a willing parent, appropriate safety service providers, and no barriers present in the home environment for the plan to be implemented. When these four criteria are met, children are able to return to the home, and a safety plan continues to be in place until all safety threats have been ameliorated.

5. **Children of youth/young adults transitioning out of the foster care system**
    a. The current practice is for a former foster care youth to call ORCAH on their own behalf and request Independent Living Program (ILP) services through an FSS case. A former foster youth qualifies for an FSS Case for ILP services if the youth: (a) is under 21 years of age, (b) was in foster care (including foster care provided by a Federally Recognized Tribe) at or after 16 years of age; and (c) had been in foster care after 14 years of age for an accumulative 180 days or longer. Caseworkers determine what ILP services the individual is eligible to receive. The former foster child or the former foster child's family, if the youth is under 18 years of age, must agree to these services. Services include life skills; housing funding programs; education and training vouchers or grants; access to discretionary funds; driver education course fees; and referral to an ILP provider to assist with accessing additional resources.
6. **Pregnant and Parenting Youth in Foster Care**
    a. Pregnant and parenting youth in foster care are currently supported with services through an open case that may also include services for their child. In some cases, the parenting youth in foster care have open cases as parents, in addition to being a child in foster care on their own parents' case. If this is the case, both the parenting youth and their child are provided services and resources as children in the child welfare system.