

DHS SAFETY SYSTEM IMPROVEMENT PLAN

CHALLENGES UNIQUE TO OREGON

METHAMPHETAMINE: Methamphetamine caregiver use and production sites are likely the most prominent CPS problem of this decade in Oregon and perhaps nationally.

Findings of NRCCPS Report	Background and Current Issues	Recommendations ¹	Next step
<p>Oregon’s interest in and action toward addressing the meth problem are commendable.</p>	<ul style="list-style-type: none"> • DHS restructured existing Family Support Teams to provide expanded statewide access to addictions recovery service, placing Addiction Recovery Teams (ART) in every service delivery area 7/2003. • A task force was appointed in 2/2004 by the Governor to address methamphetamine use and manufacture. One result of the task force was the establishment of Drug Endangered Child (DEC) protocols in every county. • Oregon recently introduced laws making it more difficult for manufacturers of methamphetamine to acquire necessary ingredients. On 11/15/2004, the Governor implemented the Pharmacy 	<p>NRCCPS will publish guidelines on methamphetamines and safety intervention in the coming months, advancing the position that use or production should be considered a present danger to children and the immediate response protocol should apply.</p>	<p>By the end of 2005, DHS will develop policy and procedures that are consistent with national guidelines from NRCCPS and will consider caregiver methamphetamine use and production as an indicator of immediate danger to a child.</p>

¹ Note: Recommendations that are in **bold** print are NRCCPS “Recommended Safety Intervention System Improvement Actions.”

Findings of NRCCPS Report	Background and Current Issues	Recommendations ¹	Next step
	Board's rule to place pseudoephedrine products behind the counter.		

WORKLOAD DEMAND: Studies confirm that national caseload standards may be twice what is reasonable to perform competently. Oregon's workload situation even exceeds these outdated national standards and significantly compromises the safety response capacity.

Findings of NRCCPS Report	Background and Current Issues	Recommendations	Next steps
With caseloads exceeding 20 per worker, expectations may be two to three times what is reasonable, given complexity and demands of each case.	<ul style="list-style-type: none"> National and Oregon caseload standards were developed prior to the 1997 Adoption and Safety Families Act (ASFA). ASFA significantly increased the expectations of each case in terms of compliance and timeliness. During the 03-05 biennium, DHS redistributed staff to respond to the geographic shift of child welfare cases. The average caseload size is 20 cases, based upon these standards: Protective Services, 1:14 families; In Home Services, 1:16 families; and Foster Care 1:26 children. 	<ul style="list-style-type: none"> DHS should balance workload demand with workload capacity. The state must address the critical child welfare system workload. Non-casework tasks currently assigned to child welfare workers should be identified and reassigned or removed. 	During 2005, <ul style="list-style-type: none"> DHS will identify non-casework duties of child welfare workers. DHS will identify SSS1 (caseworker) positions assigned to specialized, non-case carrying functions. DHS will re-examine and realign staffing patterns to address workload. DHS will establish caseload standards for workers that are assigned to mandatory functions, such as adoption and CPS screening.
Workers perform duties normally accomplished by attorneys or paralegals, increasing demand experienced by workers.	Child welfare workers report performing these legal tasks: writing and filing petitions; interviewing and preparing witnesses for trial; writing	<ul style="list-style-type: none"> DHS should seek legal representation and paralegal support to remove non-casework tasks from the child welfare worker. 	<ul style="list-style-type: none"> According to the Governor's Recommended Budget, a policy package would allow for attorneys and paralegals to be hired to perform some of the

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	<p>affidavits; preparing legal discovery documents; presenting cases in court and cross examining witnesses; and writing draft court orders. Local juvenile departments and district attorneys sometimes assisted in these tasks. With the implementation of ASFA and as workloads increased and budgets were reduced, the legal tasks became a child welfare responsibility.</p>		<p>legal tasks currently being performed by caseworkers (presenting in court and cross-examining witnesses).</p> <ul style="list-style-type: none"> • This package is under consideration in the current legislative session.
<p>Supervisors in Oregon supervise ten or more staff. The national standard is one to six and remains as such in most states.</p>	<p>Oregon’s legislatively approved ratio is 1:9.5.</p>		<ul style="list-style-type: none"> • DHS will examine staffing patters in an effort to reduce supervisor to worker ratios and provide more time for consultation and oversight. • DHS will realign staffing in an effort to reduce supervisor to worker ratios and to provide more time for case consultation and oversight.
<p>Some line positions such as Consultant, Educator, Trainers (CETs) and Social Service Assistants (SSAs) neither carry cases nor supervise staff.</p>	<ul style="list-style-type: none"> • The position description and role of the CET is not uniform throughout the state nor within offices. As the title suggests, CETs were originally assigned to consult with workers on cases, to educate workers and to train workers on new policy and procedure. To some extent 	<p>DHS should weigh the contribution of non-case-carrying positions to safety intervention against the workload demands placed on workers and supervisors.</p>	<ul style="list-style-type: none"> • DHS will assess current SSA, CET and other non-case-carrying staff assignments in order to address workload. HR will be an ongoing participant in resolving the workload issue. • A policy package may be developed for the 2007 legislative session.

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	<p>they were to relieve the casework supervisors of certain responsibilities.</p> <ul style="list-style-type: none"> • Other casework staff are assigned to functions such as facilitating family meetings or preparing documentation for termination of parental rights proceedings. 		

LOCAL INFLUENCE AND DETERMINATION: The Oregon practice of “localizing” policy, procedure and intervention results in inconsistent application of a statewide safety intervention model.

Findings of NRCCPS Report	Background and Current Issues	Recommendations	Next steps
<p>There is a tradition of local interpretation that results in inconsistent application of a statewide safety intervention model.</p>	<ul style="list-style-type: none"> • Local community partners and advisory groups have had a strong influence in setting local priorities. The influence of such community-defined models can be inconsistent with the requirements of safety intervention. • The 01-03 DHS reorganization emphasized collaboration with partners and the development of integrated local community service delivery models that varied across the state. SSAs perform duties such as transportation and supervising visitations. 		<p>During 2005,</p> <ul style="list-style-type: none"> • DHS will increase statewide consistency by clarifying policy, establishing procedures, and by ongoing monitoring for compliance through a revised quality assurance program. • DHS will train supervisors to use ORBIT and other reports and use them in case confers to help monitor for compliance with policy.

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<p>Staff rely on peers and supervisors for training on procedures.</p>	<p>The current training model used through contract with Portland State University (PSU) provides theoretical overview with local office responsibility for specific training on procedures and protocols.</p>		<p>During 2005,</p> <ul style="list-style-type: none"> • DHS will provide statewide mandatory training on revised policy for current child welfare staff, and PSU will replace the existing core training with curricula that directly link to revised policy. • DHS will include the role of the supervisor in the procedures for each policy. • DHS will assure policy and training comply with federal standards prior to implementation and involve existing trainers and federal compliance staff to assure that revised policy and training address federal requirements.

STAFF CONFIGURATION: Staff roles, responsibilities, assignments and relationships to each other are not systematic.

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<p>The connection and interdependence of CPS (investigative) staff to ongoing staff are not well formed or articulated.</p>	<p>Traditionally, flexibility has been allowed within the staffing formula to provide opportunity to adjust for local community caseload needs. For example, the staffing arrangement in a small, rural county might differ from that of an urban area.</p>		<p>During 2005, DHS will specify responsibilities and expectations for communication between CPS casework staff and other staff in the safety intervention protocol.</p>

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<p>Ongoing service staff are referred to by various labels that do not describe current functions.</p>	<p>Social service workers' caseload types have been used as working titles to indicate the work performed. (For example: Permanency worker, Ongoing Worker, Legal Assistance Referral (LAR) writer, etc.)</p>		<ul style="list-style-type: none"> • DHS will develop standardized assignments and working titles for social service staff. HR will assist in this task.
<p>Roles and relationships between caseworkers and social service assistants (SSAs) are not well defined, and SSA responsibilities in safety intervention are unclear.</p>	<p>Flexibility has been allowed within the staffing formula to provide opportunity to adjust for local community caseload needs.</p>		<p>DHS will define roles and responsibilities of staff involved in the safety intervention protocol. HR will assist in this task.</p>
<p>Multiple worker roles and involvement with a single case are confusing. Communication and responsibilities concerning safety intervention are not self-evident.</p>	<p>Traditionally, local office management decisions on unit and workgroup structures have been influenced by local resources and workload rather than on a model of staffing efficiencies. For example, in a community in which there is a visitation center for child welfare, the role of the SSAs may be different than the role of the SSAs in those communities without such centers.</p>		<p>DHS will define roles and responsibilities of staff involved in the safety intervention protocol. HR will assist in this task.</p>

WORKER AUTHORITY TO REMOVE: Law enforcement emergency removal of children is preferred to the Oregon practice of child welfare workers having this authority.

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Sometimes Oregon child welfare workers remove children independent of law enforcement.	<ul style="list-style-type: none"> Per the NRCCPS report, this practice is “rooted in a time when state statutes as well as state of the art were less specific and clear about the authority, roles and responsibilities of public child welfare and law enforcement.” ORS 419B.159 prescribes statutory authority for taking protective custody of children. Workers do make removals independent of LEA in some counties and in some situations. 	DHS should reconsider worker authority and responsibility to make emergency removals of children.	During 2005, <ul style="list-style-type: none"> DHS will work with the courts, Department of Justice, law enforcement agencies (LEA), and others to review the statute and administrative rules and to recommend changes as appropriate. DHS will review OAR 413-015-0410 and assure the language in administrative rule reflects the recommended practice of protective custody removal with LEA.

GROUP DECISION MAKING: Oregon is a leader nationally in encouraging group decision-making for case planning, but CPS's ultimate responsibility for making safety decisions needs to be made clear.

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Family meetings and team decision-making are employed routinely. However, the concept has not kept pace with safety intervention state of the art. There is an absence of rigor regarding safety decision-making and group decision-making models nationally and in Oregon.	<ul style="list-style-type: none"> The Oregon Family Decision Meeting Law (ORS ch.417.375-365) was enacted in 1997. It requires that an OFDM be considered within 30 days of placement and held within 60 days, or that the reason not to hold the OFDM be documented. 83% of the 5515 children entering care in FFY 2004 had 	The state should reconsider the requirement of Family Decision Meetings (OFDMs). The requirement must be consistent with the primary concern for child safety.	During 2005, <ul style="list-style-type: none"> DHS will work with the Department of Justice, General Counsel Division, to review statutory requirements and administrative rules and will recommend changes as appropriate. The Family Based Services Program (FBS consultants) will

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	<p>some form of group decision meeting. 11.5% had an official Oregon FDM.</p>		<p>provide training to providers contracting with DHS to facilitate family meetings about procedures for use during all family meetings to review and update child safety. FBS will provide training to contractors of other family based services, such as parent trainers and sex abuse treatment providers, about their role in reviewing child safety.</p>
<p>Standards, criteria and protocol for assessing and managing safety threats have not been clearly established to guide CPS staff when using an OFDM or TDM for purposes of assessing and managing safety threats.</p>		<p>CPS's ultimate responsibility and accountability for making safety decisions needs to be made clear.</p>	<ul style="list-style-type: none"> • DHS will revise policy and protocol for OFDMs and TDMs to establish criteria and standards and to assure that CPS responsibility and accountability for safety decisions is clear. • DHS will review the context of all family, youth, and team decision meetings in order to build on one conceptual framework.

LEGAL CUSTODY AND IN-HOME: The Oregon practice of obtaining legal custody of a child yet allowing the child to remain in his home does occur in other states, but is uncommon.

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Gaining legal custody of a child yet allowing the child to remain in his home does occur in states but is uncommon. It may suggest to CPS staff that the legal status change is sufficient to protect the child. This could lead to a child remaining in a threatening environment.	This practice is equally concerning when the court orders a child returned to the physical custody of the parent but continues legal custody and supervision indefinitely with DHS.	DHS should reconsider the practice of DHS receiving legal custody of children without removal from the home.	During 2005, DHS will work with the courts, Department of Justice, law enforcement agencies (LEA), and others to review statute and rule and to recommend changes as appropriate.

THREAT OF HARM: A major problem in the CAF safety intervention system is the continuing confusion in concepts, definitions, procedures and practice concerned with risk of maltreatment and safety threats. The concept of *threat of harm* as a category of abuse exists as part of that problem and likely perpetuates it.

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“Threat of harm” is open to multiple interpretations, thus the term allows the workers’ decision-making to become less precise and accountable.	“Threat of harm” is listed as a category of abuse in ORS. 419B.005.	It should be made clear that threat of harm is consistent with risk of maltreatment but not safety. Threat of “substantial” harm is more consistent with safety.	During 2005, <ul style="list-style-type: none"> • DHS will work with national experts and the Department of Justice and law enforcement agencies (LEA) to review statute and rule and to recommend changes as appropriate. • DHS will review the language in OAR regarding threat of harm to reduce multiple interpretations. If statute changes are needed, they will be proposed for the 2007 session.

STRENGTHS-NEEDS BASED INTERVENTION: This nationally popular philosophy does not address certain critical aspects of CPS responsibility. The Guided Assessment Process (GAP) and the strengths-needs-based philosophy should be examined for how they fit and compliment each other.

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<p>The nationally popular strengths-needs based philosophy has contributed in many ways to CPS but has not fully addressed intervening with an involuntary client population, assessing and managing safety threats, and exerting necessary authority to assure child protection.</p>	<p>A 1995 Settlement Agreement with the Juvenile Rights Project was negotiated in lieu of a class action lawsuit. Modified each biennium, the agreement calls for infrastructure and systems changes, based on the strengths-needs based approach, to address safety, permanency, and well-being of children.</p>	<p>DHS will articulate how effective safety intervention can occur within the strengths-needs based approach and examine how this philosophy and the guided assessment process fit and compliment each other.</p>	<p>During 2005, DHS will analyze the JRP agreement to assure that child safety is paramount and, with the JRP, will address and reconcile any contradictions between the strengths-needs philosophy (and requirements of the agreement) and the Guided Assessment Process. This will be accomplished in the JRP agreement to be renewed by 9/30/2005. Until then, the current contract will be extended.</p>

OREGON SYSTEM COMPONENTS

POLICY: CAF policy concerned with safety intervention is among the better examples that can be found across the states, but like other states concentrates on the beginning of safety intervention and does not differentiate adequately between risk of maltreatment and child safety. Shortcomings include non-linear construction, lack of step-by-step guidance, and problems with organization and cohesion.

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<p>GAP contains specific focus and emphasis on safety intervention and attempts to provide a conceptual base and definitions. Policy is focused more on the beginning of a case than on ongoing intervention.</p>	<ul style="list-style-type: none"> • The Guided Assessment Process (GAP) of structured decision-making was developed with national expert assistance and implemented 6/2003 to identify safety threats and standardize the assessment process. DHS released an improved GAP tool 2/1/2005. There were multiple policy and procedure changes in OAR associated with the development of GAP. The new rules clarified abuse definitions and provided direction for CPS child screening and assessment processes. • In 8/2003, DHS reduced the timeframes for face-to-face contact on emergency CPS reports to 24-hours and required safety plans at first face-to-face contact. • In 3/2004, DHS required continuing face-to-face contact on open cases every 30 days. 	<p>DHS should build upon the Guided Assessment Process to develop a unified model of practice that emphasizes safety throughout a child welfare case.</p>	<p>During 2005,</p> <ul style="list-style-type: none"> • DHS will build on and enhance GAP to improve and articulate a model of practice emphasizing safety throughout the life of a case. • DHS will develop methods to monitor cases for compliance with model. This could include qualitative analysis based on case readings.

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	<p>This replaced quarterly requirements for foster care cases and initiated the first face-to-face requirements for in-home child protection cases.</p> <ul style="list-style-type: none"> • A “Safety Throughout the Life of a Case” policy was implemented 11/2004 to provide direction regarding child safety determination on open cases. • In 2002, DHS revised OAR to comply with statute requiring CPS and law enforcement agencies (LEA) to notify each other immediately when a report of child abuse is received. With DHS’ support, LEA proposed SB 94 this session to amend the statute to improve the ability to prioritize immediate child safety issues being founded. 		
<p>Policy construction is non-linear and does not provide step-by-step guidance. Reader expertise is assumed. There are problems with organization and cohesion.</p>	<ul style="list-style-type: none"> • Policy is available to staff and the public on line, primarily in the form of Oregon Administrative Rule (OAR). Revisions are subject to official rule-making requirements. • Often workgroups including community partners and multiple outside entities assist in 	<p>DHS should develop a procedures manual with revised policy that is clear, precise, and provides step-by-step direction.</p>	<ul style="list-style-type: none"> • By Fall 2005, DHS will develop and disseminate a user-friendly and accessible procedures manual that is precise and follows sequential steps in the life of a case in a clear, linear progression. Staff will access national expertise in the development of the manual.

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	policy conceptualization and development.		<ul style="list-style-type: none"> Statewide training will be delivered to all child welfare supervisors and caseworkers.
Some terminology is confusing or inconsistent.			During 2005, with national expert technical assistance, DHS will identify and clarify any confusing or inconsistent terminology and will revise policy accordingly.

PROCEDURE: Oregon is among very few states that have designed more highly developed safety intervention models containing a conceptual base; definition of terms; identification, categorization and description of safety threats. The Guided Assessment Process (GAP) represents a good foundation for establishing a more effective approach to safety intervention that can be improved by correcting and clarifying terminology and by providing more direction to staff about information gathering standards and procedures in conducting safety interventions.

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GAP provides some direction about what must be considered in safety intervention but is limited on how to use and apply concepts and intervention expectations. Procedure should provide specific guidance and direction about how things are done.	The Guided Assessment Process (GAP) of structured decision-making was implemented 6/2003 to identify safety threats and standardize the assessment process. DHS released an improved GAP tool 2/1/2005. There were multiple policy and procedure changes in OAR associated with the development of GAP.	<p>DHS should build upon the Guided Assessment Process to develop a unified model of practice that emphasizes safety throughout a child welfare case.</p> <p>DHS should develop a procedures manual with revised policy that is clear, precise, and provides step-by-step direction.</p>	<p>During 2005,</p> <ul style="list-style-type: none"> DHS will build on and enhance GAP to develop and articulate a model of practice emphasizing safety throughout the life of a case. By Fall 2005, DHS will develop and disseminate a user-friendly and accessible procedures manual that is precise and follows sequential steps in the life of a case in a clear, linear progression. Staff will access national expertise in the development of the manual.

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			<ul style="list-style-type: none"> Statewide training will be delivered to all child welfare supervisors and caseworkers.
<p>GAP lacks precision (e.g. <i>safety threat</i> definitions).</p>		<p>DHS should clarify confusion in definitions and terms such as threat of harm.</p>	<p>During 2005, DHS will secure national expert technical assistance to identify and clarify any confusing terminology in policy and procedures and will make revisions accordingly.</p>
<p>GAP contains no information standards (case and family information that is expected to be collected to conduct safety assessments).</p>			<p>Information standards will be developed based on national expert technical assistance.</p>
<p>GAP lacks sufficient direction and guidance for safety plans.</p>		<p>DHS needs to develop a standard to provide guidance in safety plan development.</p>	<p>DHS will use national expert technical assistance in developing information standards for safety plans.</p>
<p>GAP lacks an explanation of safety intervention throughout the child protection process.</p>	<ul style="list-style-type: none"> The “Safety Throughout the Life of a Case” policy, implemented 11/04, provides direction regarding child safety determination on open cases. In 3/2005, DHS CAF program office provided guidelines and resources for staff use in assessing medical needs of children during face-to-face contacts. Policy guidance was also given on documentation requirements. 		<p>During 2005,</p> <ul style="list-style-type: none"> DHS will obtain additional clarification and consultation to improve the existing “safety throughout the life of the case” model. DHS will make changes and modifications in policy, procedures and practice as necessary and provide additional training.

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	<ul style="list-style-type: none"> • A procedures manual was disseminated 1/2005 describing the CPS role in domestic violence cases. • DHS developed and distributed a consistent statewide curriculum for training mandatory reporters in 4/2005. 		

STAFF DEVELOPMENT: Consistent with state of the art, CAF training related to safety intervention is not sequential, modules are too short, knowledge is emphasized over rigorous skill development and nothing exists related to emphasizing the development of supervisors as experts in safety intervention.

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<p>Training programs are too short and therefore do not include rigorous skill development opportunities.</p>	<p>Core child welfare training is provided by contract with the PSU Child Welfare Partnership.</p> <ul style="list-style-type: none"> • Casework Practice is a 2-week course provided within 3 months of hire and prior to case responsibility. • CPS Core training consists of 3 weeks of classroom instruction and one week of field assignments, to be completed by CPS workers prior to being assigned to CPS cases. • Systematic Safety and Risk Assessment is a 2-day course required within 6 months of hire for all non-CPS child welfare staff. 	<p>DHS should establish an effective staff development program.</p> <p>Statewide training based on the revised policy should be required for all child welfare staff and should replace the existing core training for new child welfare staff.</p>	<p>During 2005,</p> <ul style="list-style-type: none"> • DHS will work with the PSU CW Partnership to assure training that is sequential, directly relates to policy and procedures, and focuses on specific skill development. • With the PSU CW Partnership, DHS will require a revised Core training curricula based on the revised safety intervention policy. This is necessary to provide needed clarity and direction.

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	<ul style="list-style-type: none"> Advanced courses and specialized topics are also offered. 		
<p>Training does not provide a step-by-step, process-oriented explanation of safety intervention, an overview of safety intervention at large or the specifics of what workers are expected to do from the onset of intervention to its conclusion. Training is stronger at voicing what to do rather than how to do it. Curricula emphasize the importance of safety intervention but fall short of providing clear direction and skill building concerning how it is to be done.</p>	<p>The PSU Child Welfare Partnership has focused on general child welfare knowledge training. The responsibility for training staff on procedures has been with child welfare supervisors and CETs.</p>	<p>DHS should establish an effective staff development program.</p>	<ul style="list-style-type: none"> With the PSU CW Partnership, DHS will revise Core curricula to assure that the content: <ul style="list-style-type: none"> Directly corresponds to revised policy and procedures. Provides process-oriented explanation of safety intervention that includes specific expectations of workers from onset of intervention to its conclusion. Provides clear step-by-step direction focused on skill building. Training will include business practices and consider support roles in the overall safety plan model.
<p>Some training perpetuates confusion regarding concepts and definitions. Often there is superficial coverage of key concepts, terms, definitions, purpose and structure.</p>	<p>Local training by supervisors and CETs varies across the state in terms of content, frequency and quality.</p>	<p>DHS should establish an effective staff development program.</p>	<p>With the PSU CW Partnership, DHS will identify and clarify any confusing definitions or terminology and will assure adequate coverage of key concepts.</p>

<p>There is no curriculum for supervisors specifically addressing their distinct responsibilities in overseeing safety intervention.</p>	<p>PSU obtained grant funding to provide Supervising for Excellence intensive training for all child welfare supervisors. This training was delivered from 2001 to 2004, at which time the grant funding ended.</p>	<p>Emphasis and priority should be given to developing supervisors as safety intervention experts.</p>	<p>With the PSU CW Partnership, DHS will provide mandatory child safety training for all current child welfare supervisors and incorporate this into a curriculum for new supervisors.</p>
<p>A systematic, comprehensive staff development process does not exist with respect to preparing staff prior to assignment and continuing to build competence routinely over time.</p>	<ul style="list-style-type: none"> • As of 2003, training before case assignment became a requirement for CPS caseworkers. • CPS training is required for screeners and CPS workers within 3 months of hire. • Training on Safety Throughout Life of a Case was provided by DHS program staff statewide in 2004. • In 2000, DHS began requiring a bachelor's degree for new caseworkers. Currently, 89% of caseworkers have at least a bachelor's degree. • In 2000, DHS also discontinued the practice of assigning cases to SSAs for the purpose of case management. 	<p>DHS should establish an effective staff development program.</p>	<ul style="list-style-type: none"> • DHS will provide mandatory child safety training for all current child welfare caseworkers regardless of the type of caseload, and will incorporate this into core curriculum for new caseworkers • DHS will develop a skill-based competency evaluation component for staff training. • By 7/1/2005, DHS will recommend that new child welfare supervisors have a minimum of a bachelor's degree. Currently, 89% of supervisors have at least a bachelor's degree. DHS will pursue with DAS making a bachelor's degree a requirement for all child welfare supervisors and program managers.

SUPERVISION: Supervision is relied on as the most significant influence in safety intervention; however, it is likely that many supervisors are not experts in safety intervention. This parallels the national state of the art.

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<p>Supervision is relied on as the most significant influence in safety intervention. Supervisors should be experts. However, given the problems across the safety intervention system, it is likely that many supervisors are not expert in safety intervention. Reportedly, supervisory guidance and interpretation vary across supervisors.</p>	<ul style="list-style-type: none"> • In 1/2005, DHS began requiring supervisory approval of all plans to return children to the home of the parent or the caretaker, pursuant to CIRT recommendations. • Multnomah County supervisors implemented practice improvements for screening and safety review systems pursuant to CIRT recommendations 2-3/2005. 	<p>Emphasis given to developing supervisors as safety intervention experts should receive priority.</p>	<p>During 2005,</p> <ul style="list-style-type: none"> • DHS will clarify the role of supervisors in safety intervention, and include the clarification in policy and protocol. • DHS will pursue a standard requiring a minimum of a bachelor's degree for all new supervisors. • DHS will conduct mandatory child safety training for all current child welfare supervisors and will include the revised content in core curriculum for new supervisors.
<p>Workload demand clearly has a negative influence on effective supervision. For instance, supervisors report an inability to maintain scheduled conferences due to the workload demand.</p>	<ul style="list-style-type: none"> • Supervisory span and caseload growth have reduced the amount of individual supervisor consultation time. Supervisors have other community duties as well. • During the 2003-2005 biennium, 18 supervisory positions in child welfare that had been reassigned during the DHS reorganization effort were restored with reassigned resources. 	<p>DHS should enable supervisors to become experts.</p>	<ul style="list-style-type: none"> • DHS will examine staffing patterns in an effort to reduce supervisor to worker ratios and provide more time for consultation and oversight. • A policy package may be introduced in the 2007 legislative session for this purpose.

INFORMATION SYSTEM: Most information systems across the country were built or were being built as safety intervention began its early development. The Oregon information system, similar to other state child welfare information systems, does not advance competency-based intervention.

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<p>The information system does not support supervision or guide casework and does not contribute to understanding case practice and decision making in a qualitative way. The system does not advance competency-based interventions. The system does not set forth what case information is necessary in order to assess and analyze safety threats and adequately create safety plans.</p>	<ul style="list-style-type: none"> • The GAP Structured decision-making function was installed in the current information system in 6/2003. • The existing FACIS system cannot be easily upgraded to reflect policy changes. • The Governor announced in 10/2004 that CPS would be given access to Law Enforcement Data System (LEDS) for certain criminal history checks. This was implemented in 1/2005. 	<p>The existing information system should be replaced with one that is compliant with Statewide Automated Child Welfare Information System (SACWIS) requirements and provides sufficient guidance and support for safety intervention. The system should reflect policy requirements and guide information gathering and caseworker decision-making.</p>	<p>A pending policy package would allow DHS to develop an upgraded information and data system that is SACWIS compliant.</p>

PROGRAM MANAGEMENT: The program management role in safety intervention is not well defined nationally, and needs to be developed and articulated.

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<p>In regards to the need for support and guidance, accessibility and availability of program management appears to be the greatest concern of staff surveyed, which is likely related to workload.</p>	<p>During the 03-05 biennium, significant adjustments in the DHS reorganized structure were implemented and 9 additional child welfare program managers were added in the larger counties.</p>	<p>DHS should develop and articulate the role of program management in safety intervention.</p>	<p>During 2005,</p> <ul style="list-style-type: none"> • DHS will define the role of central office and field child welfare program managers in safety intervention and include the managers in statewide training on revised policy and procedures. HR will assist in

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			defining the role. <ul style="list-style-type: none"> • Central office staff will develop and implement an expedited way to interact with appropriate field staff to report and respond to safety concerns.

QUALITY ASSURANCE: Quality assurance systems nationally were constructed in the early 1990s at the same time that safety intervention models were being developed. They typically judge compliance with policy and do not evaluate the quality of case practice and decision making concerned with safety intervention.

Findings of NRCCPS Report	Background and Current Issues	Recommendations	Next Steps
Like other states, Oregon passed this systemic factor in its federal Child and Family Services Review, but consistent with what is found in other states, Oregon’s quality assurance system does not result in evaluation of the quality of case practice and decision making concerned with safety intervention. It is not clear that those who conduct quality assurance review are expert in judging safety intervention.	<ul style="list-style-type: none"> • DHS replicated the intensive Federal review CFSR process to provide ongoing quality assurance consistent with federal law and guidelines during 2002-2004. • A Program Improvement Plan, developed in response to the CFSR, was achieved in 8/2004. • In addition to the internal review, child welfare cases are reviewed by the Juvenile Court and Citizens’ Review Board at least every six months. • DHS added review of “screened out” and “unfounded” cases to the quality assurance process as these categories were not included in the model 	DHS should refine the approach to quality assurance to address actual practice and decision-making quality.	During 2005, <ul style="list-style-type: none"> • DHS will develop and implement a comprehensive action plan to make improvements identified by the expert review. • DHS will continue to utilize the Quality Assurance program to review quantitative measures, but will add a qualitative component to identify effective practices that lead to positive outcomes for children and families and to identify practices needing improvement. • DHS will assure that staff involved in quality assurance have or will acquire expertise in safety intervention.

Findings of NRCCPS Report	Background and Current Issues	Recommendations	Next Steps
	federal review process. <ul style="list-style-type: none"> • A Critical Incident Response Team (CIRT) process for high profile cases was established in 10/2004. • The Governor called for an expert, independent review of the Oregon child safety system in 12/2004. 		<ul style="list-style-type: none"> • DHS will develop and utilize a consistent feedback loop to assure accountability and follow through with local and statewide program improvement plans.