

- OR-Kids Go Mobile App Workgroup
- Child Fatality Prevention and Review Program meetings
- Nurture Oregon meetings
 - Core Team monthly meetings
 - Site huddles weekly as needed
- CW and OHA, Public Health CARA and safe sleep check-ins weekly and then monthly

4. Guardian ad Litem Requirement

Oregon Revised Statute (ORS) 419B.112 ensures the court shall appoint a court-appointed special advocate, which in turn can be guardian ad litem. For the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.) grant under P.I. 93-247, or any related state or federal legislation, a court-appointed special advocate or other person appointed is deemed guardian ad litem to represent the interests of the child or ward in proceedings before the court. In addition, all children and wards of the court receive a court-appointed attorney in Oregon. ORS 149B.234 outlines the qualifications for any person appointed as guardian ad litem.

C. Annual Citizen Review Panel Report & Response

Please see the attached Citizen Review Panel Report. (Attachment 37) This year, the CRB Panel chose to focus on a statewide examination of the child welfare system. The following is CW's response to the three primary recommendations.

1. Improve Placement Capacity & Stability

As noted by the CRB report, CW is working on increasing placement capacity and improving placement stability on several fronts.

See the Resource and Adoptive Parent Diligent Recruitment Plan (Attachment 5) and the Champion Monthly Reports (Attachments 6-12) for detailed descriptions of the work being done to address increasing resource family capacity across Oregon.

See Item 18 on pp. 55-57 for a comprehensive discussion of the work to improve collaboration with and access to mental health supports and treatment modalities that will better support children in their current homes (whether that is with their parents or with resource families). Item 18 also addresses CW's efforts to expand specialty QRTP placements.

See Item 35 on pp. 83-84 for the agency's efforts to increase the diversity of resource families.

See Item 28 on pp. 92-98 for the work on improving the training and supports provided to resource families.

See Item 12, Resource Parents on p. 72 for a description of the respite options available to resource parents now, and the expansion of that support.

2. Improve the Quality of Casework

As noted by the CRB report, CW is working on improving the quality of casework on several fronts.

See Item 3 pp. 30-33 for discussion on the work of improving casework practice around assessing and managing child safety.

See Items 11 (p. 47), 13 (pp. 48-49), 15 on (p. 51) for discussion on efforts to increase and improve engagement between caseworkers and parents.

See Item 12 on p. 71 for discussion on how CW is working to ensure the needs of children and parents are met.

See pp. 85-92 for discussion on the initial and ongoing training offered to caseworkers and staff. See p. 162 for training provided to staff regarding the specific needs of teens and young adults.

See pp. 45-47, 50, and 51 for descriptions of the All About Me books, implemented to increase and facilitate quality engagement between caseworkers, children, parents, and resource families. Caseworkers report on p. 45 that these books aid them in clearly identifying children's needs.

See pp. 130-131 for a description of the Alia Innovations supervisory circles which are focused on creating improving supervisors' approach to the work and supporting their caseworkers.

See p. 103 for a description of the Caseload Dashboard, which is a CQI effort to use data to manage caseworker workloads.

3. Increase Access to Mental Health Services

See Item 18 on pp. 55-57 for an in-depth description of CW's collaborative efforts with treatment providers to increase access to mental health services for children.

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

1. Plans to Use CAPTA Funding for Substance-Exposed Infants

- Two CARA coordinators (Operation & Policy Analyst 3) were hired and onboarded in April 2021. The CARA coordinators advance CW efforts to develop, implement and monitor plans of care, and advance efforts to support Safe Sleep in CW cases requiring a plan of care. The CARA coordinators collaborate with Oregon Health Authority (OHA) to advance statewide implementation.
- To advance statewide implementation of the Comprehensive Addiction and Recovery Act, a contract established by the Oregon Health Authority (OHA) with the Comagine Health consulting firm is being expanded using OHA Public Health, OHA Behavioral Health, and CAPTA funds. Comagine Health will support cross-sector work to implement