

Child Welfare Division: Workforce and Respite Care

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Agenda

- I. Safe children, strong communities
- II. Vision for Transformation
- III. Staffing, workforce development and support
- IV. Respite care
- V. Questions

Child Welfare Division



Safe children, strong communities



Oregon's future depends on **our ability to nurture strong, caring children** who can lead tomorrow's communities.



Safe environments and nurturing relationships build the architecture of children's maturing brains and **establish the foundation for their healthy development.**



That foundation is **key to a successful life in adulthood.** Without it, children are more likely to experience difficulties later in life, which can have costly consequences for individuals and communities.



ODHS Child Welfare Division is committed to working with families, communities, Tribal Nations and partners to make sure **every Oregon child can grow up in a safe, supportive family.**

Child Welfare Vision for Transformation:

Three guiding principles

1. Supporting families and promoting prevention



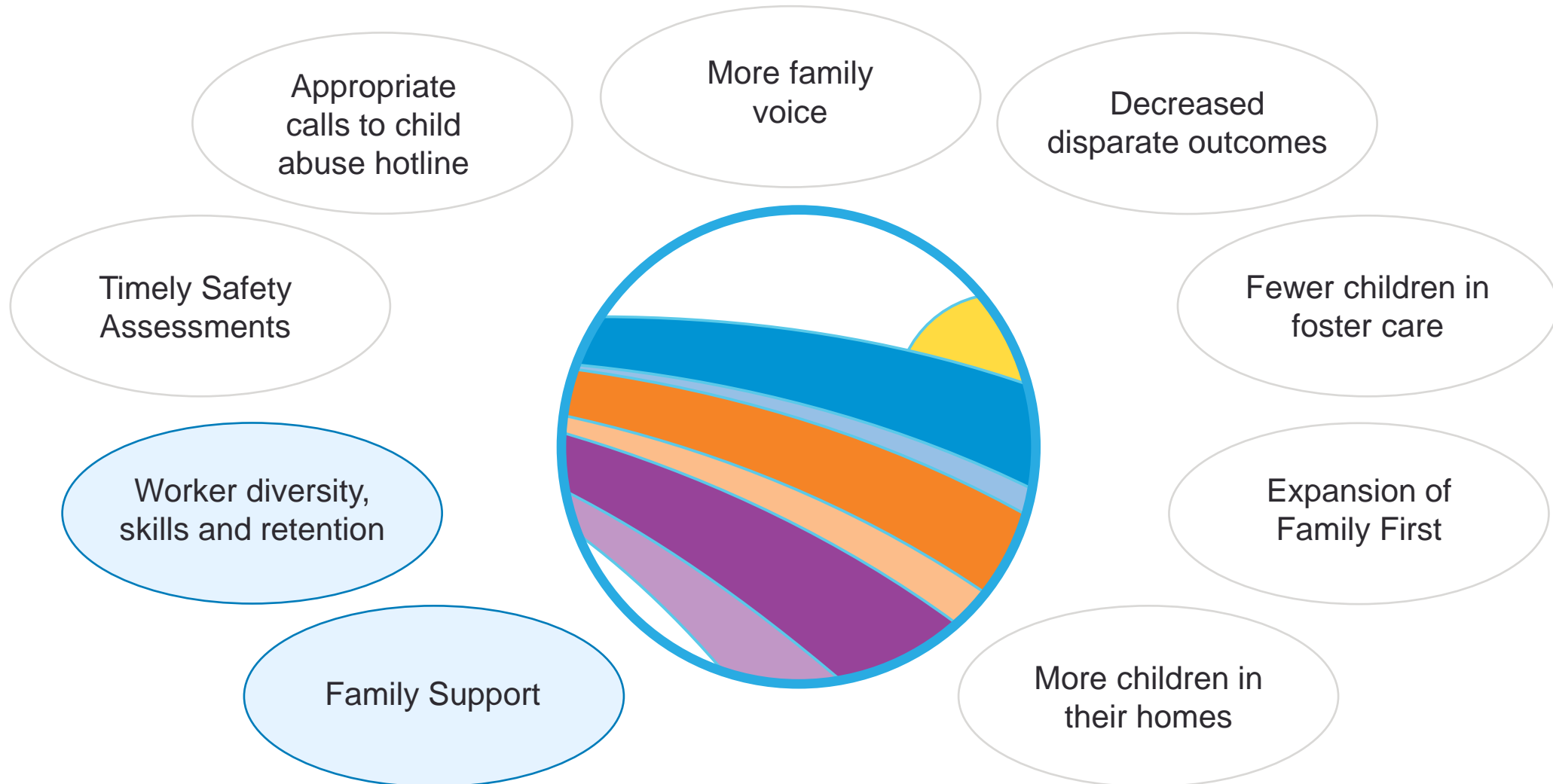
2. Enhancing our staff and infrastructure



3. Enhancing the structure of our system by using data with continuous quality improvement



Vision for Transformation impacts and outcomes



Protecting children and supporting families

Key ingredients in achieving our Child Welfare Division's Vision for Transformation are **accurate assessments of child safety** and **in-home support** to prevent placements away from family and community.

Carrying out this challenging and important work requires a **well-trained, well-supported child safety workforce**.



Staffing, Workforce Development and Support



Vision for Transformation Guiding Principle 2

Enhancing our staff and infrastructure

Our Child Welfare transformation depends on a **diverse, supported, skilled, respected and engaged workforce** that reflects and embraces the communities we serve.



Key legislative investments: 2021-2023 LAB

Recommendations related to Executive Order 19-03

- **\$2.2M General Fund**
(\$3.2M Total Funds)
- **19 positions** (17.28 FTE)
 - 13 positions for an Oregon Child Abuse Hotline (ORCAH) swing shift to improve response times
 - 6 positions to enhance professional development, training and equity efforts for the Child Welfare workforce.

Package 114

- **\$4.6M General Fund**
(\$6.1M Total Funds)
- **29 positions** (25.52 FTE)
 - 15 positions to create the framework for Family Preservation
 - 14 positions to create a Continuous Quality Improvement team

Oregon's Child Safety Workforce

Child safety: The day-to-day work

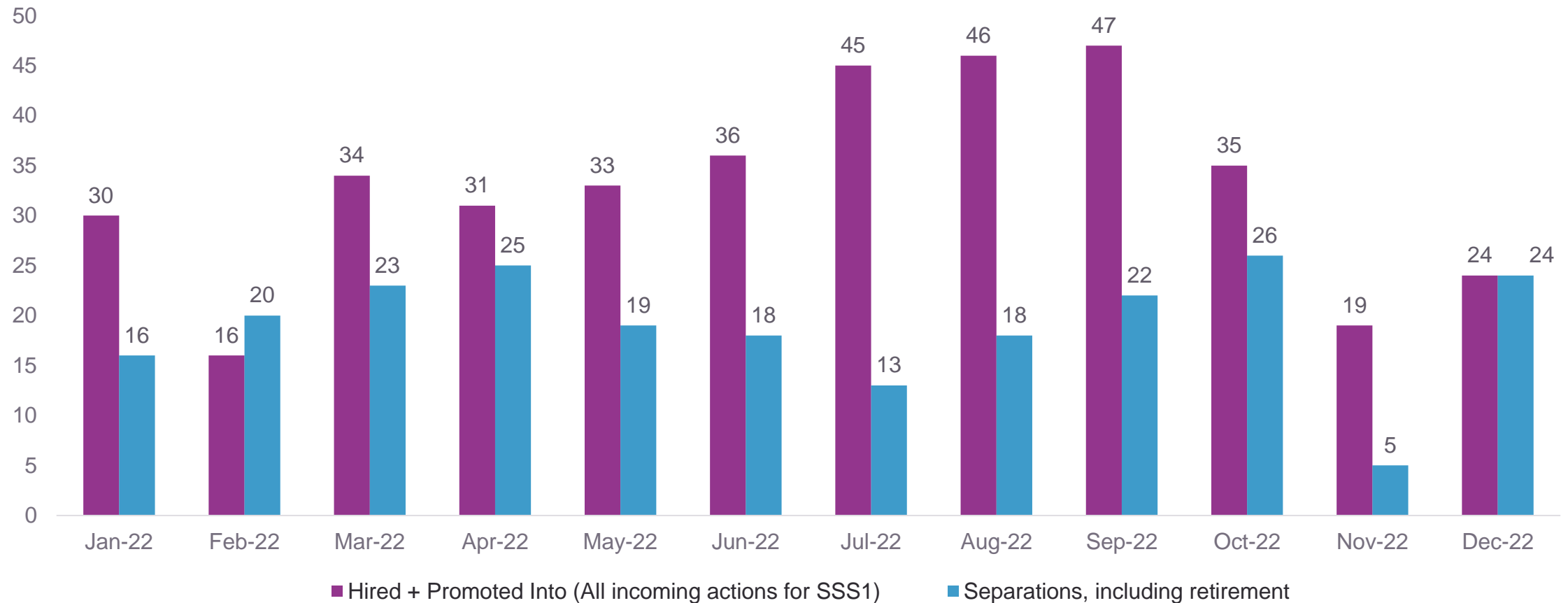
Child Protective Services (CPS) caseworkers work to keep children safe by:

- **Reviewing alleged cases**
- **Performing assessments** including interviews with family members, caregivers and providers
- **Engaging with families** to understand their specific needs
- **Collecting documentary evidence** such as medical reports and court filings
- **Planning and coordinating services** to help children and their families
- **Supporting families** in completing their safety plans



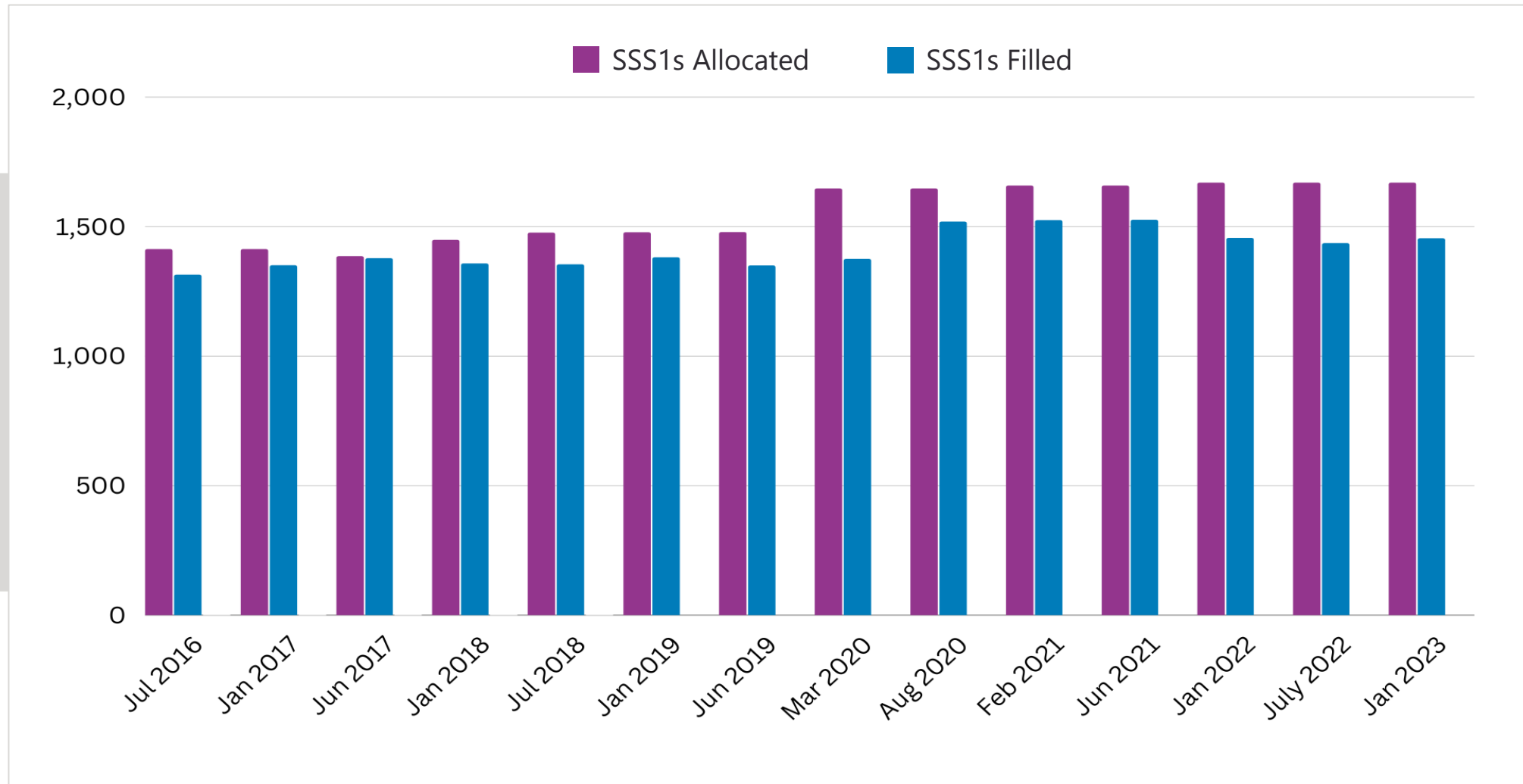
2022 hires and promotions

Hires and Promotions into SSS1* Caseworker Classification vs Separations

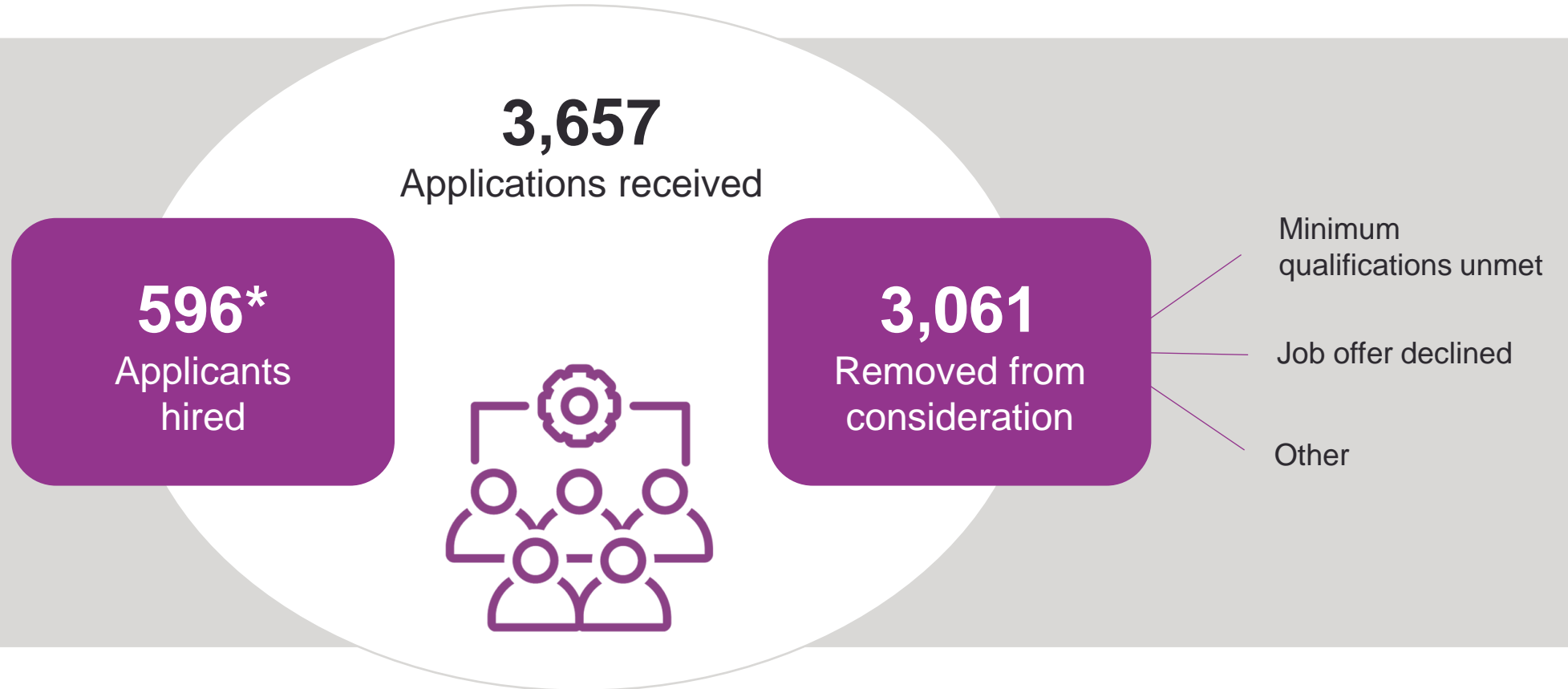


*Social Service Specialist 1

The majority of allocated SSS1s are consistently filled

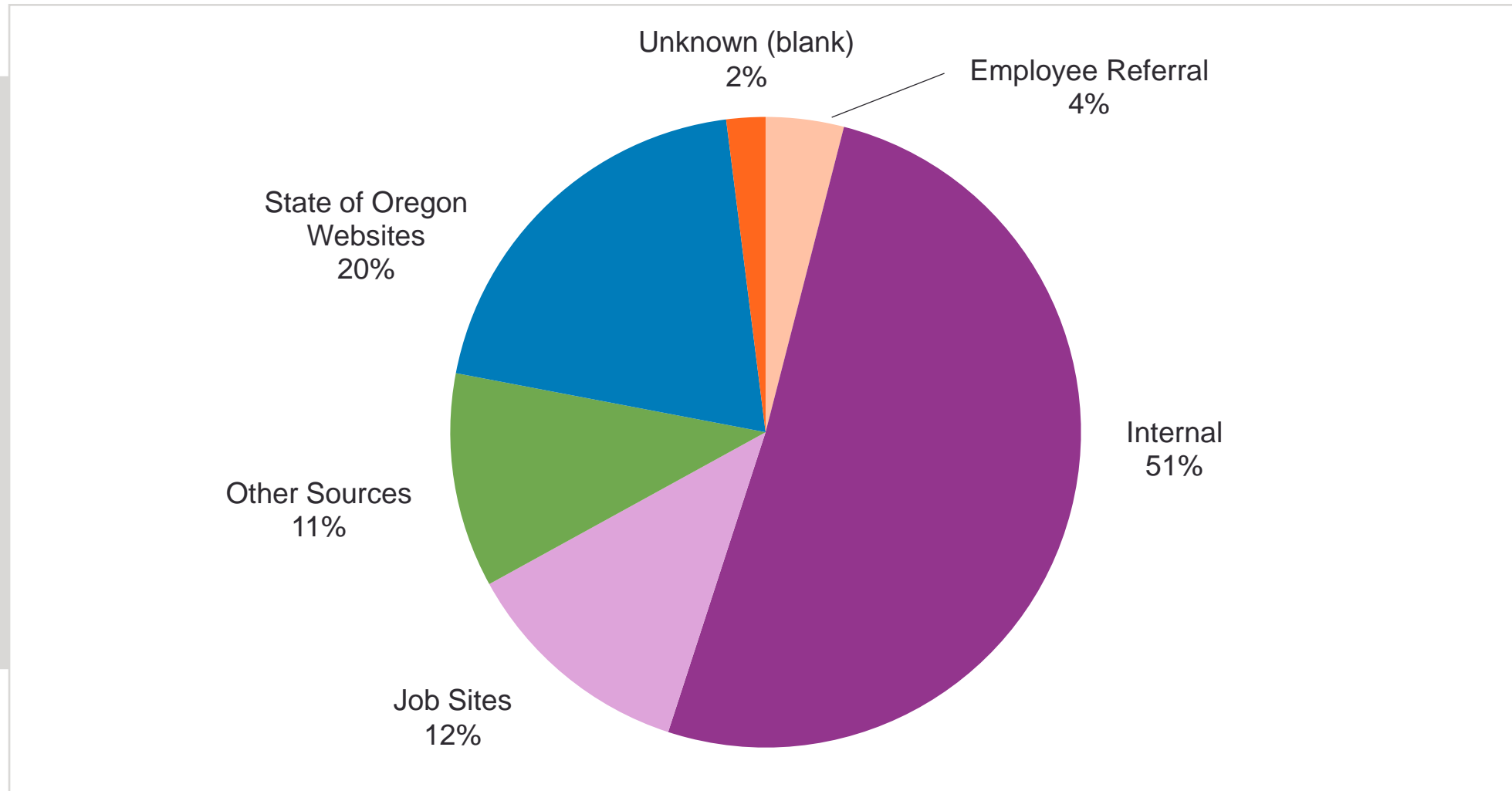


SSS1 recruitment: 2022



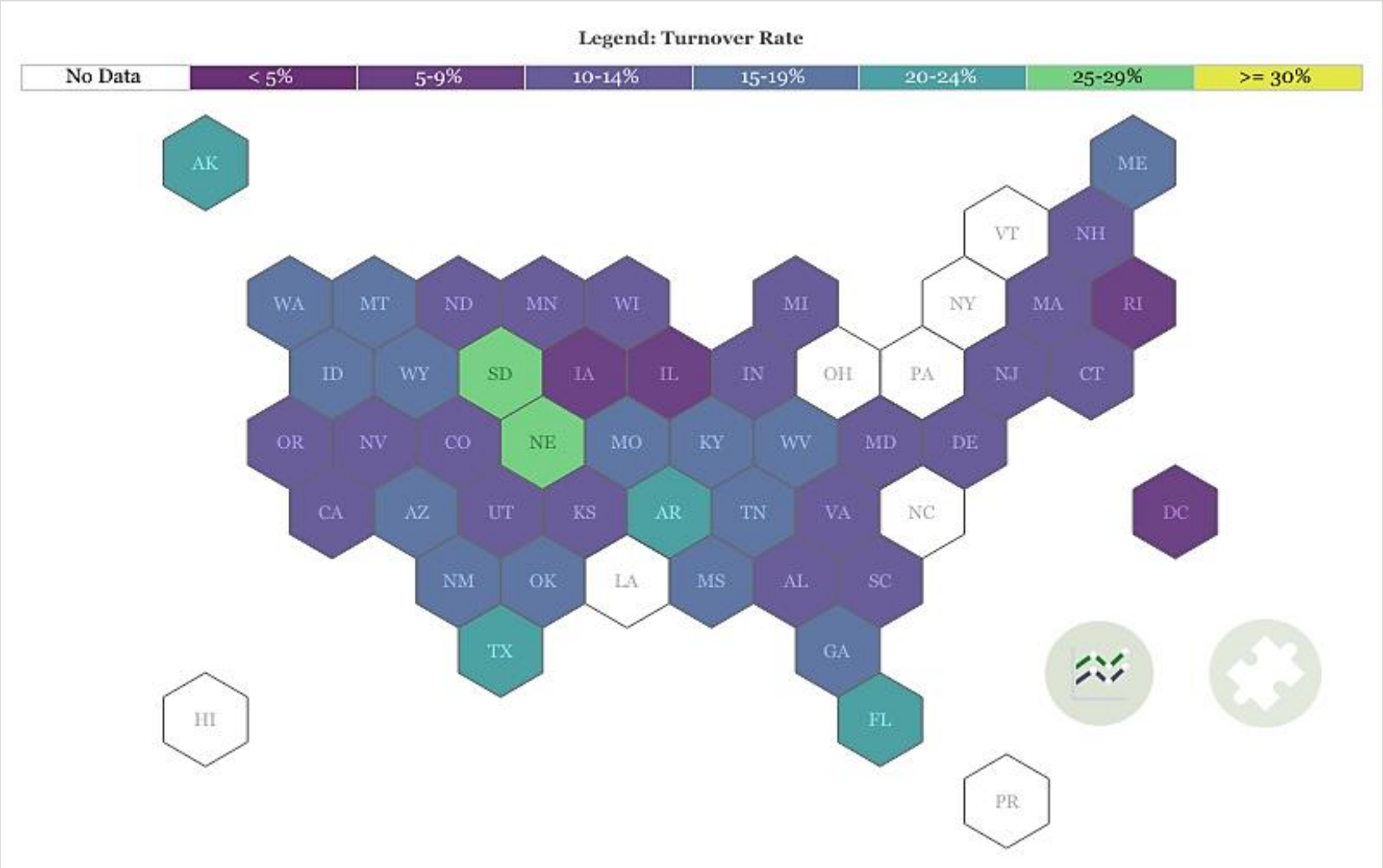
*Includes lateral transfers, direct appointments and other internal movements.

Pipeline: 2022 SSS1 hires by source



According to candidate self-reported data sourced from Workday, April 2023

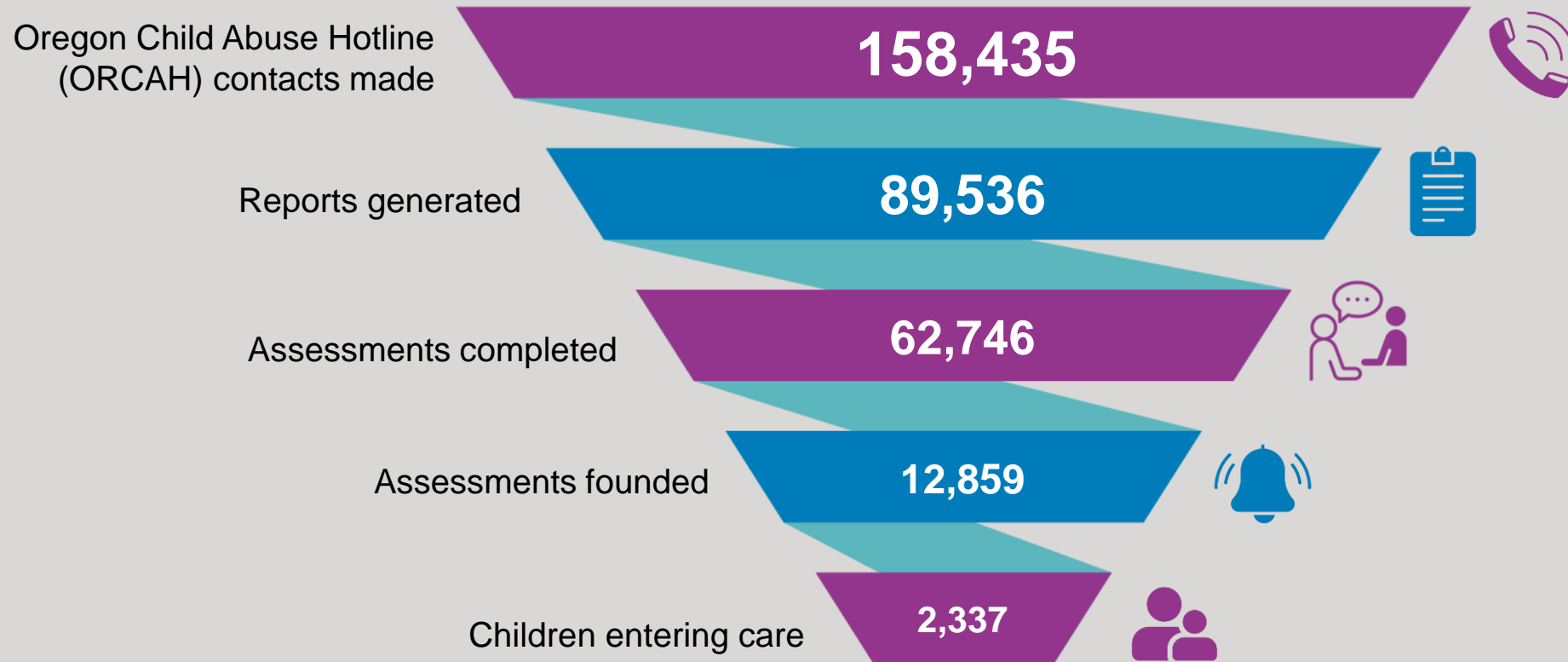
Turnover rates: The national picture



Source: Quality Improvement Center for Workforce Development, 2022

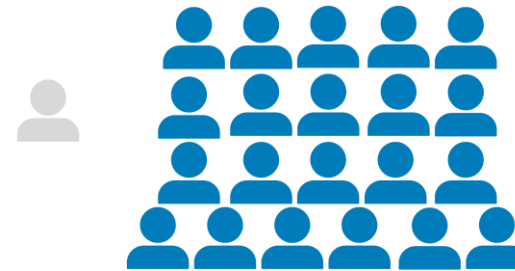
Caseload

CPS by the numbers: 2022



Caseload trends

1:21*
Current caseload ratio
of all assessments



4,000

CPS engagements
with families
each month



454

CPS staff



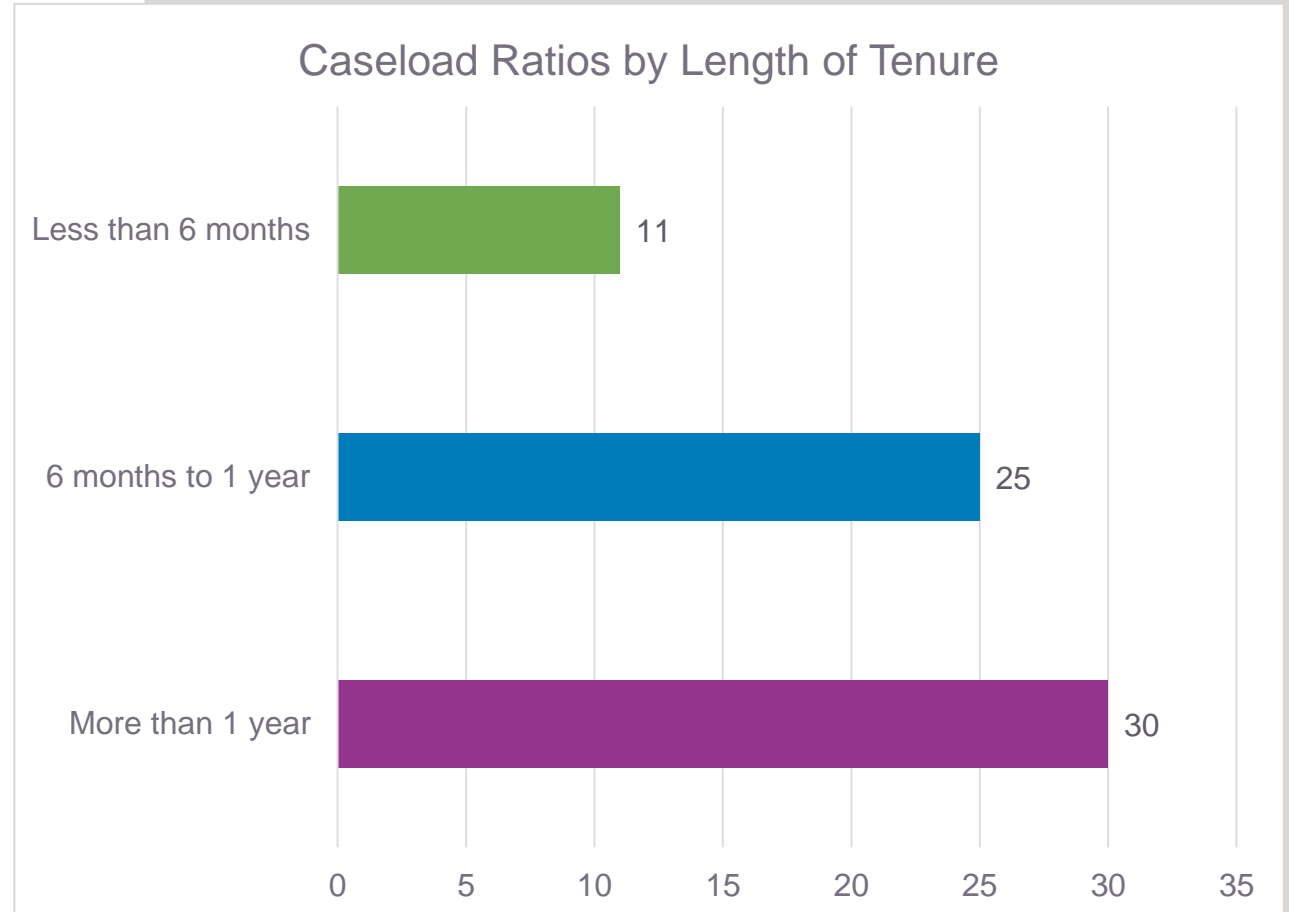
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New assignments per
caseworker
each month

A caseworker able to complete seven assessments per month will have about two cases carry over each month, which compounds their caseload over time unless there is a reduction in assignments or additional resources are provided.

Tenure and caseload ratios

- A recent analysis of four Child Welfare districts showed that **caseload ratio increased with the duration of an employee's tenure.**
- **Employees with less than six months' experience** showed a high caseload ratio despite being new to job and still in training.
- The caseload ratio increased again after six months, and again after a year, indicating **no stabilization in caseload** despite increase in tenure.



Essential workers, unique challenges

- Casework is a **uniquely demanding job** that requires dedication, skill, empathy and an ability to manage difficult situations and conversations.
- Child welfare professionals are particularly susceptible to **burnout and secondary traumatic stress** due to the nature of the work.
- This is exacerbated by **high caseload ratios**, which lead to long hours and limited time for self-care.
- Caseworkers are essential to keeping families together: **Unaddressed safety issues increase the likelihood that a child will enter foster care** – an outcome that disproportionately affects Black and Native American families. The separations from family and community can be traumatizing for children and families alike.



Addressing the challenges

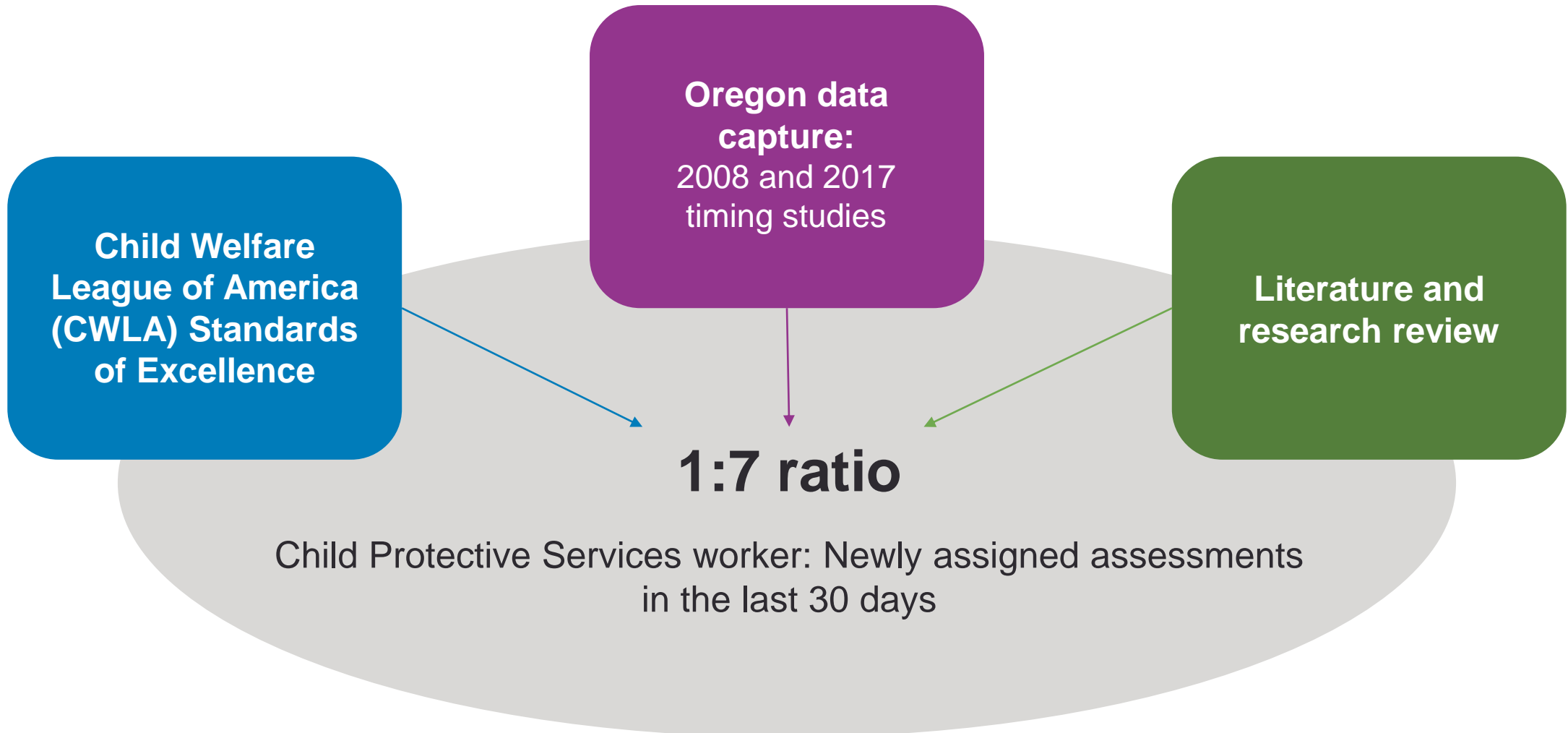
In partnership with community, ODHS Child Welfare is continuously evaluating the CPS process and tools available to staff.

A variety of management strategies have been implemented, including:

- The development of **dashboards** that allow supervisors to monitor caseloads in real time
- **Reprioritizing resources** to areas with high assignments and/or fewer staff
- Analyzing the **assessment tool** to develop clearer, more concise reports



Oregon caseload ratio standard: A best-practice model



Governor's Recommended Budget: Child Safety Investment

Investing in child safety

A \$6.9 million GF investment included the Governor's Budget would allow ODHS to deploy additional **mobile caseworker units** that can support the completion of timely assessments and help fill gaps that arise due to staffing vacancies.



\$6,907,091 GF | \$2,302,362 FF | 202 POS | 50.50 FTE

Projected impact

The additional staffing would ensure critical caseworker capacity for family engagement, assessment, safety planning and ongoing support – helping to make sure children have the best chance of growing up in a **safe and nurturing family**.

At current staffing levels, CPS workers are assigned nine new cases per month, on average.

An increase of 200 staff would result in a **wider distribution of assignments**, reducing that number to eight after six months, and seven after 12 months.

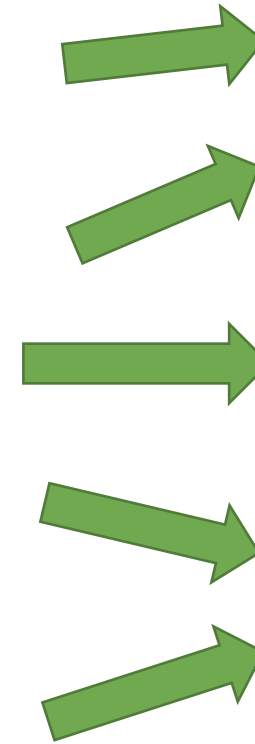
Additional investments in initial training, coupled with a reduction in assignments for trainees, would support **retention of new staff**, which would help sustain reduced caseload for existing staff.



Training and workforce development

Impacts of a “training only” system

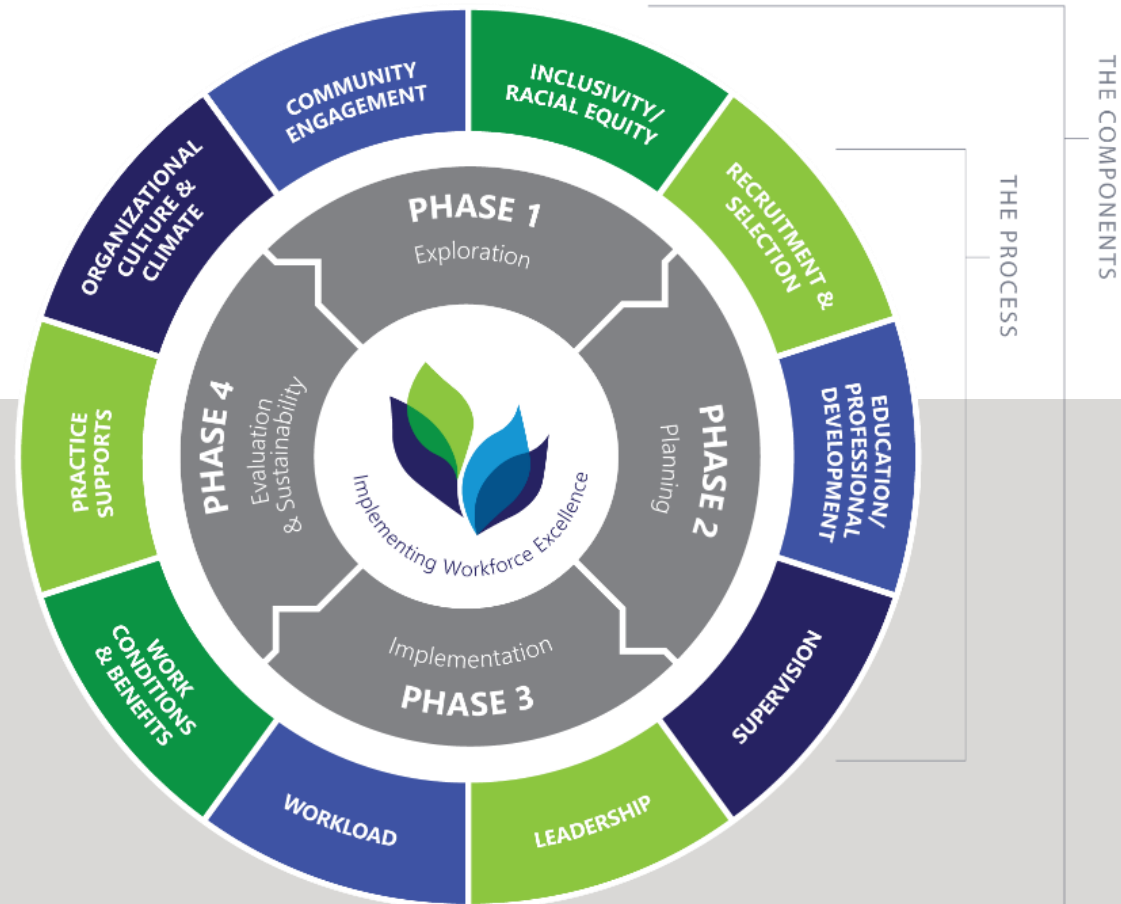
Training



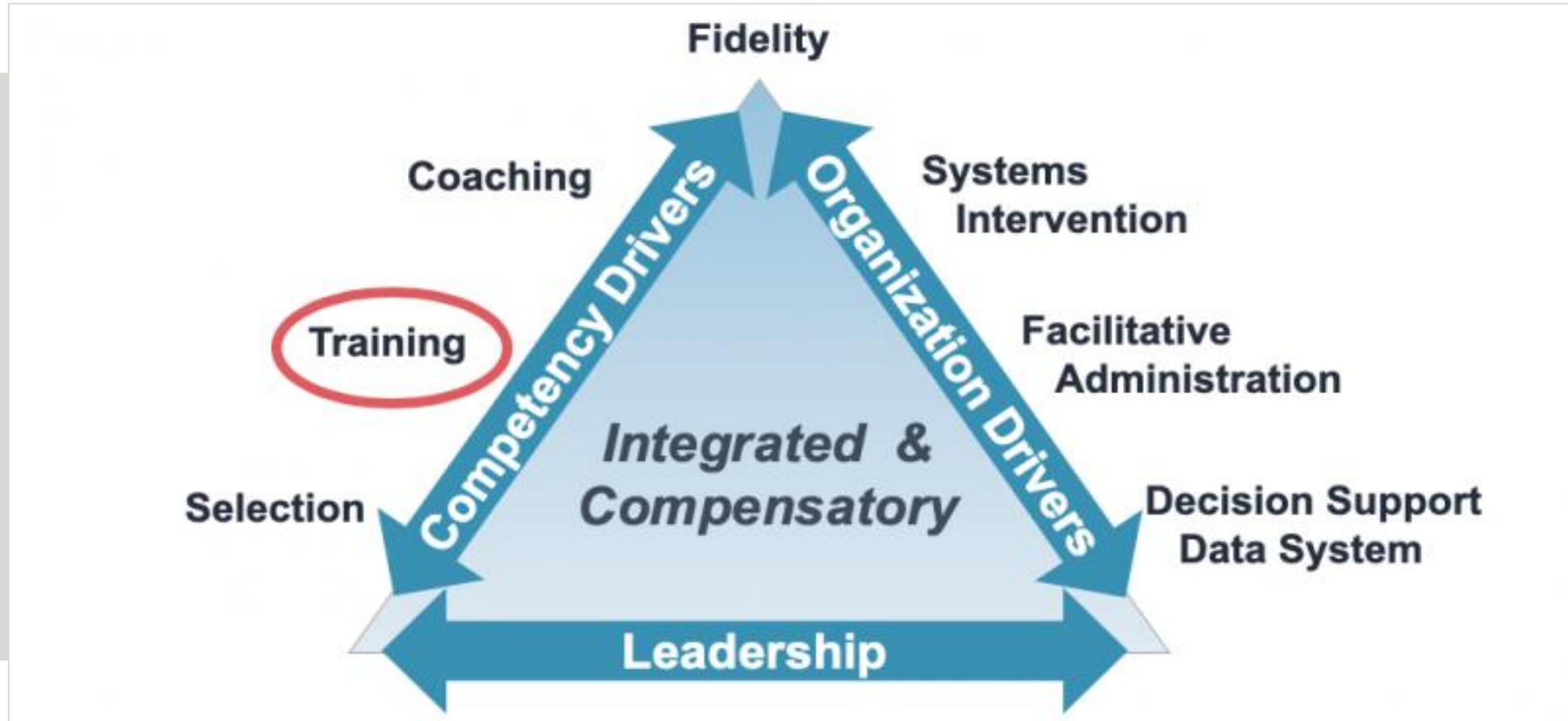
Varied
outcomes

Workforce development framework

Developing a strong workforce requires a holistic approach, of which training is just one part.



Implementation drivers



Assessing our training systems

Key findings from our partnership with the Butler Institute for Families:

- Positive perceptions from new staff
- Opportunities for increased support
- New training topic opportunities
- Preferred formats and delivery methods

Recommendations

- Strengthen training partnerships
- Need for comprehensive practice model
- Infusion of diversity, equity, inclusion and accessibility into all courses
- Revamp of new case worker, supervisor and manager training
- Consistent statewide standards
- Transfer of learning and coaching
- A CQI framework for evaluation and data-driven decision making



Equity, Training & Workforce Development unit

The Equity, Training & Workforce Development (ETWD) unit has a threefold purpose:



Support Workforce Development Framework



Provide quality training deliverables



Maintain a confident and competent staff

An evolution in approach

Historically:

University Partner

Currently:

Staff Development Team

Resource Family Team

Operations Team

University Partner

Workforce development phases

EXPLORATION

Work with Alvarez & Marsal Consulting

Training system assessment by the Butler Institute

Technical assistance on training and coaching infrastructure by Children's Bureau

PLANNING

Revamp of training partnership and strategic alignment

Focus on internal infrastructure

Teaming structures for partnered decision making

Increase role clarity and training operations alignment

Evolution of resource family training and tracking

IMPLEMENTING

Implementation of ORICWA

Launch of new foundational training and training tracking for resource families

Hiring and development of workforce development team

Selection and adaptation of statewide coaching model for CW and SSP

EVALUATING

Built-in evaluation of training workforce development

CQI processes established for training delivery, trainers, curriculum

Evaluation of training program impact on retention of quality workforce

Lessons learned: Strengths

- Staff and resource families are excited about new training resources.
- Increase in Training Developers means more available training content.
- Innovations in Virtual Delivery make training more accessible.
- Outreach efforts with community members and impacted families will better incorporate community voice into the Child Welfare training experience.
- Training Advisory Board provides staff, resource families and community members the opportunity to inform the training development process.



Lessons learned: Challenges

- Significant workload associated with updating existing content.
- Long-term planning needed to determine how to incorporate new training content given time constraints of staff and resource parents.
- Further evaluation is needed to identify which courses should be in-person vs. virtual.
- Learning Management System limitations provide unique challenges to reporting.
- Additional support is needed for Child Welfare Staff to maximize local training resources.



The work ahead: Priorities for the coming biennium

Phase I

Develop a Child Welfare Training Program

Status: Nearing completion

- Hire Training & Workforce Development staff
- Develop best practices and standards
- Begin development and revision of training content

Phase II

Establish a Workforce Development Framework

Status: In progress

- Continue comprehensive organizational assessment
- Identify current and future workforce needs
- Determine workforce gaps

Phase III

Expand Child Welfare Training System

Status: In progress

- Establish additional University Partnerships
- Develop tools to support training at the unit, branch, district, and central office levels

Respite Care Program



Vision for Transformation Guiding Principle 1



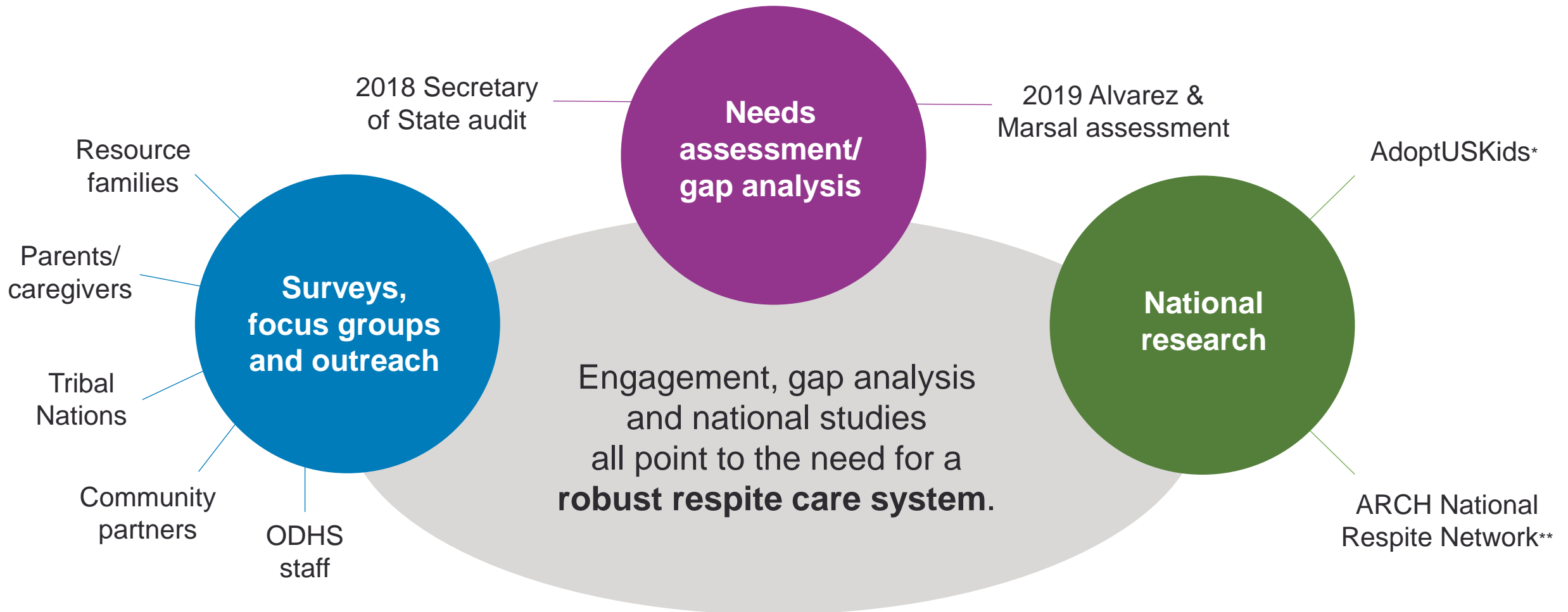
Supporting families and promoting prevention

Respite Care is the temporary relief of a primary caregiver's responsibilities by another adult.

Respite is a key way of **advancing prevention and families' well-being**, providing resource families, relative caregivers and parents with opportunities to take breaks, rest and renew, and avoid becoming overwhelmed by their many responsibilities.



Identifying the need



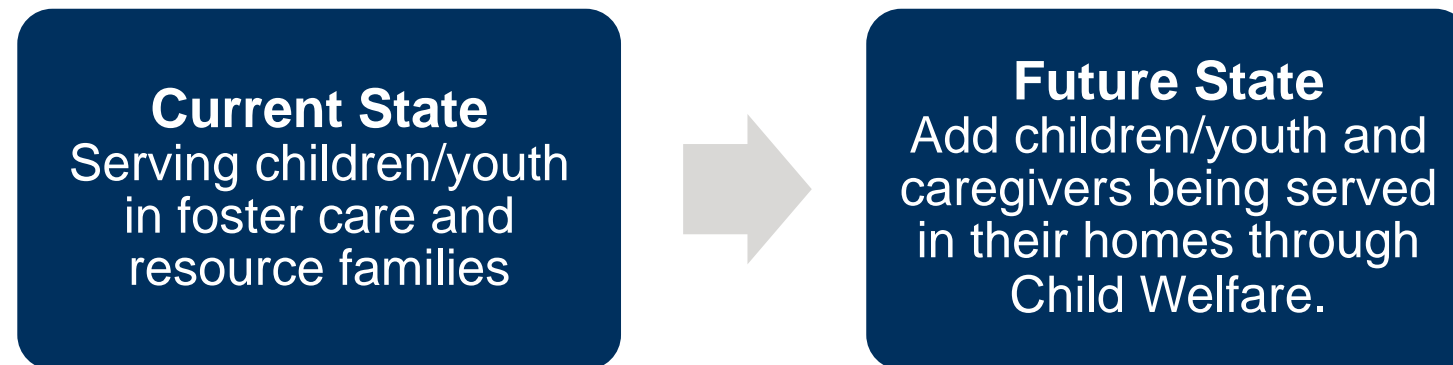
*(2008, reprinted 2013)

**See ARCH's comprehensive [2022 bibliography](#) of respite studies

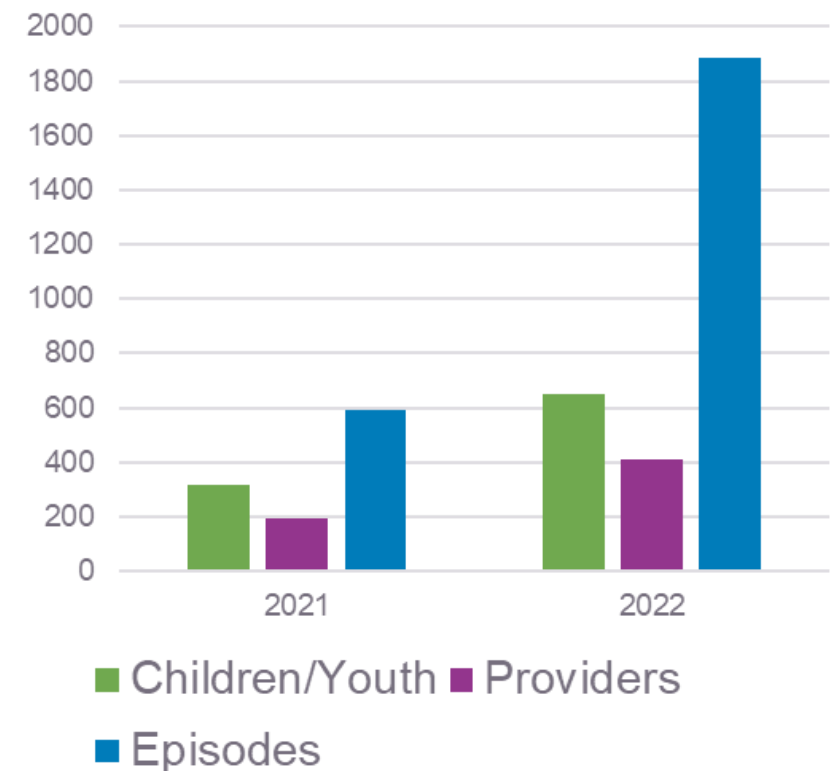
Who we're serving

Children/youth in foster care and resource families (including relative caregivers) served through respite care more than doubled from 2021 to 2022.

- Over 600 children/youth in CY 2022
- Over 400 resource families in CY 2022
- On track to exceed in CY 2023



CY 2021-2022 Respite Services



Respite care: Legislative investments

Prior investments:

- Until 2021 there was some General Fund designated for respite care to support resource families caring for children/youth in foster care.

Biennium	GF Amount
2017-19:	\$ 321,461
2019-21:	\$ 749,341
2021-23 :	\$ 13,453,600

Policy Option Package 116 (21-23 biennium) sought support for:

- Creation of a formal program for ODHS to recruit, train, and certify respite providers
- Expanding funding opportunities for treatment-level respite
- Expanding access to respite care for resource families and for parents whose children remain in their care through an in-home plan

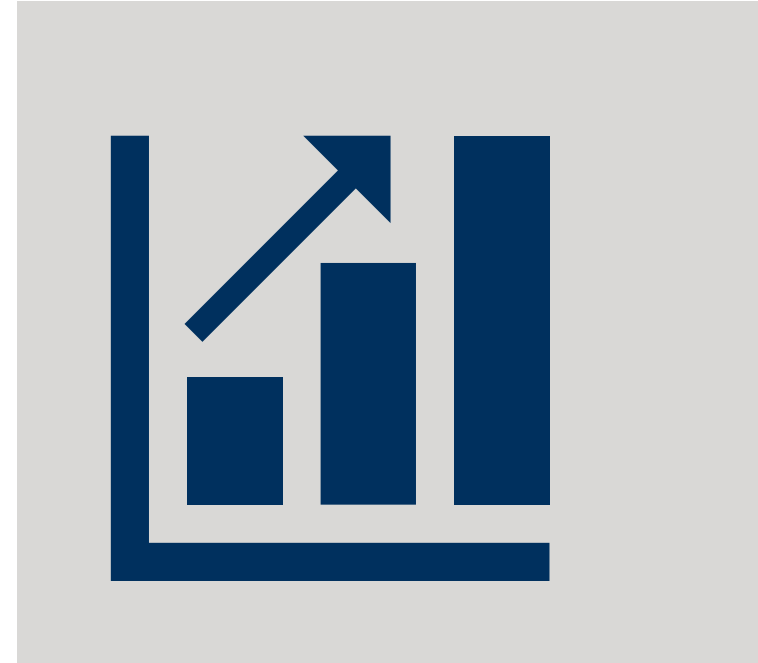
Measuring progress

Direct Outcome Measures

- **Increase** the availability/accessibility of respite care services to certified resource families and children and young adults experiencing foster care
- **Increase** the number of certified respite providers across the state able to support both resource families and families of origin
- **Expand** respite care services to parents/caregivers with in-home child welfare services to support family preservation
- **Expand** treatment services respite available to youth with high acuity behavioral needs

Indirect Outcome Measures

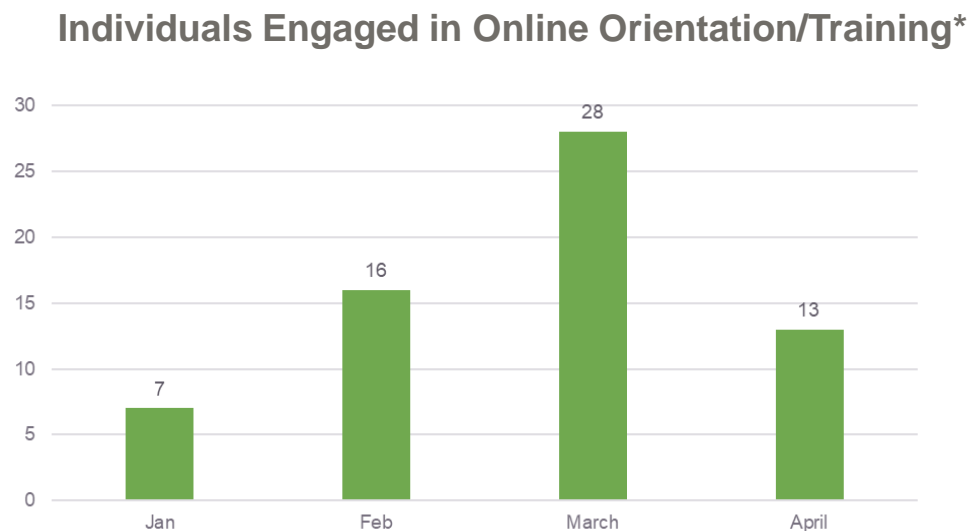
- **Improve** retention of certified resource families (part of broader, multi-pronged efforts)
- **Improve** placement stability and well-being for children and young adults involved with Child Welfare (part of broader multi-pronged efforts)



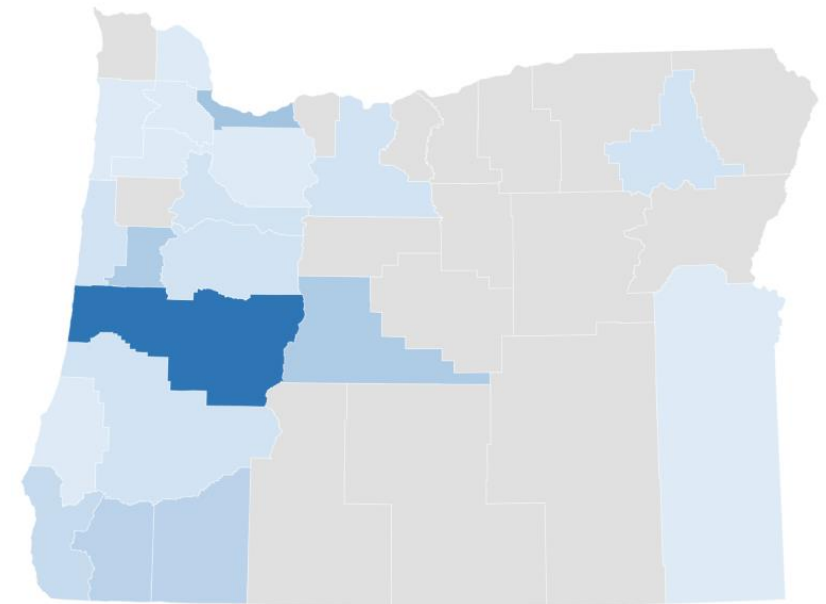
Measuring progress: Increasing the number of certified respite providers

Since program launch on January 1, 2023:

- **64 individuals** from **20 counties** have completed online orientation and training, and
- **Four providers** (seven individuals) from **four counties** have fully completed the certification process and been issued a Respite Certificate of Approval.



Distribution of Individuals
Completing Training and Knowledge Check*

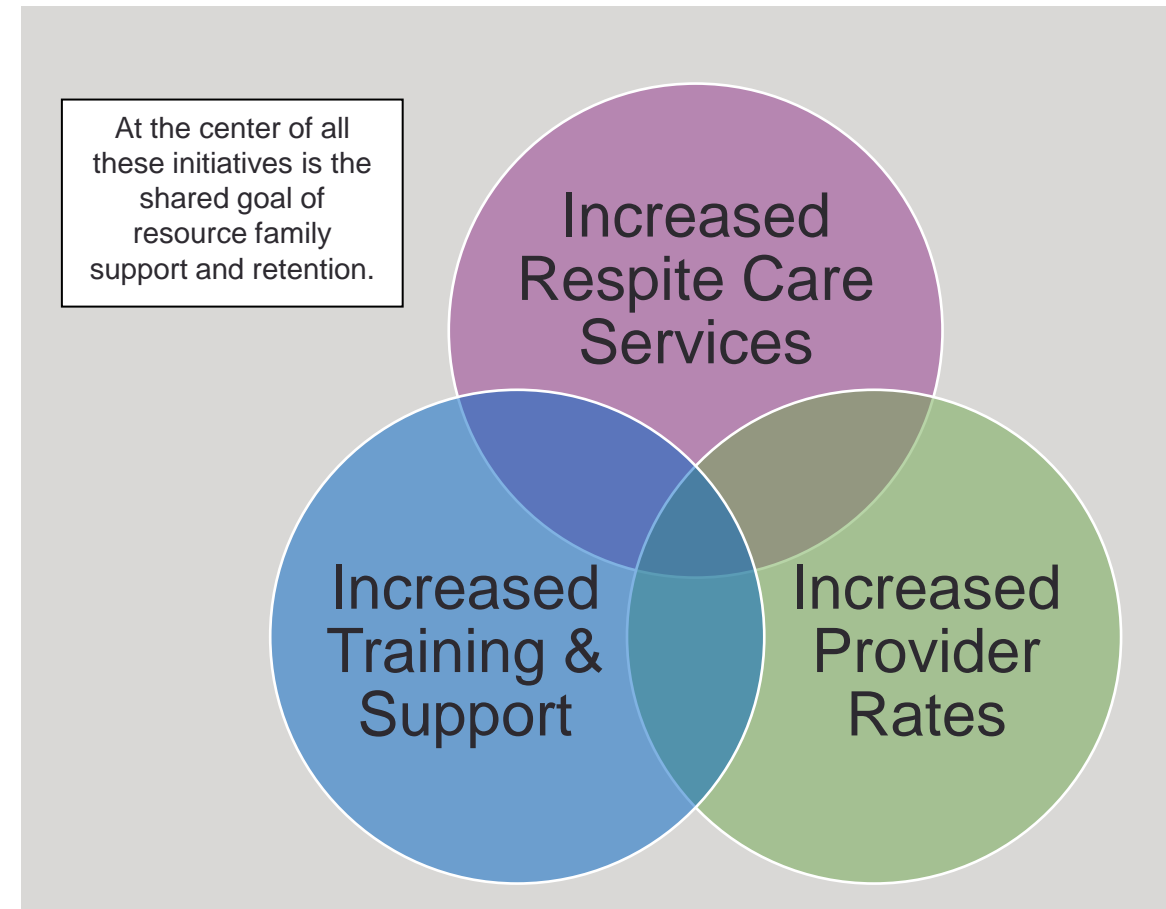


**Note: Data pulled through 4/11/23*

Retention of resource families

While respite cannot by itself retain high-quality resource families, it can be part of a **wider retention strategy** that includes increased provider rates, support and training.

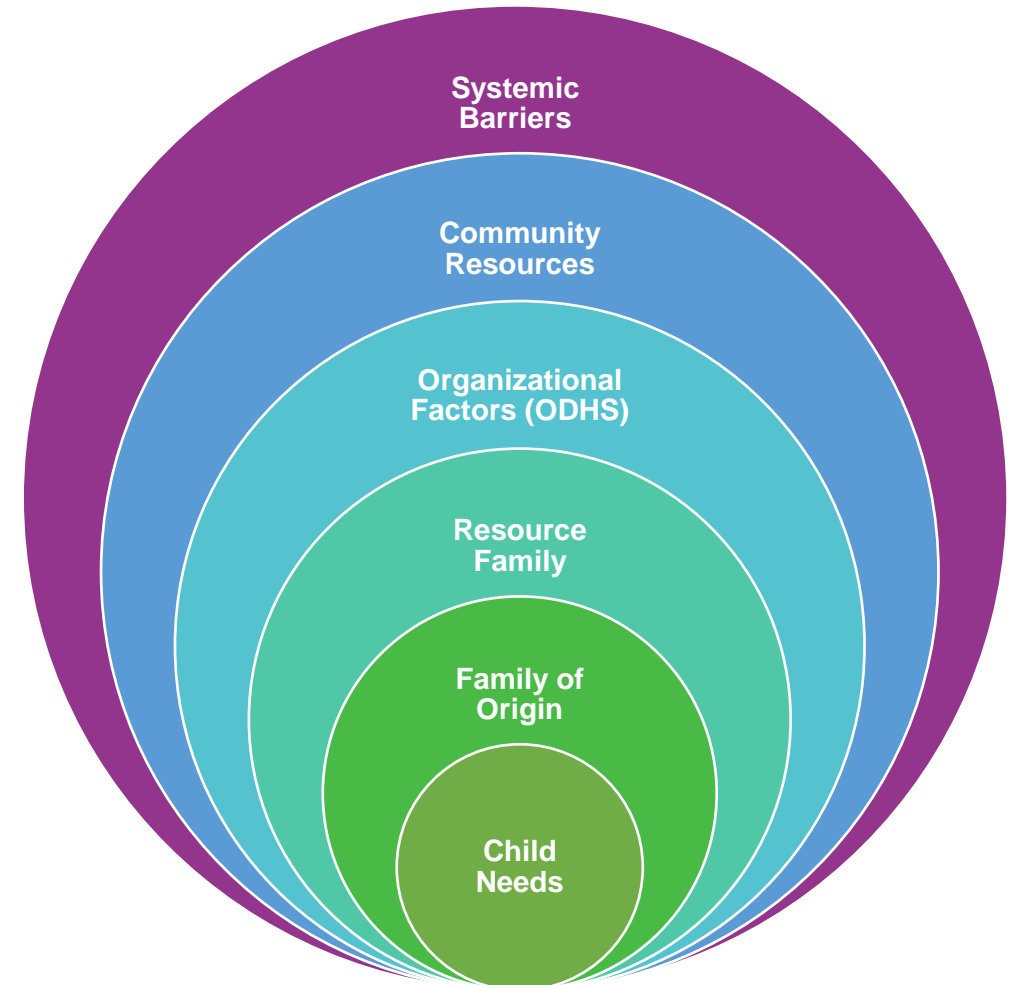
- Resource & Adoptive Family Training (RAFT)
- KEEP
- Foster Parent Night Out
- Response & Support Network (RSN)
- Child Specific Caregiver Supports (CSCS)
- Mentoring/Peer Support, Childcare, etc.



Placement stability

Respite care has been shown* to have a positive correlation with placement stability. It is one of many factors, including:

- Prevention and preservation services
- Concrete supports for families
- Accessible, quality health care
- Adequate services for children and caregivers with disabilities
- Training and support for resource families
- Adequate staff, services, programming and placement options
- Accessible services in one's community
- Addressing systemic barriers contributing to inequity



*[AdoptUSKids, 2008, 2013.](#)

Lessons learned

Preliminary themes emerging from listening sessions, outreach and other engagement:

- **Positives/strengths:**

- Staff resources (e.g., internal webpage as a one-stop shop)
- Community partners are excited about new ways to get involved
- Helps potential resource parents gain experience
- Increased support to families of origin
- Aligns with our Vision for Transformation

- **Areas of need/challenges:**

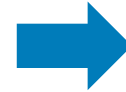
- Workload capacity
- Long-term recruitment planning needed (statewide and locally)
- Ensuring Tribal Nations have access to funding to support respite
- Taxability of income received for respite
- Workflow processes to ensure equitable access to respite as we build up capacity



Performance measure goals for 2023-25: Expanding access to respite

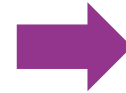
Goals for the coming biennium

Children/young adults in foster care +
Certified resource families and relative caregivers



Increase to one in five children/youth in foster care and resource families accessing respite services (currently ~1 in 10 for both)

Children/young adults and caregivers
served in-home by Child Welfare



One in 10 families with in-home Child Welfare services will access respite care (currently unavailable)

Child Welfare-involved children/young adults with
high-acuity behavioral needs



Increase the number of treatment provider agencies contracted to provide respite, as well as the number of children/youth with high-acuity behavioral needs

The work ahead: Priorities for the coming biennium

Phase I

Establish a Certified Respite Care Program

Status: Nearing completion

- Finalize and publish permanent OAR and make modifications as needed to procedure/forms
- Anticipated permanent policy changes by June 2023

Phase II

Build a network of Certified Respite Providers and expand treatment services respite

Status: In progress

- Inquiries, training and certifications growing quickly
- Treatment services continues to communicate with contracted providers about ways to increase treatment services respite.

Phase III

Expand respite care services to families of origin

Status: In progress

- Beginning to identify policy, procedure, forms, messaging and training required to expand.
- Anticipated launch by CY 2024



Questions?
