Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities

Child Fatality Prevention and Review Program

OREGON DEPARTMENT OF HUMAN SERVICES | CHILD WELFARE DIVISION | APRIL 2023

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Child Fatality Prevention and Review Program Overview

While child deaths are rare events, Oregon Department of Human Services, Child Welfare invested in the creation of the Child Fatality Prevention and Review Program (CFPRP) to review and learn from our most tragic outcomes and use this learning to propel necessary system changes and prevention efforts with cross-system collaboration in mind.

The formation of this focused program has allowed for time and space to consider new ways of thinking about preventing child fatalities, including all child fatalities that come to the attention of Child Welfare, child maltreatment fatalities, and more broadly preventable child fatalities. Such work requires attention to both workforce support and infrastructure to improve tertiary and secondary prevention as well as identifying and elevating primary prevention efforts to support children and families in their communities. CFPRP has coordinators dedicated to various aspects of this work, including the Critical Incident Review Team (CIRT), Safe Systems/Safety Culture, Chronic Neglect Response, Suicide Prevention, Safe Sleep, and the Comprehensive Addiction Recovery Act (CARA). Additionally, a CFPRP coordinator is co-chair of the State Child Death Review and Prevention Team, which includes state level focus on prevention as well as support for county death review teams. Coordinators for CFPRP are responsible for tracking recommendations resulting from critical incident reviews, using data to identify potential trends including in demographics and casework practice, leading select system improvement efforts and prevention opportunities, and advancing a safety culture in Child Welfare.

National Partnership for Child Safety (NPCS)

NPCS
NATIONAL PARTNERSHIP FOR CHILD SAFETY

In early 2020, CFPRP joined the National Partnership for Child Safety (NPCS) which is now a collaborative of 38 jurisdictions focused on applying safety science and sharing data to develop strategies in child welfare to improve safety and prevent child maltreatment fatalities. Safety science provides a framework and processes for child protection agencies to understand the inherently complex nature of the work and the factors that influence decision-making. It also provides a safe and supportive environment for professionals to process, share, and learn from critical incidents to prevent additional tragedies. For more information, please visit the NPCS website.

Members of the NPCS have a shared goal of strengthening families, promoting innovations and a public health response to reducing and preventing child maltreatment and fatalities. This concept integrates a broad spectrum of partners and systems to identify, test, and evaluate strategies to provide upstream, preventative, and earlier intervention supports and services that can strengthen the building blocks of healthy families. It represents a system that is focused less on a child protection response to abuse and more on building the wellbeing of all children.

Through membership in the NPCS, Child Welfare participates in the sharing and analysis of data across jurisdictions. Data from each jurisdiction will be housed in a central database at the National Center for Fatality Review and Prevention, allowing for analysis across the partnership to inform strategies to address

children and families at risk and reduce maltreatment and fatalities. Jurisdictions began sharing data in late 2022 and Oregon uploaded our first round of data in March 2023. Data is uploaded quarterly.

The aim of CFPRP is to facilitate a robust critical incident review process that builds safety and trust with the professionals working directly with families and opens the door to true introspection and learning. Through safe systems analysis, an accurate story is provided, common casework problems identified, and more meaningful solutions that improve conditions for the workforce and outcomes for children and families are developed. As members of the NPCS, CFPRP receives technical assistance. This technical assistance has been ongoing since 2019 and includes a broad array of training and support (see attachment "NPCS Resource Guide 2024"[1]).

As early adopters of a systems-focused approach to reviewing critical incidents, Oregon has become a leader in the NPCS and is regularly sought out to provide support and learning opportunities for other jurisdictions.

Critical Incident Review Team (CIRT)

The Critical Incident Review Team (CIRT) process has been an integral continuous quality improvement process for Oregon's Department of Human Services Child Welfare Division since 2004. This process was created as an important and unique child fatality review process to help protect Oregon's children from abuse and to prevent future child maltreatment fatalities (see attachment "CIRT FAQ"[2]).

CFPRP has team members referred to as CIRT Coordinators who are assigned specifically to the CIRT work that involves leading with a non-punitive, systems focused approach. The CIRT Coordinators facilitate meetings, engage, and prepare CIRT members for the review process which include CW professionals, community partners as well as CPS, Permanency, Screening and Foster Care program experts. In addition, the CIRT Coordinators complete the case file review and associated public report once the review is complete. Lastly, the CIRT Coordinators assist in the development of system improvement recommendations resulting from actions or inactions of ODHS or Law Enforcement leading up to or surrounding the critical incident. A CFPRP System Improvement Coordinator is dedicated to tracking CIRT and fatality data and facilitating regular cross program meetings to ensure the completion of all system improvement recommendations (see attachment "CIRT Process Map"[3]). There remains a separate pathway for personnel related issues through the human resources department.

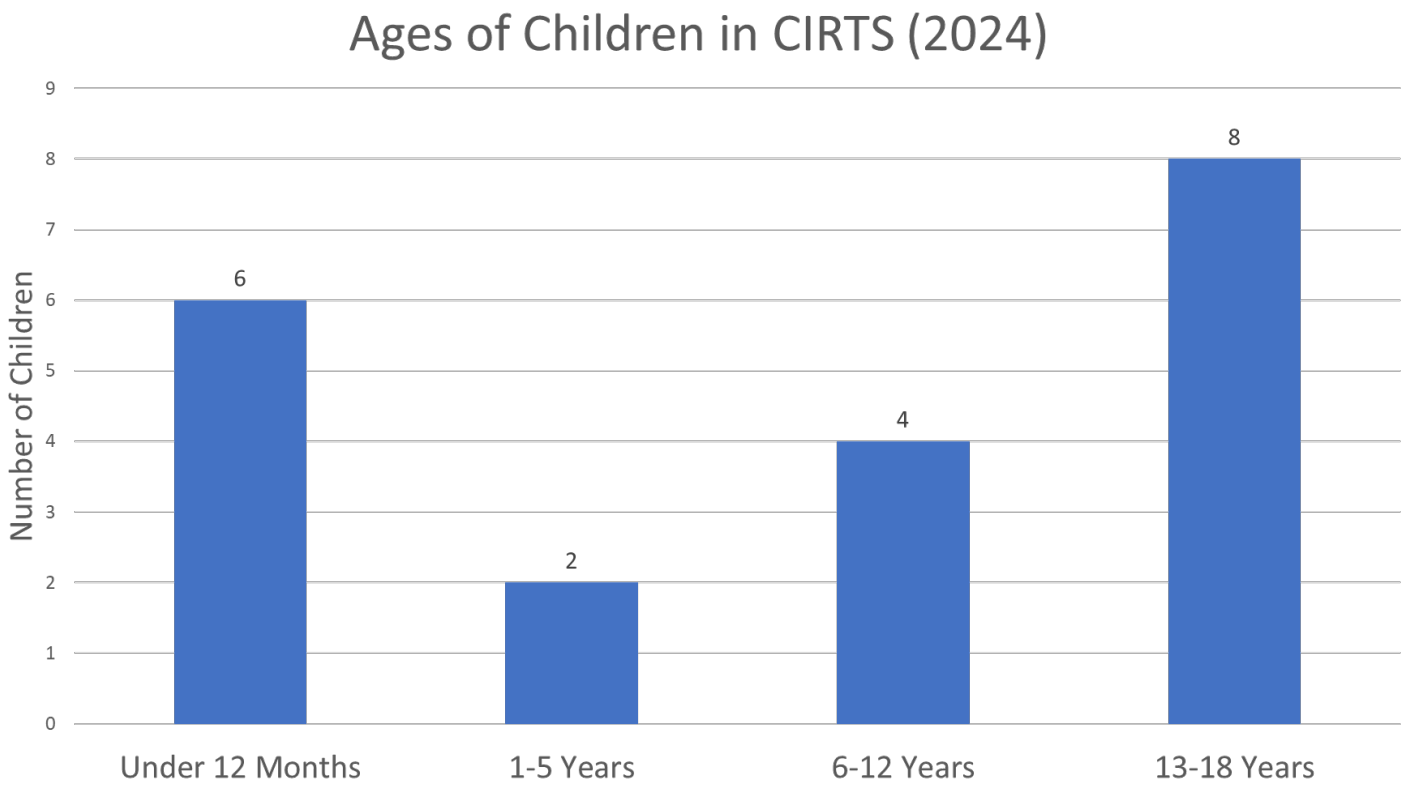
2024 Critical Incident Data

During the calendar year of 2024, 20 child fatalities met the criteria for a mandatory CIRT review. The chart below reflects the age ranges for the children whose deaths resulted in the assignment of these 20 CIRTs.

[1] Refer to Attachment 4 of the 2025-2029 CFSP

[2] Refer to Attachment 4 of the 2025-2029 CFSP

[3] Refer to Attachment 4 of the 2025-2029 CFSP



Details related to and surrounding the fatalities:

- Out of the 6 children under 12-months of age, when 5 of these infants died, high risk sleep practices were present.
  - 4 of the sleep environments included bed sharing
  - 3 of the infants experienced prenatal substance exposure
- 3 children died as a result of an injury from a firearm
- 2 children died from medical neglect
- 1 child died from a motor vehicle accident which involved substance use at the time of the critical incident (alcohol)
- 5 children died from unknown or undetermined causes; however, concerns for neglect were present at the time of fatality.
- 2 children died from poisoning/overdose (methamphetamine and fentanyl)
- 15 CIRTs noted concerns for substance use present at the time of the fatality (alcohol, THC, and/or multiple substances)

For more information regarding CIRTs please refer to the ODHS CIRT Website.

As a result of the CIRT process, numerous system improvement recommendations are implemented each year by CFPRP and other Child Welfare Programs (Oregon's Child Abuse Hotline (ORCAH), Safety, Permanency, Well-Being, Equity, Training & Workforce Development, etc.). Some system improvement efforts implemented since 2024 include:

Disposition guidelines for infant surface sharing, Substance Use Disorder (SUD) workforce development and training, Safe Systems Mapping to improve practice engaging fathers, updates to Assessing Patterns for Chronic Neglect training that include engaging families who are non-cooperative or isolated, and community collaboration for prevention and intervention of youth and young adult SUD.

Professional Development and Supporting the Workforce

As CIRT criteria has shifted over time, so has the number of child fatalities reviewed through the CIRT process. With the substantial change in CIRT legislation in 2019, multiple full-time staff continue to be needed to manage the CIRT workload. Recently, in early 2024, CFPRP added a rotational full-time Assistant Manager. The primary role of this position is overseeing the CIRT workload, including supervising CIRT Coordinators, and serving as the contact for the National Partnership for Child Safety. Added positions, even short-term professional development positions, create opportunities for CIRT Coordinators to take a larger role in the prevention and safe systems work occurring within the team, to pursue professional development goals, and has resulted in less exposure to the secondary trauma experienced when reviewing tragic child fatalities. Additionally, these short-term positions allow CFPRP to continue efforts to share and promote the concepts of safety science and safety culture used in the CIRT process and by the CFPRP team. Any staff returning to their local office can become culture carriers and promote positive shifts in agency culture.

As part of a continuous quality improvement effort, CFPRP offers an opportunity for one-on-one feedback to understand the experience of any caseworker, supervisor, manager, or partner who participates in a CIRT or a Safe Systems debriefing. The feedback received informs what is working well and where there are opportunities for improvement. The feedback opportunities are conducted through a trauma informed lens, are voluntary, and participants are assured the focus is on the process and does not include discussion about the family or circumstances.

Internal Discretionary Reviews

CFPRP is responsible for leading Internal Discretionary Reviews which are directed by the ODHS Director when Child Welfare receives a report of abuse that resulted in a fatality, near fatality, or other serious physical injury of a child and the incident does not meet the criteria for a critical incident review team (CIRT). These reviews are an important opportunity for system learning and the development of system improvement recommendations and actions similar to the CIRT process.

CFPRP team members are assigned to complete the work surrounding the Internal Discretionary Review process such as engaging and preparing participants, facilitating meetings, partnering with other child welfare programs to conduct case reviews, and developing and assisting in the implementation of system improvement recommendations. Seven cases were reviewed through this process in 2024. Safe systems analysis from each of these cases is included in the aggregate data set.

Near Fatalities/Serious Physical Injuries

In addition to the data collected by CFPRP on child fatalities, CFPRP gathers data from near fatalities and serious physical injuries. CFPRP is in the early stages of collecting this specific data and understands it is critical to understanding system factors and to developing child abuse and child fatality prevention strategies. In

addition, new fatality/near fatality procedure is in the process of being developed to provide further guidance to CW professionals.

Safe Systems Analysis

Safe systems analysis is a key component of Oregon's child fatality review process. Through case file reviews, participation in CIRT or internal discretionary reviews, and supportive debriefs, CFPRP identifies system challenges that impact child welfare work in cases with tragic outcomes (see "Safe Systems Analysis FAQ"[4]).

These challenges, known as Improvement Opportunities (IOs), represent gaps between what the child or family needed and what was provided. IOs are identified through reviews and further explored using the Safe Systems Improvement Tool (SSIT). Since 2019, 116 cases have been reviewed, with 107 having at least one IO, totaling 226 IOs.

In some cases, CFPRP conducts voluntary, trauma-informed debriefings with CW professionals to gather additional insights. Since 2019, 43 professionals across 28 cases have participated in debriefings.

SSIT results are stored in a secure REDCap database (see "NPCS Data Dictionary"[5]), which enables efficient reporting and guides system improvements. Oregon shares de-identified data quarterly with the National Partnership for Child Safety (NPCS) to improve outcomes through a systems-focused approach.

The SSIT includes four domains: family, professional, team, and environment. These domains help evaluate factors influencing IOs. Of the 107 cases with IOs, 55 had proximal IOs, which are closely related to the outcome, but not necessarily causal.

CFPRP also uses safe systems mapping to explore IO themes with experienced professionals. In 2024, CFPRP initiated a Safe System mapping exercise to explore youth substance use and the challenges and barriers to this population accessing services to aid in the prevention of non-fatal and fatal overdoses, with a focus on when fentanyl use is occurring. The beginning stages of the system improvement mapping have started and include engagement of various external partners.

The SSIT also informs improvement efforts based on CIRT recommendations, with results shared with central office programs and with local district leadership to support local planning. As the safe systems analysis process evolves, CFPRP will provide regular data reporting and topical briefs to share system learnings.

Advancing a Safety Culture

Since 2020, CFPRP has worked to enhance safety culture within Oregon's Child Welfare Division through safety science in Critical Incident Reviews and Safe Systems Analysis, and as a core part of the program's mission. A safety culture that views mistakes as learning opportunities and engages CW professionals in problem-solving without blame is essential for better family outcomes and workforce satisfaction. Supporting safety culture is

[4] Refer to Attachment 4 of the 2025-2029 CFSP

[5] Refer to Attachment 4 of the 2025-2029 CFSP

a key part of Child Welfare's transformation efforts, helping teams embrace change and improve engagement with families.

Coordinators engage with Child Welfare teams to educate and coach leaders on fostering safety culture. This includes collaborating with both internal and external partners through workgroups and committees.

Key Activities:

- CFPRP staff participated in National Partnership for Child Safety (NPCS) training on topics like Safety Culture in Critical Incident Reviews, Writing Improvement Opportunities, SSIT Training, Systems Mapping, Data Aggregation, and Debriefing Professionals. These trainings were also extended to other Child Welfare areas to develop culture carriers.
- New CFPRP Coordinators undergo 15 hours of training, focused on awareness and conscious decision-making. Plans to expand this training to other Oregon Child Welfare staff are underway.

Education and Promotion of Safety Culture examples:

- CFPRP Coordinators launched a "CIRT Roadshow" to educate local child welfare offices on safety culture in CIRT reviews and Safe Systems debriefings, with the goal of reaching every local office by the end of 2025.
- CFPRP facilitates "Safety Culture Hour," a bi-monthly virtual session for all Child Welfare staff, covering topics like healthy team habits. A Microsoft TEAMS channel was also created to share resources and encourage ongoing learning.
- CFPRP offers and has hosted targeted presentations and skill-building labs focusing on key concepts from the TeamFirst Field Guide. Some teams hosted include Districts 9 and 14 leadership teams, ORCAH supervisors, and the federal policy team.
- CFPRP developed adaptable spaced education on key topics.

Workforce Supports

Fatality/Near Fatality Procedure

As a result of various program efforts, CFPRP determined additional attention was needed regarding the guidance provided to CW professionals when engaged in the work of responding to child fatalities and near fatalities. Given the unique activities and considerations required for this challenging work, CFPRP began the development of child fatality and near fatality procedure to provide support and direction to staff. This ongoing effort is led by CFPRP and will benefit from the insight of CW professionals, tribal partners, community-based child, and family serving professionals, and the voice of those with the lived expertise perspective. CFPRP believes this procedure will support CW professionals in navigating these tragic outcomes and allow for increased consistency of practice and an improved experience for families engaged with Child Welfare.

Fatality/Near Fatality Toolkit

In 2022 CFPRP initiated the development of a trauma-sensitive toolkit for our CW professional workforce, with the goal of providing support and guidance to professionals responding to child fatalities and non-fatal serious injuries to assess the safety of the home. Contents of the toolkit include definitions and clarity of trauma-sensitive care, culturally responsive engagement with families, sample local office workflows to ensure trauma-informed management of staff and case activities, multiple domains of trauma-sensitive question and engagement prompts to support staff in speaking with grieving families, local, regional and statewide resources for grief and loss support, trauma-sensitive initial contact prompts, and well-being resources for staff and leadership involved in assessing critical injuries. The Trauma-Sensitive Toolkit Workgroup (Toolkit), consisting of staff in various classifications from multiple districts and programs, completed an initial draft of the Toolkit in early 2023. Currently the draft remains under refinement and review by the Child Safety Program.

Staff Support for Critical Incident Stress Management

Several CFPRP team members are certified to administer Critical Incident Stress Management (CISM.) These certified team members, are resources to facilitate and support CISM sessions for ODHS professionals, including CW professionals. There is a range of stressful events where a CISM response is helpful, such as the death of a child or adult served by ODHS or the death of an ODHS employee.

State Child Death Review and Prevention Team

The State Child Death Review and Prevention Team (state team) is mandated by Oregon Revised Statute 418.748 and is co-chaired by ODHS and OHA. The ODHS co-chair is filled by a CFPRP member creating opportunity for communication and collaboration across the CIRT, the state team, and the 36-county child death review teams.

The National Partnership for Child Safety (NPCS) continues to support multiple states in exploring a path for improving communication and collaboration between state and county child death review teams and the Critical Incident Review Team. This exploration occurs through CFPRP's active engagement in the National Partnership for Child Safety affinity group: Connecting internal death review to state and county child fatality review teams.

The mission, purpose, objectives, and guiding principles of the state team closely align with and support the work of CFPRP. See attachment "State Child Death Review and Prevention Team Charter"[6].

Mission: The mission of the state team is to serve Oregon by reducing preventable child deaths.

Purpose: The purpose of the state team is to better understand the circumstances surrounding child fatalities occurring in Oregon to prevent future child deaths and serious injuries. The team accomplishes this through:

- Reviewing data gathered from collaborative, multidisciplinary, comprehensive case reviews.
- Supporting county teams where the reviews primarily occur.
- Tracking data-driven trends, improvement opportunities, and recommendations.

[6] Refer to Attachment 4 of the 2025-2029 CFSP

- Informing continuous quality improvement within Oregon's larger child death review system.

Objectives:

1. Support accurate identification and uniform reporting of the cause and manner of child deaths.
2. Promote cooperation, collaboration, and communication across the child and family serving system and enhance coordination of efforts.
3. Achieve quality investigation of child deaths consistent with national standards.
4. Design and implement cooperative, standardized protocols for the review of child deaths.
5. Ensure accurate, complete, and timely data entry in the National fatality Review - Case Reporting System.

- Review county team prevention recommendations and support prevention efforts.
- Identify needed changes in legislation, policy, practices, and recommend expanded efforts in child health and safety to prevent child deaths and serious injuries.

The CFPRP co-chair leads the efforts to implement the Child Death Review Resource and System Improvement Plan. As part of these efforts the Child Death Review and Prevention website was developed and implemented. See attachment "Child Death Review Resource and System Improvement Plan"[7].

Prevention Strategies

CFPRP strategically selects prevention measures based on data trends. By analyzing data from CIRTs, SSITs, and other sources, CFPRP identifies emerging issues. CFPRP has developed a system to monitor the impact of fentanyl on families in the child welfare system. Furthermore, text analysis techniques enable CFPRP to extract insights and identify patterns from narrative data in OR-Kids, enhancing our ability to address evolving challenges in child welfare. Highlighted below are some prevention efforts coordinated by CFPRP:

Suicide Prevention

In 2017, the Critical Incident Review Team (CIRT) noted a rise in suicide deaths among children with prior child welfare involvement. Data from CIRT reviews since 2017 shows progress in suicide prevention but highlights the ongoing need for initiatives in Oregon's Child Welfare Program.

Calendar Year	Total CIRT Reviews	Suicide Deaths
2017	7	3
2018	18	0
2019	29	4
2020	34	2
2021	16	1
2022	30	2 (1 Discretionary Review)
2023	23	0
2024	20	2

[7] Refer to Attachment 4 of the 2025-2029 CFSP

The 2024 Suicide-related Public Health Surveillance Update shows suicide deaths and crisis support demand in Oregon remain consistent. The 2021-2025 Youth Suicide Intervention and Prevention Plan (YSIPP) reported a decline in child suicides in 2021, though rates for young people remain high and above the national average. In response, CFPRP continues to expand suicide prevention efforts for CW professionals, including:

- **QPR Training**: Over 980 Child Welfare staff received facilitated Question, Persuade, Refer (QPR) training, and 9,500 staff completed online training. Pre- and post-surveys indicate increased preparedness to assist individuals at risk of suicide. A 6-month post-training survey, initiated in March 2023 was attempted throughout 2023 and early 2024 but survey participation was excessively low and did not yield useful data.
- **Resource Parent Support**: A specialized QPR training for resource parents continues to support families, alongside additional resources provided through cross program collaboration.
- **Lockboxes**: The Garrett Lee Smith grant funded handgun and medication lockboxes for local offices to distribute to families. Additionally, the CFPRP offered and provided safe storage options at no cost to Districts 16 and 9 Federally Recognized Tribes in 2024 at no cost to the Districts or Tribes.
- **Oregon CALM (OCALM) Training**: In partnership with Oregon Health Authority and the Association of Oregon Community Mental Health Providers three sessions of OCALM are currently being provided to CW staff at no cost.
- **Young Person's Mental Health and Suicide Prevention Training**: CFPRP Suicide Prevention and Behavioral Health Coordinator has collaborated with Portland State University to provide a specialized section in the CW Essentials onboarding training geared towards training new CW professionals on mental and behavioral health, including suicide prevention and Non-Suicidal Self Injury. This training occurs several times throughout the year.
- **Ongoing Support**: CFPRP continues to provide suicide prevention resources and learning activities to CW professionals, including those supporting children transitioning between behavioral health care levels.

Responding to Neglect and Promoting Protective Factors

Promoting responsive relationships, bolstering protective factors, and connecting families with supportive resources sooner is essential to preventing maltreatment and maltreatment related fatalities.

Neglect can be difficult to understand and impact as it is influenced by factors at all levels of the social ecology. An approach rooted in community care and connection can help build collective responsibility for children and promote safety and well-being for families. CFPRP has a unique role in supporting prevention and the work described throughout this plan is reflective of the ways the program works to promote primary, secondary, and tertiary efforts. In this section, we will discuss efforts to enhance CW professionals' ability to understand and respond to neglect and promote protective factors for families.

Training

Since the launch of the virtual 2-day Oregon Assessing Patterns and Behaviors of Neglect (OAPBN) training, several sessions have been held, with many CW professionals completing the course. In 2023, professionals from the Confederated Tribes of Grand Ronde Children and Family Services joined ODHS staff, promoting

shared learning and networking. Before transitioning to the virtual format, the in-person version trained a significant number of CW professionals in various roles, including Coaches, Trainers, Consultants, and Supervisors.

Training evaluations show improved understanding in four key areas: lived expertise, protective factors, consequences of neglect, and the long-term impact of neglect on child development. Feedback has been positive, although participants noted challenges with virtual delivery (e.g., breakout rooms and camera use) and expressed a preference for in-person sessions. These insights informed curriculum updates.

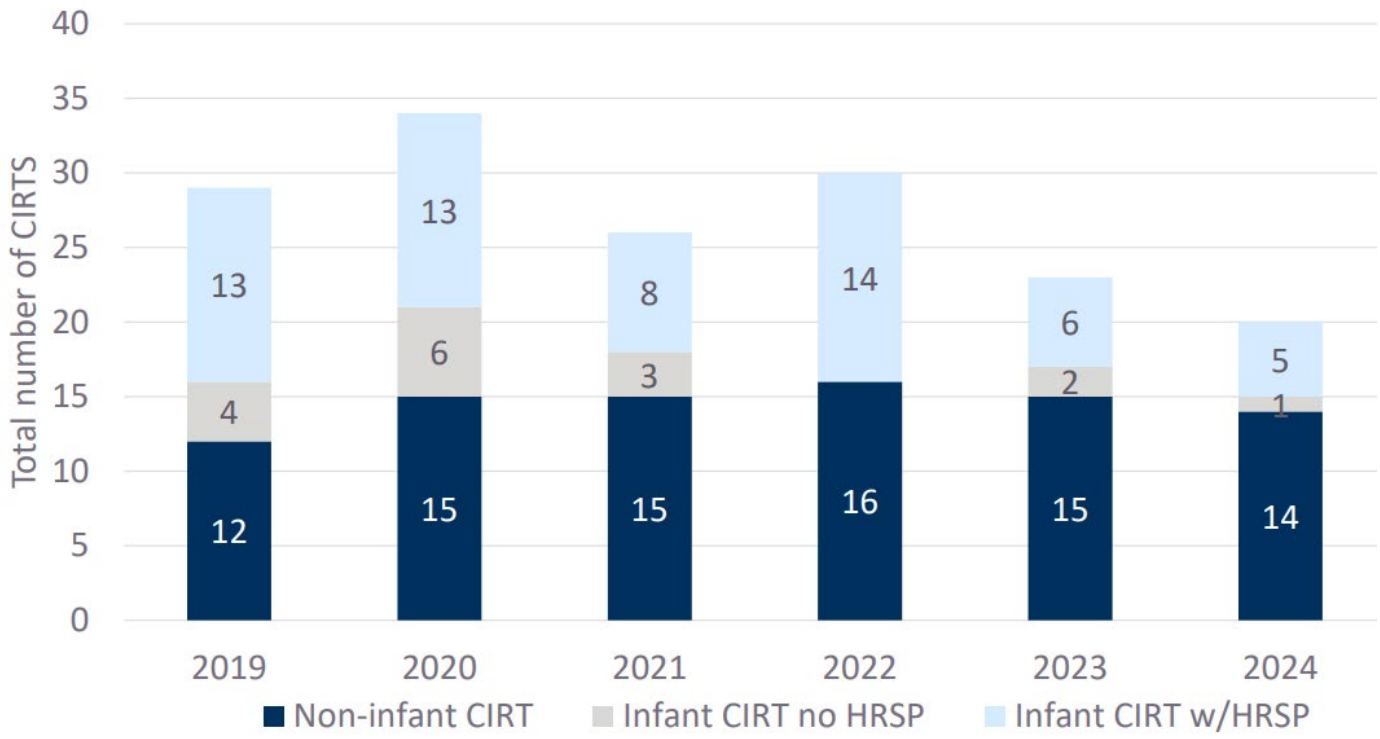
Infant Safe Sleep

In 2024, 6 of the 20 child fatalities reviewed by CIRT were infants, with 5 involving high-risk sleep practices, a slight decline from 2023. While this reduction is encouraging, continued education and engagement with caregivers on safe sleep practices remain critical. Below are key efforts to support this work.

Education and Training

CW professionals play a crucial role in educating families on safe sleep practices. To equip them, CFPRP offers self-study trainings tailored to different roles, with updates informed by case reviews, input from professionals, and Oregon Tribal members. Since 2021, over 2,300 CW professionals have completed the training, which aligns with the American Academy of Pediatrics' guidelines. Key objectives include identifying risk factors for sleep-related deaths, recognizing safe sleep environments, and effectively communicating safe sleep practices with families. This training was reformatted to a computer-based format in Summer of 2024.

High risk sleep practices (HRSP) in CIRTs



Partnership and Engagement

CFPRP collaborates with state agencies, community-based providers, and other partners to raise awareness and reduce sleep-related infant deaths. Notably, the *Raise Up Oregon* initiative, which identified sleep-related infant deaths as a priority, led to the creation of Oregon's Safe Sleep Coalition. This coalition focuses on improving practices, reducing disparities, and addressing cultural needs, where sleep-related deaths are disproportionately high.

In September, CFPRP participates in National SIDS Awareness Month, engaging parents and providers through social media. CFPRP is also coordinating a safe sleep pilot within the Nurture Oregon Plan of Care Pilot, where safe sleep is discussed with participants as part of their prenatal and postnatal care.

CFPRP is also part of the *Safely to Their First Birthday* affinity group, focusing on upstream prevention and compassionate screening and assessment in response to sudden unexpected infant deaths. Additionally, CFPRP works with local child welfare offices and community systems to promote safe sleep practices and provide consistent messaging.

Concrete Support
Since 2020, CFPRP has distributed over 3,000 portable cribs to local Child Welfare offices and community partners. These resources are also shared with ODHS programs, community partners, and Oregon Tribes.

Supporting Infants Exposed to Prenatal Substance Use and Their Families

In 2024, ODHS convened 20 CIRTs for child fatalities; 6 involved infants, and five had family substance use concerns. Three infants were definitively identified as having prenatal substance exposure. These findings continue to shape Oregon Child Welfare's implementation of the Comprehensive Addiction and Recovery Act (CARA), led by CFPRP.

To support this work, two CARA Coordinators were hired to guide the development and monitoring of Plans of Care for infants with prenatal substance exposure. These coordinators collaborate closely with the Oregon Health Authority (OHA) and other partners to promote family-centered, non-punitive approaches that prioritize family preservation and coordinated care.

Key Activities and Progress

1. Plans of Care Implementation
    - ODHS, OHA, and Comagine Health hold monthly collaborative meetings to guide CARA implementation.
    - Nurture Oregon sites are piloting Plan of Care models, with promising early outcomes in prenatal engagement and prevention of infant removals.
    - Oregon's approach limits mandatory reporting to ORCAH to cases where safety concerns are present at or after birth—not for prenatal exposure alone.
2. Statewide Strategy and Community Engagement
    - A multidisciplinary planning team, including researchers and people with lived experience, is developing a statewide model for Family Care Plans (formerly "Plans of Care").
    - Efforts are integrated with maternal health initiatives, including the AIM Safety Bundle for Pregnant and Postpartum People with SUD.
    - Community Boards inclusive of lived expertise informs improvements to policy and practice to ensure care plans are supportive.
3. Child Welfare Practice and Workforce Development
    - CARA Coordinators delivered statewide training to caseworkers, consultants, and managers.
    - A CARA-specific Microsoft Teams channel was launched for real-time guidance.
    - Child Welfare is developing staffing guidelines for infant cases, emphasizing early identification, safe sleep, and care coordination.
    - ORCAH began flagging reports involving infants to enhance visibility and support timely response.

4. Cross-System Collaboration
    - CARA Coordinators support alignment with community plans (e.g., family coaching, nurse home visiting).
    - In collaboration with Resource Nurses, Child Welfare integrates Plans of Care into CPS assessments when infants are involved, supporting caregiver education and connection to services.
5. Policy and Practice Updates
    - Oregon revised terminology in rule from "substance-affected infant" to "infant with prenatal substance exposure," promoting person centered language.
    - Policy improvements are underway to clarify procedures for screening and CPS assessments involving infants, including situations with multiple reports or open assessments.
6. Challenges Identified
    - Limited housing and recovery support in rural areas.
    - Lack of centralized electronic systems for sharing Family Care Plans across partners.

See attachment "2023 Nurture Oregon Progress Report"[8], 2024 report not yet released.

Other Prevention Efforts

Child Maltreatment Prevention Collaborative

CFPRP initiated a collaborative partnership with OHA, Public Health, to address primary, secondary, and tertiary child maltreatment prevention. As a result, CFPRP representing Child Welfare and OHA, Public Health, finalized a memorandum of understanding supporting this collaboration. The two agencies have a significant amount of cross over in work efforts, individuals served, and the values driving how the work is done (see attachment "Child Maltreatment Prevention Collaboration Visual"[9]).

The purpose of this agreement is to:

- Document existing activities and areas of collaboration and coordination between CP&HP and Child Welfare.
- Describe a structure of communication and collaboration that will support the identification of new activities and initiatives that promote our shared intent.
- Increase coordination and collaboration between these entities to enhance family support and prevent child maltreatment.
- Describe methods and forums for regular and consistent communication, collaboration, and information exchange.

[8] Refer to Attachment 4 of the 2025-2029 CFSP

[9] Refer to Attachment 4 of the 2025-2029 CFSP

Prevention Kits

CFPRP purchases prevention kits from Oregon Health Sciences University, Tom Sargent Safety Center to prevent child fatalities and serious injuries by improving home environment safety. These kits are shipped to local Child Welfare and Self Sufficiency offices and offered to Oregon's Nine Confederated Tribes to provide families with items that improve household safety by reducing risk. Examples of items include window locks, firearm locks, bicycle helmets, lifejackets, and medication storage items.

Community Needs Assessment

Child Welfare recognizes the need to ensure pregnant individuals and families can access supports and services further upstream from CPS. To support this effort, CFPRP is reviewing and gathering data from statewide plans developed by other family serving systems and Community Health Assessments developed by CCO's and public health agencies in each of Oregon's 36 counties. Child welfare hopes to gain a better understanding community needs and the array of existing services available to children and families in local communities.

Enhanced Early Learning Partnership

Collaboration with the Early Learning council (ELC) and Oregon Department of Education (ODE) to support the development and implementation of strategies that increase access to targeted supports; promote wellbeing; and prevent child welfare involvement. Initial conversations with the ELC and ODE have focused on Early Intervention referrals made by Child Welfare on behalf of children aged 0-3. The reality is many children in Oregon who are identified with developmental delays at screening never receive services due to limited funding and only 34% of infants and toddlers who are identified and enrolled in Early Intervention receive the recommended level of services[10]. Child Welfare and ELC have already identified opportunities to enhance communication and engagement with families navigating the Early Intervention referral and evaluation process. Child Welfare is exploring opportunities to partner with the ELC to support the strategies identified in Raise Up Oregon: A Statewide Early Learning System Plan (see attachment "Raise Up Oregon - A Statewide Early Learning System Plan"[11]) that align with the Comprehensive Addiction and Recovery Act. Some efforts include building the connection between local early intervention referral coordinators and child welfare offices to improve the referral process for both mandatory CAPTA referrals and voluntary referrals when there are no substantiated allegations of abuse at the conclusion of a CPS assessment.

Substance Use Disorder Workforce Support

A statewide safe systems analysis identified the assessment of parental substance use as the top system improvement opportunity and training (either ineffective or lack of), as one of the top five most influencing factors proximal to poor outcomes for children and families.

Given the high prevalence of substance use concerns present in not only CIRT data but child welfare cases in general, it is critical to have a workforce who feels confident and capable of engaging families in conversations about substance use so they can accurately assess impacts of substance use on child safety. To achieve this goal, a cross program effort involving CFPRP, Child Safety Program, Permanency Program, and the Workforce, Training, and Development Team is exploring ways to streamline statewide training expectations for all CW

[10] https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Documents/govreport.pdf

[11] Refer to Attachment 4 of the 2025-2029 CFSP

professionals on topics related to substance use, introduce an evidence-based screening tool for substance use concerns, and provide centralized coordination for the 25 CW professionals who are specifically tasked with connecting caregivers with substance use concerns to appropriate supports. These efforts also align with several system mapping recommendations.

Foster America: Fiscal Leadership Circle 2024

In April 2024, Oregon Child Welfare in partnership with Dr. Tiffany Lindsey of the NPCS applied and were selected to be part of a national fellowship of leaders within a public child welfare system or family-focused community organization to advance fiscal strategies in the child welfare sector. Throughout the 12-month fellowship, 14 finance professionals from around the US engaged in intensive training on fiscal strategy, explored a range of funding streams, and each advanced an innovation project. Oregon's project explored funding pipelines aimed at preventing infant fatalities and prenatal overdose through contingency management strategies. This inaugural cohort marked a pivotal step in transforming child welfare financing and equipped fiscal leaders with the tools and knowledge to prioritize family well-being, fostering a nationwide shift toward proactive, prevention first approaches in child welfare.

Oregon Opioid Settlement Prevention, Treatment and Recovery Board

ODHS Child Welfare is represented on the state Opioid Settlement Prevention, Treatment and Recovery Board. ORS Chapter 63, Sections 5-10 mandates that an 18-member Board will determine how to allocate the State's portion of the opioid settlement funds for statewide and regional opioid prevention, treatment, and recovery initiatives. These funding decisions will be in alignment with Oregon's Strategic Plan for Substance Use Services. As a member of the Board, the CFPRP program manager maintains awareness of the related support needed by the Child Welfare workforce and the families served by Child Welfare. See 2020-2025 Oregon Statewide Strategic Plan.

Father and Noncustodial Caregiver Engagement

In Fall 2023, CFPRP conducted a Safe Systems Mapping process to identify barriers to engaging fathers and noncustodial caregivers in Child Welfare practice. This effort included 42 participants from Child Welfare, other family-serving systems, and individuals with lived experience.

Key findings revealed that societal and systemic biases continue to frame fathers as secondary caregivers, contributing to their limited involvement in case planning—a factor linked to poorer child outcomes and noted in multiple child fatality reviews.

As a result, CFPRP developed five key recommendations to strengthen father and noncustodial caregiver engagement:

1. Establish regional leads focused on noncustodial caregiver engagement, similar to existing Child Welfare "champions."
2. Integrate father engagement content into new employee training, alongside modules on implicit bias and secondary trauma.
3. Create a statewide service map of father-specific supports, incorporating facets of lived expertise.

4. Enhance systems and tools (e.g., OR-Kids) to include "hard stops" requiring father identification and engagement.
5. Partner with ODHS Tribal Affairs and Oregon Tribes to develop advocacy roles and engagement strategies specific to Indigenous fathers.

In 2024, internal workgroups were chartered to begin implementation for the initiatives relevant to policy and training, with subsequent charters to be developed in 2026. The systems mapping also identified cross-system challenges beyond ODHS. A recommendation was made to establish an interagency council to address these barriers. While no formal council has been created, CFPRP has shared the recommendation with relevant statewide partners. Additionally, CFPRP began working with partners in co-planning an Oregon fatherhood summit, which is scheduled for 2026.

See attachment "Recommendations Addendum"[12] for details.

Collaboration

Collaboration is central to the mission of the Child Fatality Prevention and Review Program (CFPRP) and aligns with Oregon's *Vision for Transformation*. In 2023, CFPRP advanced child and family safety, and wellbeing, through targeted partnerships, integrated system reviews, and community engagement.

Key Areas of Impact

1. Child Fatality Review and Prevention

- Multidisciplinary CIRTs: Engaged law enforcement, Tribal Affairs, health professionals, and other partners to examine critical incidents and identify system improvements.
- Tribal Collaboration: Embedded Tribal Affairs early in fatality reviews involving Native children to ensure cultural responsiveness and reduce harm.
- Statewide Fatality Review Coordination: Supported all 36 county teams with tools, outreach, and prevention planning based on county-specific needs.

2. Suicide Prevention and Youth Mental Health

- Active participation in state and local coalitions.
- Expanded training and supports for resource parents and staff in suicide prevention and postvention practices.

3. Substance Use, Fentanyl Response, and Plans of Care

- Partnered with Oregon Health Authority and community organizations to implement Plans of Care for families affected by prenatal substance exposure.

[12] Refer to Attachment 4 of the 2025-2029 CFSP

- Evaluating ODHS substance use response strategies considering rising fentanyl-related youth overdoses.
- Engaged in national safety and implementation learning through the *National Partnership for Child Safety*.

4. Infant Safe Sleep and Early Childhood Collaboration

- Promoted consistent infant safe sleep education statewide.
- Supported Tribal-led safe sleep awareness efforts.
- Partnered with Early Learning Division and Department of Education to strengthen CAPTA-required Early Intervention processes.

5. System Improvement

- Ongoing collaboration across ODHS (e.g., Child Welfare, Program Integrity) and OHA (e.g., Behavioral Health, Public Health, Maternal and Child Health).
- Strengthened data-informed planning with statewide and national partners to align strategies across health, education, and justice systems.

6. Lived Expertise and Community Voice

- Engagement with youth formerly in care and the *Fathers Advisory Board*.
- Built new partnerships to improve outcomes for fathers in Child Welfare and related systems.

Strategic Alignment

All efforts support the *Vision for Transformation* through:

- Prevention-first approaches that reduce system involvement and improve family wellbeing.
- Data-driven collaboration across systems for shared accountability.
- Centering community voice.

For further detail, refer to:

- *CFPRP Vision for Transformation*
- *2023 Nurture Oregon Progress Report*
- *Safe Sleep for Oregon's Infants*
- *Family Care Plans in Oregon by Comagine Health*

Building Partnerships and Learning from Oregon Tribes

CFPRP is committed to building a strong partnership with Oregon Tribes to collaborate on child maltreatment and fatality prevention opportunities through listening and learning. CFPRP efforts to build this relationship during the past year include:

- CFPRP continues to seek the expert insight of Tribal Affairs in the Critical Incident Review Process. Our commitment to Oregon Tribes having voice in the work of CFPRP will remain central to our efforts. With humility, we look forward to continuing to develop relationships and doing better each year.
- Offered the Nine Federally Recognized Tribes of Oregon an opportunity to order injury prevention kits including window safety items, baby proofing items, gun and medication storage as well as lifejackets.
- Provided the Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians with infant safe sleep surfaces to distribute as they desired.
- CFPRP members participated in and completed the DOJ-led ORICWA training to enhance understanding of ORICWA in the Court System.
- CFPRP collaborated with Confederated Tribes of Grande Ronde, Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians, Klamath Tribes, and numerous Indigenous fathers with lived expertise for purposes of improving outcomes for fathers and families.
- CFPRP members engaged with residents of Celilo Village, representatives from Tribal Affairs, the ODHS Directors office, the Office of Resilience and Emergency Management (OREM), the Columbia River Inter-Tribal Fish Commission (CRITFC) and leadership from District 9 to implement a project using child welfare funds to replace the floor and various appliances at the Celilo Village Longhouse.
- CFPFP is providing funding to support the Confederated Tribes of Grande Ronde Sweat Lodge Ceremonies for families and cultural connection opportunities for youth and families led by Tribal fathers in recovery.

Acknowledgement

To Child Fatality Prevention & Review Team members:

Thank you to this amazing team of caring, passionate, and professional human beings who took a chance to be part of this program and who are sharing details about their work in our Comprehensive Statewide Plan to Prevent Child Maltreatment Fatalities. Each one of you show up every day, and through your dedication to this difficult work, you honor Oregon's most vulnerable and precious beings; the children whose lives have been lost too early, and their families and communities who grieve the immense loss of a child. Your work is important; your passion, commitment, and innovation have the power to change and improve an imperfect system that doesn't always work in the way it was intended. The work of this team strives to provide an objective and thorough review of our most tragic outcomes to better understand what systems and communities must have in place for children and their families to live and thrive in all Oregon communities. I value your commitment to the work of ensuring all children and their families get what they need when they interact with our systems and within their own communities. It makes me proud and humbled to work alongside each of you. Thank you for all you give of yourselves and all you have taught me.

And one final thank you goes out to our amazing technical advisors at the National Partnership for Child Safety. Your inclusivity and never-ending support to Oregon and this team has truly sowed the seeds for each of us to grow individually but also grow as a Child Welfare program. Thank you for taking us under your wings and teaching us how to fly. We appreciate you all so very much.

Child Fatality Prevention and Review Program Manager