

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)



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 will be uploaded quarterly going forward.

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 NPCCS, CFPRP receives technical assistance from the Safe Systems Team at the University of Kentucky Center for Innovation in Population Health. This technical assistance has been ongoing since 2019 and includes a broad array of training and support (see attachment “NPCCS Resource Guide 2024”).

- Training for CFPRP and other Child Welfare programs on safety culture and systems-focused critical incident reviews
- Skill building labs for CIRT/Safe Systems Coordinators on drafting improvement opportunities, using the SSIT, conducting safe systems debriefings, as well as facilitating safe systems mapping.
- AWAKEN training for CIRT/Safe Systems Coordinators (AWAKEN is a framework for identifying and addressing bias in decision-making)
- Upcoming AWAKEN Bias training for Oregon Child Abuse Hotline (ORCAH) staff in Fall 2024
- Technical support to maintain a REDCap database which houses SSIT and NPCCS Data Dictionary information.
- Peer support for Critical Incident Review Leaders
- Support facilitating safe systems mapping
- NPCCS Affinity Group, Safely to their First Birthday: Upstream Prevention and Compassionate, Equitable Screening, Safety Threat Identification, and Maltreatment Classification after Sudden Unexpected Infant Deaths (SUID)
- NPCCS Affinity Group, Advancing Safety Science in the Workforce: Integrating learning from Systems-Focused Critical Incident Reviews and Safety Culture Surveys to implement new innovations through Workforce Development
- NPCCS Affinity Group, Identity, Intersectionality and Safety Culture
- SSIT review and support on a case-by-case basis
- Facilitation of cross-jurisdiction communication to support continued learning and improvement in different areas of the work.
- Development and creation of Safe Systems Debriefing Introduction video
- Access to the [Reframing Childhood Adversity Toolkit](#)
- Drop-in office hours for technical support questions
- Other technical assistance as requested.

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

In 2023, CFPRP’s systems mapping exercise for father engagement was highlighted in the NPCCS quarterly newsletter. Additionally, CFPRP members applied to the 2024 TCOM Conference and the National Family Support Network 2024 Virtual Conference to share learning from the mapping. A CFPRP member and a mapping participant with lived experience would co-facilitate the presentations.

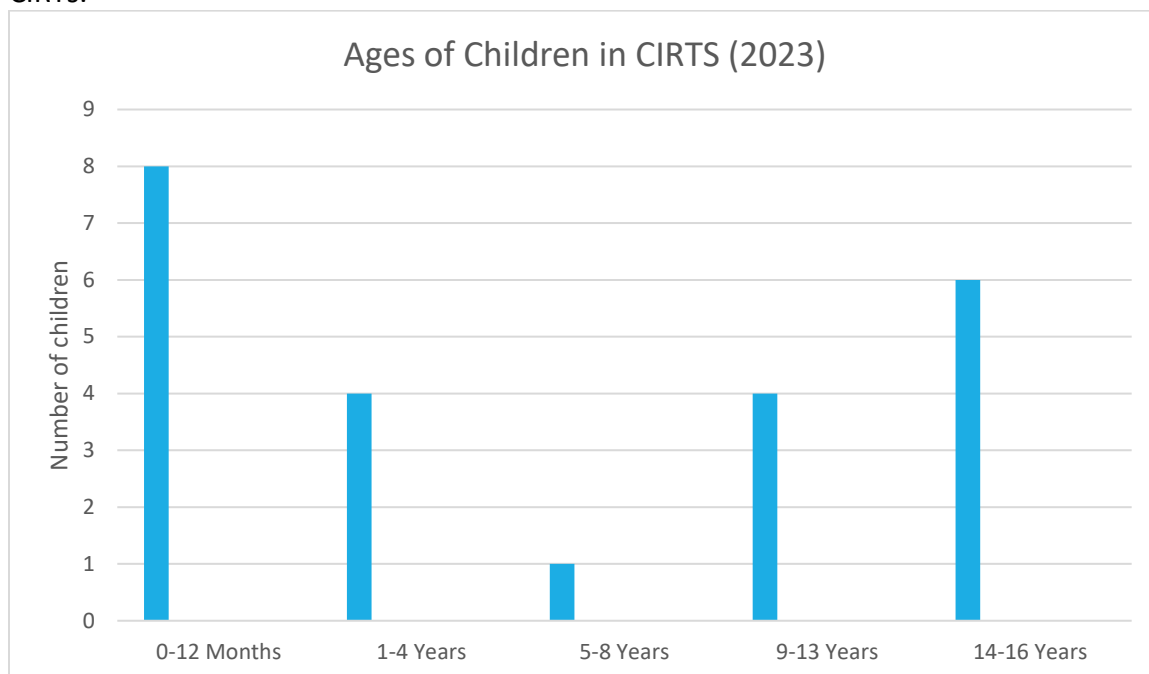
Critical Incident Review Team (CIRT)

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. Created as an important and unique tool to help protect Oregon's children from abuse and to prevent future child maltreatment fatalities. Initially this work was in the Central Office Child Safety Program, however the CIRT work moved to the new Child Fatality Prevention and Review Program (CFPRP) in February 2020. This has provided a unique opportunity for Oregon Department of Human Services to have a Child Welfare program that both provides an objective review process for child fatalities along with researching, developing recommendations, and leading and implementing innovative strategies and efforts focused on child maltreatment prevention at primary, secondary, and tertiary levels (see attachment "CIRT FAQ").

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 child welfare 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"). There remains a separate pathway for personnel related issues through the human resources department.

2023 Critical Incident Data

During the calendar year of 2023, 23 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 23 CIRTs.



Details related to and surrounding the fatalities:

- Out of the 8 children ages 0–12-months, when 6 of these infants died, high risk sleep practices were present.
 - 4 of the sleep environments included bed sharing
 - 5 of the infants experienced prenatal substance exposure
- 3 children died as a result of an injury from a firearm
- 2 children died from a medical condition or complication, both noted substance exposure at the time of the critical incident (methamphetamine)
- 3 children died from motor vehicle accidents, 2 of those included substance use at the time of the critical incident (alcohol)
- 3 children died from physical abuse
- 4 children died from poisoning/overdose (fentanyl 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 (ORCAH, Safety, Permanency, Well-Being, Equity, Training & Workforce Development, etc.). Some system improvement efforts implemented since 2023 include: Statewide presentations about Plans of Care, associated funding, and safe sleep practice strategies; Local office level Infant Safety Staffing enhancements and support; Infant Safety Logic Model; ODHS participation within Oregon Alliance for Suicide Prevention; Safe Systems Analysis to enhance local office continuous quality improvements utilizing Safety Science Data; Rush toxicology guidance; Safe Systems Mapping for system improvements around father engagement in casework practice; Honoring tribal culture during child death investigations; Workforce trainings on CPS dispositions and considerations involving Domestic Violence; Intersection of Substance Use Disorder and Domestic Violence practice guidelines; Motivational Interviewing Training for Child Welfare Professionals; ORKIDS redesign to increase access to information necessary for child safety; Modified administrative rule to remove restrictions on the funds available for covering funeral expenses to better assist families coping with the loss of a child; Environmental Safety Enhancement Guidelines for Child Welfare Professionals; Karly's Law refresher training; Fentanyl Practice Guide; Substance Use Disorder workforce development, training and guidelines; and Protective Action Planning Guidance involving tribal families provided by the Office of Tribal Affairs.

CFPRP recognizes the hard work and collaboration of the child welfare professionals who facilitated or participated in each of these efforts. CFPRP would also like to recognize the efforts of the local offices to enhance the knowledge and skills of the workforce and improve operations as a result of learning from the CIRT.

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 winter 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. Two cases were reviewed through this process in 2023 and three cases are in the process of being reviewed as of April 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 Child Welfare professionals.

Safe Systems Analysis

Safe systems analysis is a critical extension of Oregon's child fatality review process. Through file review, participation in the CIRT or internal discretionary review, and follow-up supportive inquiry debriefs, CFPRP gathers important information about what influences the casework or system challenges that may be identified in cases with tragic outcomes. See attachment "Safe Systems Analysis Frequently Asked Questions".

These challenges are known as Improvement opportunities (IOs) and they represent the gap between what the child or family needed and what they received. More technically, IOs are case-specific actions or inactions

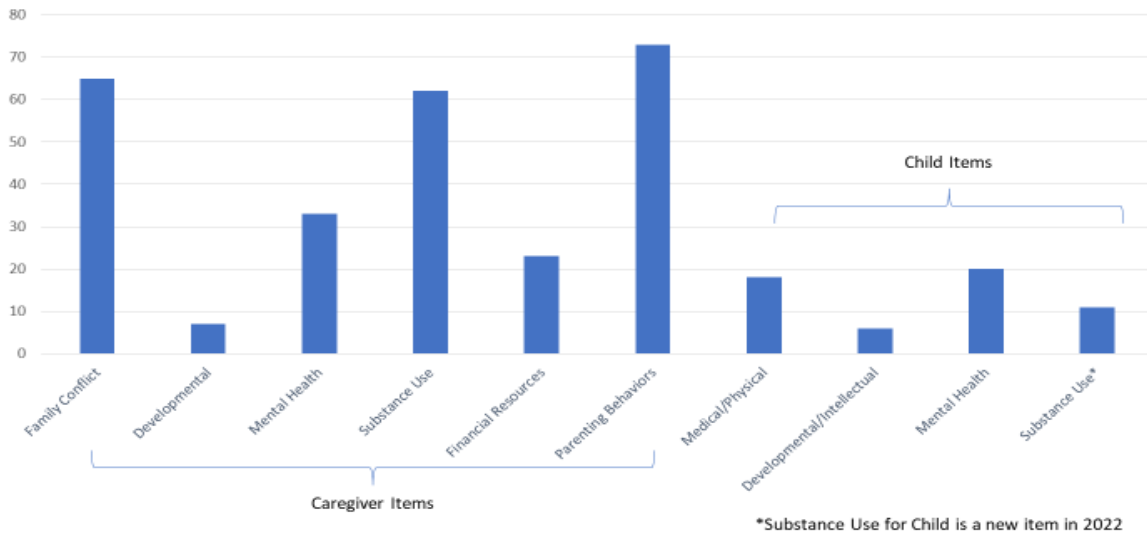
relevant to the outcome or industry standards and are often representative of relatively common casework problems. While emphasis is given to those IOs within Child Welfare, IOs also consider the actions/inactions of other entities within the macro child-serving system (e.g., courts, human service providers, law enforcement, schools). In the safe systems analysis process, IOs are first identified through the CIRT or discretionary review and those IOs are then explored by a Safe Systems Coordinator through use of the Safe Systems Improvement Tool (SSIT) (see attachment “2022 NPCCS SSIT Reference Guide”). At times, additional IOs are identified by the Safe Systems Coordinator and added to the exploration. Since implementing safe systems analysis in July 2019, the SSIT has been completed on 116 cases including Internal Discretionary Reviews. Of those 116 cases, 107 had IOs identified, some cases having multiple, for a total of 226 IOs.

In some cases, the safe systems analysis includes individual debriefings. These debriefings are the mechanism for gathering the “second story” from those who experienced the outcome in the specific case. Debriefings are voluntary and trauma responsive and use supportive inquiry to support child welfare professionals in sharing their experiences. While debriefings are not completed in every case, they lend important detail and reliability to the overall information gathered and rated in the SSIT. Since 2019, Safe Systems Coordinators have engaged 43 child welfare professionals across 28 cases in individual debriefings.

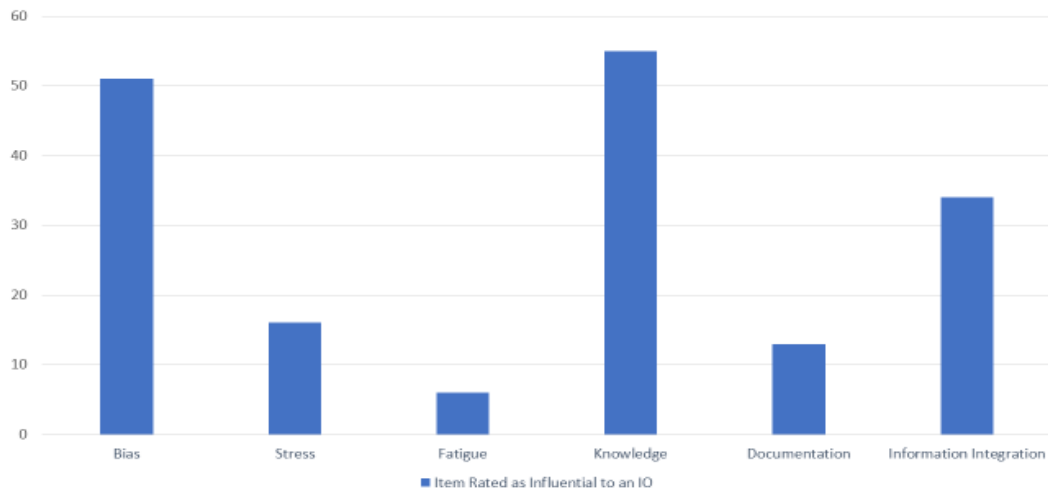
SSIT results and the standardized NPCCS dataset are captured in a REDCap¹ database (see attachment “NPCCS Data Dictionary”). REDCap is a secure web platform for building and managing online databases and allows for exporting data to excel as well as ad hoc reporting. REDCap allows CFPRP to efficiently organize SSIT data for reporting and guiding system improvement efforts. CFPRP members participate in the partnership’s Data Sharing Workgroup. Additionally, as a member of the NPCCS, Oregon has access to the NPCCS Data Warehouse via the Michigan Public Health Institute (MPHI) and held at the nationally recognized Nation Center for Fatality Review and Prevention. Oregon, along with other jurisdictions around the country upload de-identified SSIT and demographic data on a quarterly basis into the NPCCS Data Warehouse. This data sharing exists to improve child, family, and workforce-level outcomes by accelerating a family centered, workforce informed, systems-focused approach to learn from critical incidents. The SSIT contains four nested domains for rating. The first domain is the family domain and is rated independent of any Improvement Opportunities and functions similar to the CANS. These items are important for considering the needs of the family at the time of the critical incident. The remaining three domains capture influences at the professional, team and environment levels. These items are important for considering what factors contributed to any identified challenge, or IO, in the case. The charts below depict information gathered by Safe Systems Coordinators through the SSIT since July 2019.

¹ <https://www.project-redcap.org/>

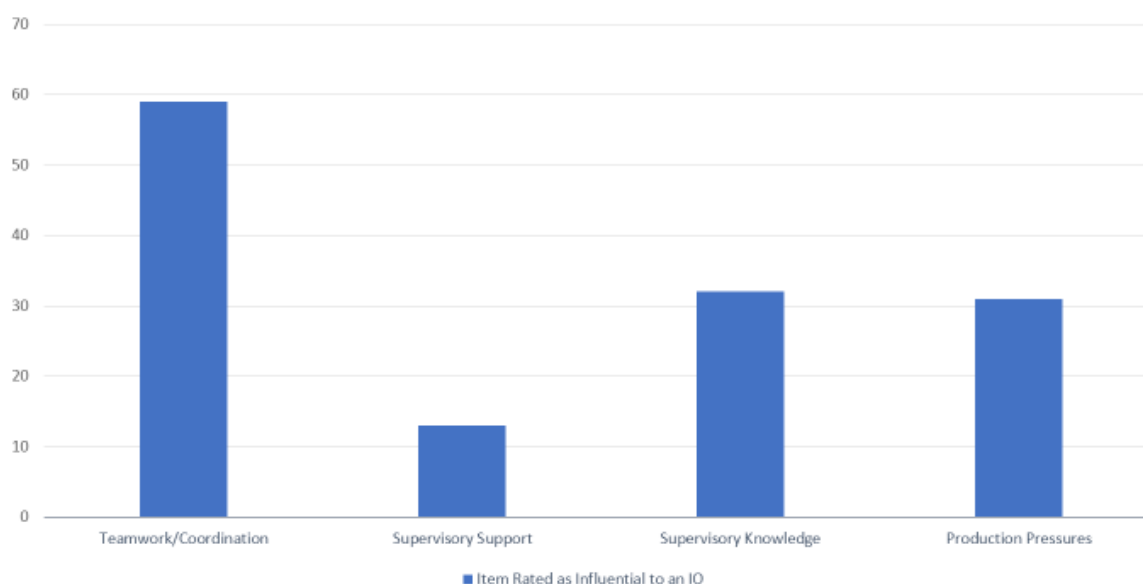
SSIT: Family Domain



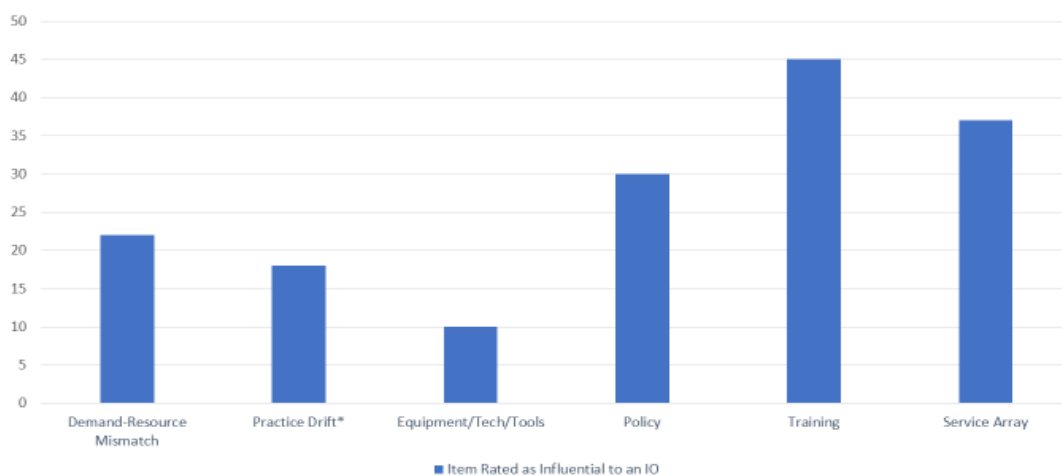
SSIT: Professional Domain



SSIT: Team Domain



SSIT: Environment Domain



*Practice Drift was a new item beginning in 2021

Since quality improvement resources are finite, considering the frequency and proximity of an IO is important to balancing if, when, and to what degree an agency advances a system improvement effort. In each safe systems analysis, IOs are evaluated for their proximity (i.e., closeness) to the outcome. Proximity is not intended to imply causality or severity of an action or inaction but rather describes how close the IO was in time or distance *and* with relationship to the incident. Of the 107 cases with identified IOs, 55 had at least one

IO determined to be proximal. Through safe systems analysis CFPRP has been able to identify themes across the IOs and consider how to tailor improvement efforts based on the influences identified through the SSIT items.

One notable way CFPRP explores IO themes is through safe systems mapping. The purpose of safe systems mapping is to discuss in a group of experienced professionals their perceptions of what factors influence IOs. In safe systems mapping, these IOs are evaluated at all levels of the system, from the local team level to the legislative/government level. Every participant has an equal voice in the process and all perspectives are valuable to understanding more clearly how the system is operating and what gets in the way of successful work with families. See attachments “Systems Mapping Facilitator Tips Sheet” and “Participant Guide”.

In 2021, CFPRP partnered with the Child Safety Program to map IOs related to assessing safety when parent/caregiver substance use is present. Participants included a CPS caseworker, CPS Supervisor, Addiction Recovery Team (ART) lead worker, ART outreach worker, contracted provider for ART services, county-level Family Nurse Partnership supervisor, county-level child abuse pediatrician, ODHS district manager, Tribal Affairs senior ICWA manager, Child Welfare alcohol & drug specialist, Safety Program manager and assistant manager, Child Welfare executive director and deputy directors, and others. The group’s diverse experience and expertise allowed for a robust discussion of what factors impact effective assessment and intervention in cases involving parental substance use at all levels of the system.

The team met several times to complete the mapping activity and brainstorm strategies for system improvement. In total, eight recommendations were presented to Child Welfare Division Executive Leadership for review during the summer of 2021:

1. Restructure and expand Addiction Recovery Team and corresponding contracted services
2. Develop comprehensive casework practice guidelines for cases involving substance use
3. Develop a process for referring reports closed at screening to community-based supports or services
4. Develop statewide staffing guidance for cases involving infants (see attachment “logic model” created to provide framework for recommendation)
5. Enhance knowledge and skill through creative education for caseworkers and supervisors
6. Actively promote partnerships with local prevention organizations
7. Identify and support culturally appropriate paid respite, child-care programs, and safety service providers
8. Develop a smart phone application to provide information and guidance to child welfare professionals

All the recommendations together are instrumental in creating a robust child welfare response to families impacted by substance use disorder and each has a specific role in equipping the child welfare workforce with the tools, skills, and resources necessary to support families and children and promote both secondary and tertiary prevention. The recommendations are in various stages of exploration and implementation and a project manager has been assigned to support and track progress and identify intersections with other initiatives. In addition, Child Welfare sought support from the National Center for Substance Abuse in Child Welfare (NCSACW) to identify similar efforts across the country for reference by Oregon. For a detailed overview of the mapping process and the resulting recommendations see attachments “Safe Systems Map” and “Systems Mapping Overview and Recommendations”.

In the winter of 2022, CFPRP and Child Safety Program initiated safe systems mapping to explore the factors related to a common improvement opportunity, insufficient comprehensive CPS safety assessment follow-up.

The mapping team was comprised of child welfare professionals from across the state and with various levels of experience and expertise. The group concluded their mapping sessions and CFPRP and Child Safety Program finalized recommendations and presented to program leadership. See attachment “Mapping 2022” for a detailed overview.

CFPRP initiated another safe system mapping exercise in 2023 related to an overarching improvement opportunity for father and noncustodial caregiver engagement in child welfare practice. The mapping team developed five recommendations to improve child welfare practice, which are in the early stages of implementation. The 2023 mapping was highlighted in the National Partnership for Child Safety’s quarterly newsletter for efforts in centering and honoring the voices of both people with lived expertise and professionals working directly with families. More information related to the recommendations can be found in the “Other Prevention Efforts” section of this document. See attachments “2023 Systems Map Father Engagement” for the finalized map from the 2023 process, and “Safe Systems Mapping 2023-24 Final report” for a detailed overview.

SSIT results are also used to inform development of improvement efforts related to recommendations stemming from the CIRT. Both individual case and aggregate SSIT results will be shared with central office programs when relevant to a specific recommendation. In addition, beginning in 2023, results are shared with local district leadership to support planning and improvement at the local level. So far interactive presentations have occurred in three counties.

As the safe systems analysis process matures and CFPRP develops a deeper understanding of how to share about the system learning, regular data reporting and topical briefs will be developed.

Advancing a Safety Culture

Since its inception in 2020, CFPRP has strived to advance [safety culture](#) in Oregon’s Child Welfare Division. This occurs through the application of safety science in the Critical Incident Review and Safe Systems Analysis processes but also as a specific body of work within the program.

A workplace culture in which mistakes are seen as opportunities to learn and child welfare professionals at all levels are engaged in problem-solving without shame or blame is critical to improved outcomes for families and enhanced satisfaction for the workforce. Building a safety culture is central to Child Welfare’s transformation efforts. When teams feel connected and supported, they are better able to embrace change and fully engage with families.

The work of CFPRP to advance safety culture in child welfare has continued to grow over the past year. CFPRP coordinators have engaged with a variety of groups across Child Welfare to educate and coach leaders around advancing a safety culture in their own teams. CFPRP coordinators actively promote safety culture when interacting with external partners as well as internal colleagues during participation in workgroups and committees.

Activities to build knowledge and skill:

- CFPRP staff participated in ongoing National Partnership for Child Safety (NPCS) trainings to support knowledge and skills in advancing safety culture. Trainings were offered to other Child Welfare program areas as well to support development of culture carriers. These trainings included: Safety

Culture in Critical Incident Reviews, Writing Improvement Opportunities, SSIT: Skilled Practitioner Training, Systems Mapping, Data Aggregation, and Debriefing Professionals.

- New CFPRP Coordinators participate in 15 hours of training on the AWAKEN framework (see attachment “AWAKEN Infographic”) for building awareness around bias and developing a practice for conscious decision-making. CFPRP continues to explore opportunities to bring the training more broadly to child welfare in Oregon and is in the early stages of coordinating this training for ORCAH staff.

Activities to educate about and promote a safety culture across child welfare:

- In 2023 and continuing into 2024, CFPRP CIRT Coordinators started presenting a “CIRT Roadshow” to local child welfare offices across the state. This presentation includes information regarding the importance of safety culture in CIRT reviews and the Safe Systems debriefing process, in addition to creating a safety culture in the local offices. The goal is to bring this presentation to every local child welfare office in the state.
- In September 2022, CFPRP began facilitating Safety Culture Hour, a virtual drop-in style micro-learning opportunity, twice monthly available to all of Child Welfare staff. Attendance regularly includes participation from program managers, office managers, supervisors, direct service staff, administrative support staff, and Coaching and Training Specialists, from all program areas within Child Welfare to cultivate culture carriers. Safety Culture Hour covers topics including psychological safety, the intersection of psychological safety and anti-racism, healthy team habits, and other safety culture concepts and practices to build skills and increase staff knowledge. CFPRP also launched a Microsoft TEAMS Safety Culture channel where safety culture resources are regularly posted to encourage learning.
- In 2023 and early 2024, CFPRP members have done several targeted presentations/skill-building labs for teams working to advance safety culture. Examples from 2023-2024 include the new supervisor’s cohort, Hood River management team, and Clackamas County Family Time Team. Key concepts from the TeamFirst Field Guide, tailored for the audiences were shared with the teams.
- In 2024, CFPRP established a monthly virtual call with representatives of Office of Equity and Multicultural Services (OEMS) for purposes of collaboration in advancing safety culture in local offices as appropriate in district service equity plans/action plans.
- Developing a curriculum of adaptable spaced education on key learning topics for use by jurisdictions across the partnership In October 2023, in honor of Domestic Violence Awareness Month, CFPRP in coordination with the ODHS Domestic & Sexual Violence Intervention Coordinator and the NPCS provided one month of spaced education training to child welfare staff on the subject of domestic violence. A new round of spaced education training around domestic violence is scheduled to occur in June 2024.
- CFPRP participates in the NPCS Affinity Group, focused on Identity, Intersectionality and Safety Culture

Workforce Supports

Fatality/Near Fatality Procedure

As a result of various program efforts, CFPRP determined additional attention was needed regarding the guidance provided to Child Welfare 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 Child Welfare professionals, tribal partners, community-based child, and family serving professionals, and the voice of those with lived experience. CFPRP believes this procedure will support Child Welfare 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 Child Welfare 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 for content, approved Oregon Department of Human Services communications style compliance as well as review for diversity, equity, and inclusion standard metrics. Currently CFPRP and the Child Safety Program along with local office leadership are exploring the feasibility of regional fatality assessment specialty teams who would respond to fatality and near fatality/serious physical injury reports of abuse following recommendations from a Critical Incident Review Team. Consideration is currently being given to the distribution of the finalized and approved Toolkit to these specialty teams upon implementation of the service structure.

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 child welfare 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.

Certificate Program in Implementation Science

Two CFPRP team members participated in the inaugural cohort of the [Certificate Program in Implementation Practice](#) offered by the University of North Carolina's School of Social Work's Collaborative for Implementation Practice. This certificate program was developed for professionals working in health and human services and is focused on bolstering competencies related to the implementation of initiatives and sustaining change. The three competencies are: co-creation and engagement, ongoing improvement, and sustaining change.

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".

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.
- Advocating for equitable prevention strategies at the community, local, state, and national levels.
- Informing continuous quality improvement within Oregon's larger child death review system.

Objectives:

- Support accurate identification and uniform reporting of the cause and manner of child deaths.
- Promote cooperation, collaboration, and communication across the child and family serving system and enhance coordination of efforts.
- Achieve quality, equitable investigation of child deaths consistent with national standards.
- Design and implement cooperative, standardized protocols for the review of child deaths.
- 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".

Prevention Strategies

CFPRP strategically selects prevention measures based on data trends. By analyzing data from CIRTs, SSITs, and other sources, CFPRP identifies emerging issues. Recently, CFPRP has developed a system to monitor the impact of fentanyl on families in the child welfare system. Efforts are underway to ensure accurate data entry into the fentanyl data tracker. 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) saw an increase in reports of deaths by suicide and a comparison of state fatality data and child welfare records of suicides for the fiscal year 2017 confirmed almost half of the children who died by suicide had some previous history with child welfare. Data collected from CIRTs since 2017, which includes data on child and young adult deaths, shows progress in suicide prevention and intervention efforts in ODHS and across Oregon. This data also highlights the ongoing need for suicide prevention and intervention initiatives in Oregon's Child Welfare Program.

Calendar Year	Total Critical Incident Reviews	Suicide Deaths
2017	7	3
2018	18	0
*2019	29	4
2020	34	2
2021	16	1
2022	30	1, 1 Discretionary Review
2023	23	0

*CIRT rule governing criteria for assigning a CIRT changed in 2019, resulting in an increase in CIRT assignments

According to the [Suicide-related Public Health Surveillance Update](#), dated April 2024, the number of suicide deaths in Oregon in 2023 are similar to previous years, as are suicide-related visits to Emergency Departments and Urgent Care Centers. Demand for crisis support related to suicide in 2023 is increasing as expected, mirroring trends seen in previous years since the establishment of the nationwide 988 crisis hotline.

According to the 2021-2025 [Youth Suicide Intervention and Prevention Plan \(YSIPP\) Annual Report](#), child suicide numbers decreased in 2021 compared to 2020. For young persons age 18-24, suicide numbers in 2021 were similar to 2020. Suicide numbers decreased overall for young persons age 24 and under in 2021 compared to 2020. According to the YSIPP 2021 Annual Report, this is the first time since 2001 that Oregon has had a three-year decrease in suicide fatalities for young persons age 24 and under. While preliminary data for 2022 will not be official until spring 2024, the data shows Oregon suicide rates among young persons, despite the three-year decrease, remain high and above the national average. In response to the ongoing need to reduce young persons suicide deaths in Oregon, CFPRP is committed to continuing and expanding

efforts to enhance suicide prevention and intervention knowledge and practice among Child Welfare professionals. Some of these efforts include:

In collaboration with the Oregon Health Authority, Garrett Lee Smith grant funds continue to provide Question, Persuade, Refer (QPR) training for the greater Child Welfare workforce. To date, over 950 Child Welfare direct service professionals have been trained in a facilitated QPR training for casework staff. Moreover, throughout ODHS over 9500 staff have been trained in computer based QPR to date. Pre- and post-training survey data show that QPR training enhances staff knowledge and preparedness to assist individuals showing suicide risk (see attachment “Oregon DHS QPR Suicide Prevention Training Pre- and Post-Training Survey Data Report July 1, 2020 through December 31, 2023”). ODHS remains committed to the training of QPR and requires participation in QPR for all employees. To assess the continuous efficacy of QPR training long term for Child Welfare professionals, CFPRP has developed and implemented a 6-month post-QPR training survey and begun providing the survey to training cohorts in March 2023. To date survey sample size remains too small to complete substantive data analysis, but with subsequent provisions of the training it is expected survey sample size increases will allow for meaningful data analysis to assess the utility and use of QPR skills within the workforce.

Additionally, a specially designed QPR for Resource Parents also continues to be offered throughout the year to support families caring for children and young persons in ODHS custody. The CFPRP Suicide Prevention Coordinator currently supports additional information and resource provision efforts for Resource Parents through collaboration with Child Welfare’s Equity, Workforce Development and Training Program.

- In collaboration with OHA, the Garrett Lee Smith grant was used to provide handgun and medication lockboxes to local offices for distribution to families. Also,
- A CFPRP member attended the Oregon Counseling on Access to Lethal Means (OCALM) Training with the goal of offering this training more widely to the Child Welfare workforce beginning in late 2024.
- The CFPRP Suicide Prevention Coordinator previously developed and completed a Young Persons Mental Health and Suicide Prevention training in collaboration with the Oregon Child Abuse Hotline (ORCAH), with the aim of providing additional risk assessment knowledge and skill to ORCAH screening and intake staff. The completion of the 90-minute recorded training occurred in September 2022, with provision to ORCAH staff beginning in November 2022. All current and incoming ORCAH staff are provided the training as well as follow up opportunities with the CFPRP Suicide Prevention Coordinator to address additional questions or needs.

In January 2023 CFPRP, in partnership with the Oregon Health Authority and Oregon Pediatric Society, commenced development of the ODHS Child Welfare YouthSAVE training. The curriculum development was completed in late 2023. This training, a modified version of the widely available YouthSAVE (Suicide Assessment in Various Environments) Training, has been developed to support the child welfare professional workforce in identifying, assessing, and safety planning for suicide risk within the unique context child welfare engaged with young people and families. Due to extenuating external circumstances, delays in the curriculum development completion and Training for Trainers have been experienced. However, as of Spring 2024 it is expected that Train the Trainers modules will be offered no later than Fall 2024 with broader workforce offerings beginning no later than Winter 2024.

- In Spring 2023, the CFPRP Suicide Prevention Coordinator partnered with the ODHS Mobile Child Safety team from District 3 for a demonstration initiative for including mental health and suicide risk screening in all child safety assessments. The team used questions from the Patient Health Questionnaire-Adolescent (PHQ-A) (see [PHQ-A adolescent suicide risk screening tool](#)) and ASQ (see [ASQ suicide risk screening tool](#)) as standard screening tools for young persons ages 8 and above as validated through the measures. The conclusion of the demonstration project indicated successful suicide risk assessment and screening can occur without the use of scales and that a prompt within the current Oregon electronic case management system may help the workforce. Continued consideration of the feedback obtained from the demonstration project is occurring.
- The CFPRP Suicide Prevention Coordinator engages with Child Welfare professionals to provide behavioral health and suicide prevention/intervention resources and learning activities. This includes child welfare professionals engaged with Temporary Lodging and Resource Management to support complex needs of young persons transitioning between levels of behavioral health care and placement, including support for brief, non-clinical safety planning until longer term clinical interventions can be established.

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 child welfare professionals' ability to understand and respond to neglect and promote protective factors for families.

Training

Since launching a virtual version of the 2-day Oregon Assessing Patterns and Behaviors of Neglect training (see attachment "OAPBN Executive Summary 2023", for a description of the course) in 2021, fifteen sessions have been offered. In total 203 child welfare professionals have completed the course virtually. Additionally, the Confederated Tribes of Grand Ronde Children and Family Services Program professionals were invited to attend sessions alongside ODHS child welfare professionals in the second half of 2023. This creates an opportunity for shared learning and networking across the two workforces. Prior to the virtual version, an in-person version was available which trained over 250 child welfare professionals in a variety of roles such as Coaching and Training Specialists, Consultants, and Supervisors.

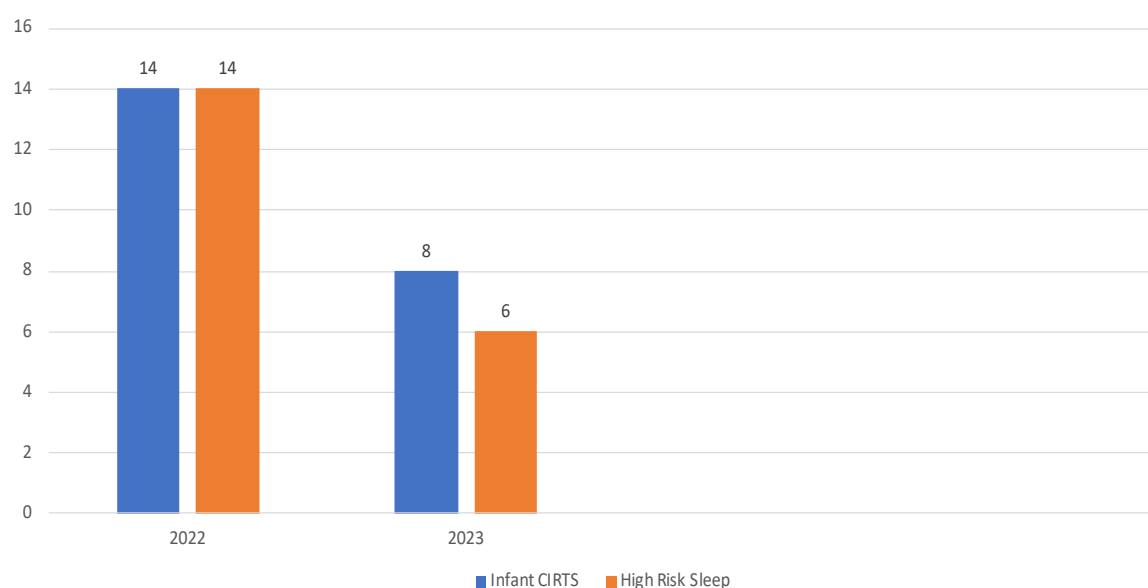
Training evaluations indicate enhanced understanding in each of the four areas of knowledge (personal experiences/bias/judgments and influence on decision-making, protective factors, consequences of neglect and contributing factors, and long-term impact of chronic neglect on child development) and comments continue to reflect a positive learning experience for participants. Areas for improvement have been related to virtual delivery challenges (breakout rooms and use of cameras) and a desire for in-person learning

opportunities. Continued feedback will be gathered and incorporated as the training facilitation team works with the Child Welfare Equity, Training and Workforce Development program to update the curriculum and delivery plan for 2024.

In addition to classroom training, CFPRP is continuously exploring avenues to enhance the knowledge and skills of child welfare professionals in responding to the needs of families and preventing future maltreatment. A knowledgeable workforce with the skills and resources to do their jobs is a workforce that can have significant positive impacts on the families they encounter. To that end, CFPRP has trained eight additional facilitators from CFPRP, Child Safety, and Reunification programs who can both support the training effort and champion the application of learning across the state.

Infant Safe Sleep

CIRT – High Risk Sleep Fatalities 2022-2023



In 2023, of the 23 child fatalities reviewed by the CIRT, 8 were infants. Of the 8 cases involving infants, 6 had high risk sleep practices present at the time of the critical incident. These numbers are a notable decline compared to 2022 when 14 infants were reviewed by the CIRT and all of them had high risk sleep practices present at the time of the critical incident. While the decline in critical incidents with high-risk sleep practices present is encouraging, the need to educate and engage caregivers about reducing sleep related risks remains. Meaningful caregiver engagement and education strategies require an ongoing community response from all family serving systems, including child welfare, which CFPRP is proud to support. Below are some examples of

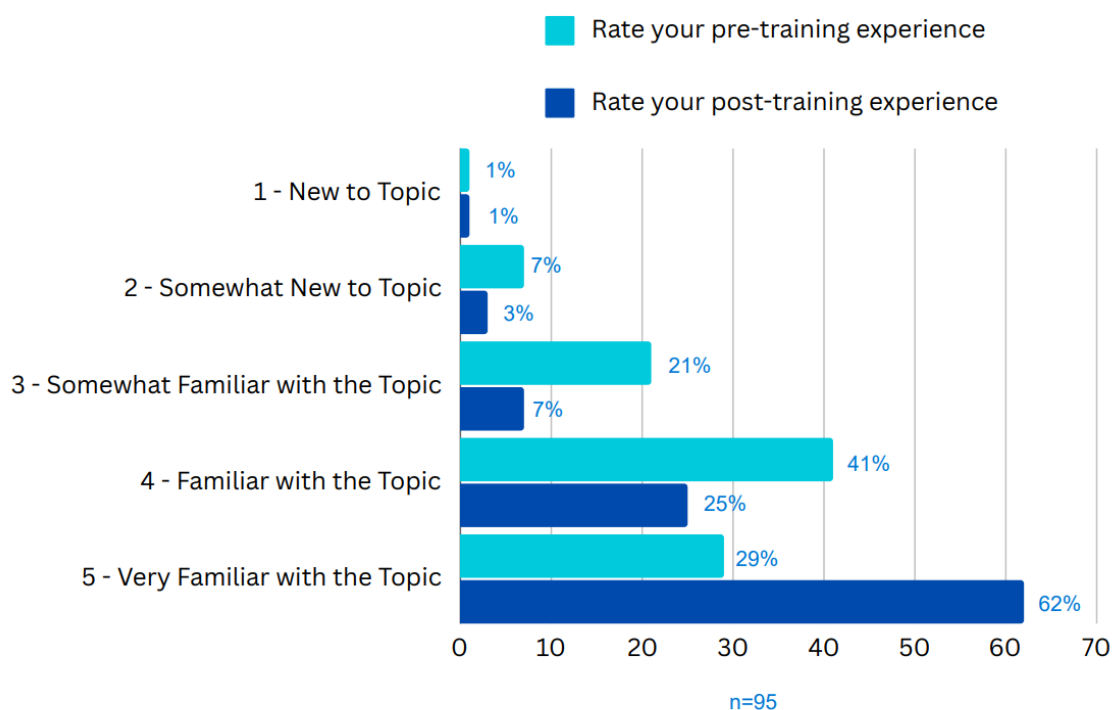
current program efforts to support this important cause.

Education and Training

As a critical part of the child safety community, Child Welfare professionals have a role in supporting families to reduce risk of sleep related death through education and engaging families in conversations about their infant's sleep practices. To effectively have these conversations, Child Welfare professionals need to be educated on safe sleep practices and have the necessary resources available to them.

Self-study trainings tailored to a Child Welfare professional's role, opportunities to practice having safe sleep conversations with families alongside community partners, and access to tangible resources are all a part of the plan to prepare Child Welfare professionals to support families in safely caring for infants. Child Welfare is collaborating with other state agencies and community partners to ensure consistency in messaging received by families.

Self-study trainings are available for Social Service Specialists in screening, safety, permanency, certification, and adoption. Versions for certified resource families and other family-serving professionals were released in 2021 and continue to be promoted. Ongoing updates to the self-study curriculums are made based on learning and input from case reviews, Child Welfare professionals in the local offices, as well as Oregon Tribal members, and other community partners. Input was actively sought through multiple methods from parents of infants and a variety of family serving systems throughout the development of the safe sleep self-studies. Over 2300 child welfare professionals have completed the trainings. Due to a technology issue the feedback results for all the studies, except the family serving professionals version, were lost. Some of the positive impact is evident in the graph below which represents results from 95 family serving professionals who chose to complete the evaluation. These professionals represent a variety of roles including Self-Sufficiency professionals, WIC employees, substance use disorder treatment providers, and mental health professionals.



Sleep practices promoted in the self-study are consistent with the American Academy of Pediatrics safe sleep guidelines. These self-paced educational materials take approximately one hour and by the end professionals should be able to:

- Identify actions that increase and decrease the risk factors of SUIDS and sleep-related infant deaths.
- Recognize safe and high-risk sleep environments.
- Communicate safe sleep practices to pregnant and parenting individuals with a strength based, trauma aware approach that honors their values and needs.

Each self-study includes a knowledge check and opportunity to provide feedback which has been overwhelmingly positive from all audiences.



SAFE SLEEP TOY DISPLAY

To emphasize the importance of safe sleep practices and assessing safe sleep environments for infants, all Child Welfare and Self-Sufficiency offices were offered safe sleep environment displays which consist of a toy doll, wearable blanket, a toy version of a safe sleep surface, and safe sleep educational materials (see photo to left). These were set up in high traffic areas within offices so Child Welfare professionals and members from the community have a visual reminder of what a safe sleep space should look like and can access safe sleep related educational materials.

Partnership and Engagement

Strong partnership and engagement between Child Welfare and other state agencies and community-based providers is critical to ensuring Child Welfare's role in the community response is proportionate and supportive. Below are some examples of partnership and community engagement efforts involving CFPRP to promote infant safe sleep awareness.

Raise Up Oregon: A Statewide Early Learning System Plan for 2019-2023 (see attachment, "Raise Up Oregon – A Statewide Early Learning System Plan") identified prevention of sleep related infant deaths as a priority for Oregon's early learning system. A workgroup tasked with developing recommendations for a statewide coordinated effort was formed in 2020. Participants from a wide range of family serving systems, including culturally specific organizations and CFPRP members, met to develop the recommendations which were presented to the Raise Up Oregon Agency Implementation Coordinating Team. The workgroup recommended the development of a statewide coordinated effort to improve infant safe sleep practices, decrease sleep-related infant deaths, and reduce relative disparities in sleep-related deaths between White and Black and American Indian/Alaska Native infants ([See Safe Sleep Workgroup Report and Recommendations](#)). Upon completing the recommendations report, the workgroup elected to continue meeting on a quarterly basis and further explore ways to reduce sleep related infant death in Oregon. This group is known as Oregon's Safe Sleep Coalition. As highlighted in the recommendations, sleep related infant deaths for African American/Black and Native American/Alaska Native infants are two to three times greater than white infants. These disproportionate rates demand a different approach and the need for culturally specific efforts are at the forefront of the Safe Sleep Coalition's efforts as well as CFPRP's strategies.

During National SIDS Awareness Month each September the CFPRP, in coordination with the ODHS communication team, undergoes an effort to educate and engage parents and providers via social media using the toolkit provided by the National Institute of Health (NIH).

To facilitate feedback from providers and parents, CFPRP is coordinating a safe sleep pilot within the Nurture Oregon, Plan of Care Pilot. In this pilot, safe sleep conversations begin as part of prenatal care with a trusted professional and continue while the participant remains within the program. As part of the Plan of Care, safe sleep will also be addressed by the pregnant or parenting individual and their care team. Nurture Oregon professionals were provided the Safe Sleep for Oregon's Infants self-study to develop or enhance their knowledge of safe sleep practices. In addition to the education, each parent receiving services through Nurture Oregon is offered a safe sleep kit, including a portable crib, wearable blanket, and some educational materials. According to the 2023 Nurture Oregon Progress Report, 63% of the 166 participants for whom data was available received some sort of safe sleep materials whether that be a sleep surface, educational materials, or both (see attachment "2023 Nurture Oregon Progress Report").

Members from CFPRP as well as ORCAH and Child Safety Program are participants in the National Partnership for Child Safety Affinity Group: Safely to Their First Birthday. The focus of this group is upstream prevention, compassionate, equitable screening, safety threat identification, and CPS assessment disposition after sudden unexpected infant deaths (SUID).

CFPRP members continue to meet with local child welfare offices and other family serving systems as requested to discuss efforts to reduce sleep related risk and promote harm reduction messaging consistent with AAP guidelines. An example of this partnership is seen in the ongoing work with the Willamette Health Council's (WHC) Prevention, Education, and Outreach group who has made promoting safer infant sleep their focus area for 2023. The WHC requested a presentation from ODHS on SUID data and ODHS efforts to ensure consistent and effective messaging for families. This presentation was completed by members from CFPRP and local office leadership in Marion County.

Concrete Support

Local Child Welfare offices continue to express the urgent need for immediate resources to ensure safe sleep environments for infants. Between 2020, when CFPRP began providing portable cribs to local Child Welfare offices, and 2023, over 2000 sleep surfaces have been distributed to ODHS offices and community partners statewide. This includes the 780 sleep surfaces and wearable blankets, commonly known as sleep sacks, distributed in 2023. These resources can also be shared with other ODHS programs, community partners, and Oregon Tribes. In partnership, a county level public health department has hosted multiple safe sleep classes in the community and distributed CFPRP provided sleep surfaces to participants. The most recent event in spring 2024 engaged 40 caregivers, including those from multi-generational families, with representation from three languages.

Supporting Infants Exposed to Prenatal Substance Use and Their Families

In 2022 and 2023, 53 Critical Incident Reviews Teams (CIRTs) were assigned by the ODHS Director. All 53 CIRTs involved the review of a critical incident that resulted in a child fatality, 22 of which involved an infant fatality, and of those 22 infant fatalities reviewed by the CIRT, 21 had familial substance use concerns identified in the family's child welfare case record, and 12 were identified as infants with prenatal substance exposure. With this data in mind, Child Welfare's continued implementation of the Comprehensive Addiction and Recovery Act (CARA) is under the umbrella of CFPRP and has been incorporated into the comprehensive plan to prevent child maltreatment fatalities. Two CARA coordinator positions were hired in April of 2021 to continue efforts

to develop, implement, and monitor Plans of Care, and further advance efforts related to infant safe sleep in cases requiring a Plan of Care. The CARA coordinators continue to collaborate with the Oregon Health Authority (OHA) in efforts to move all aspects of implementation forward.

Oregon is making a concerted effort to address barriers to engagement and improve the implementation and reach of evidence-based strategies including coordination of care, medication for opioid use disorder, contingency management, resource navigation and support through peer doulas, and non-punitive policies. These efforts to date have included:

- Monthly collaborative meetings between Oregon Department of Human Services, Oregon Health Authority, and Comagine Health to create a plan for implementing Plans of Care (including data reporting infrastructure) to improve access to and coordination of care for pregnant and postpartum people with substance use disorders.
- An emphasis on non-punitive approaches to care includes prioritizing family unity, removal prevention, and limiting reporting to Oregon Child Abuse Hotline (ORCAH) only when a safety concern is present at or after the time of delivery but not during pregnancy or for substance use exposure during pregnancy alone. In contrast with some states, Oregon does not include prenatal substance exposure in the statutory definition of child maltreatment.
- Piloting Plans of Care with a subset of community-based organizations through Nurture Oregon sites to understand barriers and facilitators to implementation and consider how to create and refine systems. The Nurture Oregon demonstration kicked off in August of 2021. 225 Nurture Oregon participants gave birth by the end of the reporting period (December 2023) and had data on child welfare involvement. Of those who gave birth, 60% had a Plan of Care developed and 63% had their Plan of Care developed prenatally. 66% of participants went home from the hospital with their Nurture Oregon child and did not experience a removal at birth.

See attachment “2023 Nurture Oregon Progress Report”.

Statewide Implementation

ODHS Child Welfare and the Oregon Health Authority (OHA) have contracted with Comagine Health to facilitate statewide implementation of the Comprehensive Addiction and Recovery Act (CARA), including Plans of Care. Representatives from ODHS Child Welfare, OHA and Comagine Health have met monthly as part of an interdisciplinary Planning Team since 2022. These meetings are facilitated by Camille Cioffi, PhD. Dr. Cioffi is a consultant with Comagine, Research Assistant Professor at the University of Oregon, and Research Scientist at Influents Innovations. Dr. Cioffi’s research centers community voices through mixed methods approaches and equitable implementation and focuses on supporting pregnant and parenting people, particularly people with substance use disorders. Through these monthly meetings and information gathering with early adopters of Plans of Care, namely Nurture Oregon sites, and Health Information Technology representatives, the Planning Team has developed a statewide implementation plan rooted in the goals of improving access to coordinated care, reducing stigma and increasing engagement, maintaining infants with families, and eliminating or reducing Child Welfare involvement.

Comagine Health and the Oregon Perinatal Collaborative (OPC) plan to reduce maternal mortality and severe maternal morbidity related to Substance Use Disorder (SUD) in Oregon through a comprehensive implementation of the [Alliance for Innovation on Maternal Health](#) (AIM) Care for Pregnant and Postpartum

People with SUD Patient Safety Bundle. Bundle implementation will be supported and enhanced by partnerships with key organizations including Oregon Health and Sciences University, Project Nurture & Nurture Oregon, providers, and peer support specialists. Comagine has established a Maternal Health Task Force (MHTF) comprised of public health professionals, providers, payers, and consumers to support this work. Two members of the CARA Planning Team, representing OHA and ODHS, are also members of the MHTF. Oregon intends to focus on perinatal SUD, with aims of using (and making available) the data to drive OPC planning to implement quality improvement efforts within hospitals and birthing centers, beginning with facilities located in service areas with a Nurture Oregon site.

Quality improvement efforts will be rooted in the SUD AIM patient safety bundle which includes several elements focused on CAPTA notifications and Plans of Care development. The planning team has identified the need for a community-driven process for identifying the optimal elements of a Plan of Care, destigmatizing the instructions, and emphasizing the birthing person as the change agent of their own lives and the lives of their family members. To date, they define a team model that proposes the Planning Team as an Implementation Team and a new decision-making body composed of individuals with lived experience navigating pregnancy and postpartum with Substance Use Disorder (SUD) and community professionals. To support this effort, Comagine Health established and facilitates a Lived Experience Community Board to gather essential input on the Plan of Care and Notification systems processes. Meeting topics include orienting members to the purpose of the Plan of Care, providing input on the current Plan of Care document and guidance, and providing input on the hospital notification system. The Maternal Health Taskforce will serve as the decision-making body for community professionals. See attachment “Family Care Plans in Oregon by Comagine Health”.

Child Welfare Policy and Practice

Within Child Welfare, continued education, support, training, and mutual learning through feedback has occurred with CPS and permanency consultants and Child Welfare professionals in the local offices (screeners, caseworkers, Coaching and Training Specialists, Addiction and Recovery Teams, supervisors, and management). The following are examples of specific workforce support and development efforts pertaining to CARA and Plans of Care:

- CARA Coordinators developed and delivered trainings to Child Welfare professionals across the state to reinforce Child Welfare’s responsibilities with the development of Plans of Care. In addition, local Child Welfare offices were allotted funding to support the concrete needs of child welfare involved families with a Plan of Care in place. The process to utilize the funding was also shared during these trainings.
- To offer ongoing support a CARA specific Microsoft Teams channel was created for Child Welfare professionals statewide to give real time access to CARA specific information and ask questions as they arise.
- Child Welfare is developing staffing guidelines for cases involving infants and substance use that emphasizes developing Plans of Care and referrals to community-based services and recovery supports. Since substance use disorder is not the only complicating factor associated with infant fatalities, the staffing guidelines will highlight other factors including safe sleep and responsive relationships. Work is underway to enhance Child Welfare procedure and practice when a report is closed at screening on an open CPS assessment to ensure timely communication occurs between ORCAH and CPS caseworkers and supervisors. Additional procedure is being developed for CPS assessments where multiple reports are received in a short period of time involving infants aged 0-12 months, whether they are assigned or closed at screening. The procedure will require direct contact

between an ORCAH supervisor and a CPS supervisor to communicate information contained in the report(s) and ensure appropriate screening and CPS assessment decisions are made.

- In consultation with the Child Safety Program and CFPRP, the Oregon Child Abuse Hotline (ORCAH) is taking steps to support early identification of assigned reports with infants in the home. Beginning 3/7/2023, ORCAH flags reports by adding “INFANT” to the subject line for local office notification. Child Welfare has implemented several strategies to account for the increased vulnerability of infants on CPS assessments and open permanency cases, including assessing the safe sleep environment, ensuring the development of Plans of Care for infants with prenatal substance exposure, and encouraging the utilization of infant safety staffings. These strategies are intended to support engagement with families around topics specifically related to infant safety and wellbeing. Adding the infant flag to the assignment email will help alert workers and supervisors to consider these strategies when engaging with a family who has an infant.
- Child welfare professionals have received additional practice guidance promoting the development of prenatal Plans of Care for cases involving pregnant individuals using substances including Expectant and Parenting children and young adults in foster care and pregnant people associated with cases open for ongoing services or CPS assessment.
- Several family serving systems in Oregon conduct strengths and needs assessments and develop plans that incorporate content that is also included in a Plan of Care. CARA coordinators are guiding Child Welfare professionals developing Plans of Care to collaborate with other family serving professionals like family coaches and nurse home visitors to identify the underlying strengths and challenges families may be experiencing. CFPRP and Child Safety Program have partnered with the Health and Wellness Services Program to bring Resource Nurses into the CPS assessment phase when certain criteria apply, one of the criteria being an infant identified as a participant on the CPS assessment. The Resource Nurses are prepared to help caseworkers develop Plans of Care on cases where the infant was exposed to substances during the prenatal period. In addition to support with the development of Plans of Care, the Resource Nurses will assist with a variety of tasks including but not limited to safe sleep and tummy time education, developmental assessments, and identifying potential referrals for the caregivers.

Changes to Policy or Practice, and Lessons Learned

To center the needs of the entire family, the statewide CARA Planning Team is shifting to using the term ‘Family Care Plan’, rather than ‘Plan of Care’. Until rules, procedures, and forms are updated the term Plan of Care will be used for clarity and consistency. As Oregon moves toward statewide implementation, the opportunity exists to revise the Plan of Care template and instructions to ensure it supports families as intended and is user friendly for providers.

The term and definition in Oregon Administrative Rule for ‘substance affected infant’ was updated to ‘infant with prenatal substance exposure’. This promotes person centered language when talking about families in need of a plan of care. The definition now reads:

“Infant with prenatal substance exposure” means an infant, regardless of whether abuse is suspected, for whom prenatal substance exposure is indicated at birth. This includes any of the following circumstances:

- (a) There is credible information the birthing parent used substances during the pregnancy or at the time of birth;
- (b) Prenatal substance exposure is determined by a positive toxicology screen from the infant or the birthing parent at delivery; or

(c) An infant whose health care provider has identified signs of substance withdrawal, a Fetal Alcohol Spectrum Disorder diagnosis, or detectable physical, developmental, cognitive, or emotional delay or harm associated with prenatal substance exposure.

Challenges & Technical Assistance

Nurture Oregon sites identified the following challenges and barriers in 2023:

- Nurture Oregon sites and participants face stigma from other agencies as it relates to serving pregnant people with substance use disorder.
- Limited housing options in rural and frontier counties, and limited access due to restrictive eligibility criteria.
- Lack of central electronic platform to share Plans of Care with hospitals and other external community partners.

See attachment “2023 Nurture Oregon Progress Report”.

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”).

Therefore, 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.

The implementation of this agreement shall be guided by the following objectives:

- Programmatic, Policy, and Relationship Building
 - To prevent duplication and fragmentation of effort and services.
 - To promote long-term planning.
 - To collaborate on policy and systems initiatives for and with the shared population.
 - To promote equitable, culturally, and linguistically appropriate, family centered, and trauma informed systems and services that are responsive to community needs.
 - To support collective approaches to responding to statutory requirements, such as CARA/CAPTA Plans of Care, State Child Death Review and Prevention Team and State Technical Assistance Team.
 - To collaborate on outreach and increase public awareness of services and supports for safe, stable, and nurturing families and to prevent child maltreatment.

- Assessment, evaluation, surveillance, and data sharing
 - To establish a systematic process for the timely sharing of programmatic and surveillance data.
 - To enhance collaboration on statewide needs assessment, evaluation, and surveillance to support the health and safety of the shared populations we serve.
- Resource Sharing
 - To explore and support opportunities to share and/or align resources (e.g., funds, systems, staff time) across the agencies to support joint initiatives.

Prevention Kits

CFPRP purchased 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 were shipped to local Child Welfare and Self Sufficiency offices to provide families with items that improve household safety by reducing risk. Examples of items include window locks, firearm locks, and medication storage items. These kits arrived in late 2022 and many items have already been distributed to families across the state. An additional order for more items were placed in the summer of 2023 which included the items listed above as well as bicycle helmets. Lifejackets in a variety of sizes were also delivered to local offices to provide to any family in need.

Community Needs Assessment – Social Determinants of Health

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 of the socioeconomic conditions, health disparities and the array of existing services available to children and families in local communities. Additionally, CFPRP is currently researching and reviewing evidence-driven strategies for incorporating Social Determinant of Health considerations formally into the Critical Incident Review Teams. CFPRP plans to incorporate a minimum of one identified strategy no later than Winter 2025 to support the thorough and equitable consideration of the totality of a family's circumstances in the CIRT process.

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 culturally responsive, 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 services². 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

² <https://www.oregon.gov/ode/students-and-family/SpecialEducation/earlyintervention/Documents/govreport.pdf>

Oregon - A Statewide Early Learning System Plan”) 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

In 2023, 78% of CIRTIS identified substance use concerns present in case history (prior to the critical incident) involving abuse or misuse with alcohol, legal or illegal drugs and/or prescription drugs regarding the parent(s) and/or caregiver(s) of the child involved in the critical incident. In addition, 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 CIRTIS 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 Equity, Workforce, Training, and Development Team is exploring ways to streamline statewide training expectations for all child welfare professionals on topics related to substance use, introduce an evidence-based screening tool for substance use concerns, and provide centralized coordination for the 25 child welfare 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 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. This 12-month hybrid fellowship aims to help finance professionals to imagine and implement new ways to direct funding toward prevention programming that keeps children safely at home with their families, reducing the need to place children in foster care. Oregon will collaborate with Dr. Lindsey to develop funding pipelines aimed at preventing family separation in the case of a substance exposed newborn and provide opportunity to share the results with the 38 jurisdictions involved in the National Partnership for Child Safety.

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

CFPRP conducted system mapping in fall 2023 to better understand barriers to engaging noncustodial caregivers in child welfare practice, with emphasis on fathers. Fathers have a societal bias as being secondary caregivers which is reflected in child welfare practice. A need for enhanced father and noncustodial caregiver engagement emerged as a trend in child fatality cases. Father engagement and participation in case planning often results in improved child welfare outcomes. The safe systems mapping team consisted of 42 child welfare, and broader child and family serving professionals, including individuals with lived experience.

The mapping sessions highlighted pervasive barriers fathers experience across the Child Welfare system and the broader child and family serving system. Five recommendations were developed to improve child welfare practice:

- Explore development of regional assignments, such as existent structure in Child Welfare “champions,” which focus on fathers and parents who are not primary custodians of their children.
- A section of training specific to father engagement in new employee training, and exploration of available training opportunities to infuse elements of implicit bias, secondary trauma, and their impact to individual casework practice.
- Develop a tool which maps father-specific services available in the state. This tool must be developed in collaboration with lived experts of child welfare involvement.
- Evaluate areas in policy, procedure, and databases (such as OR-Kids database used by caseworkers) where “hard stops” may be implemented for identifying and purposely engaging fathers.
- In consultation with ODHS Office of Tribal Affairs and Oregon Tribes, support development of specialized advocate role(s) for Indigenous father engagement, including but not limited to ICWA/ORICWA, and explore additional prevention efforts.

In 2024, a work charter is being formed to strategize and carry out implementation of these recommendations. Additionally, the mapping highlighted deficits in the broader child and family serving system outside of ODHS. The mapping team recommended the development of an interagency council to address the wide-reaching barriers. See attachment “Recommendations addendum” for more information about this. There is no current plan to implement this broad recommendation, though CFPRP has shared it with several statewide partners.

Collaboration

Collaboration is part of the CFPRP mission and integral to ensuring community voice in all work. Some of the collaborative efforts are detailed below and demonstrate how the work is aligned with the Vision for Transformation, including supporting families and promoting prevention, enhancing our staff and infrastructure, and enhancing the structure of our system by using data with continuous quality improvement. For more information on how the work of CFPRP aligns with the Vision (see attachment “CFPRP Vision for Transformation”).

- Depending on the circumstances, CFPRP includes the Office of Tribal Affairs within the ODHS Director's office, law enforcement agencies, probation and parole officers, Self Sufficiency Programs, Oregon Health Authority, medical professionals, Oregon Youth Authority, Alcohol and Drug Policy Commission, the Oregon Tribes or other federally recognized Tribal Nations, service providers, subject matter experts, or others with specific information related to the family or the larger family serving system as members of a Critical Incident Review Team (CIRT).
- CFPRP seeks the expert insight of the Office of Tribal Affairs in the Critical Incident Review Process. Child Welfare's commitment to Oregon Tribes and other federally recognized Tribal Nations having voice in the work of CFPRP remains central to the work. CFPRP ensures the Office of Tribal Affairs is involved in the CIRT process at the earliest possible juncture when the fatality of a child with Native ancestry meets review criteria.
- CFPRP received expert consultation and guidance from ODHS Tribal Affairs about reducing traumatic impact when a child dies and ensuring Tribal Nation engagement and voice. The guidance is incorporated into the Fatality Protocol revisions and the plan remains for future partnership to draft procedures on the topic.
- CFPRP engaged in and continued to develop communication and connection with multiple community partners to open and maintain lines of communication and be responsive regarding their needs and concerns surrounding young persons suicide. This included:
 - Actively participating in local and regional statewide suicide prevention coalitions throughout Oregon.
 - Sharing activities, initiatives, and strategies for suicide prevention and intervention.
- CFPRP was represented through membership in the Oregon Alliance to Prevent Suicide and included participation in sub-workgroups related to equity in the continued support of diverse and underrepresented communities to access suicide prevention and intervention supports.
- CFPRP supported workforce and community suicide prevention and postvention programs through ongoing collaboration with the Oregon Health Authority public and behavioral health Suicide Prevention Coordinators as well as collaboration with ODHS Trauma Aware.
- CFPRP continues collaboration with ODHS Shared Services, Oregon Health Authority, and REAP in the development and implementation of the Oregon Child Welfare YouthSAVE training module with full implementation slated for Fall 2024. CFPRP continues collaboration with the ODHS Child Welfare Equity, Training, and Workforce Development Program to provide enhanced Question, Persuade, Refer for Resource Parent training and additional information and guidance to support resource parents in caring for children and young adults in their care.
- CFPRP continues collaboration with Oregon Health Authority and Oregon Department of Education as part of the State Agency Partnership to share and develop best practice strategies for suicide prevention and intervention for Oregon's young people.
- In response to increasing Fentanyl related overdoses, CFPRP is collaborating with other state agencies in furthering education and treatment options related to young persons substance use. CFPRP is currently conducting an evaluation of ODHS' current efforts to address child substance use by consulting with experts to determine whether additional intervention strategies are indicated.

- CFPRP, as part of the CIRT process, continues to lead the creation and oversee the implementation of system and practice recommendations developed in response to child fatalities through collaboration with numerous and varied system partners.
- Through the National Partnership for Child Safety (NPCS), CFPRP collaborates with 38 state, county and Tribal child and family serving agencies and technical assistance advisors in support of safety science implementation.
- CFPRP continues collaboration with the interdisciplinary State Child Death Review and Prevention Team and all 36 multidisciplinary county child death review teams to enhance Oregon's death review system, death review data collection, and resulting prevention efforts. Some of the collaborative efforts include:
 - Ongoing implementation of the Child Death Review Resource and System Improvement Plan which was informed by the county child death review team needs assessment. All 36 county multidisciplinary teams had voice in the assessment and the plan.
 - Outreach to each county death review team when a prevention recommendation is entered into the National Fatality Review – Case Reporting System. The outreach includes acknowledgement of the effort, an offer of support, and follow through with supporting the prevention work in the manner requested by the county.
 - Establishing a workgroup of external partners whose role is impacted by death investigation to address equity in child death investigation across Oregon counties.
 - Initiated and participated in a listening and education session with county child death review teams related to overdose prevention.
- CFPRP initiates and engages in extensive collaboration statewide with child and family serving professionals and organizations and those they serve in efforts to support infant safe sleep practices. This includes:
 - Partnership with health care providers to strategize community messaging efforts to promote safer infant sleep environments.
 - Continued promotion of self-study document on infant safe sleep education for Oregon Family Serving Professionals which includes input from parents of infants and a variety of family serving professionals and organizations. This was developed in response to a community voiced desire to improve consistency of infant safe sleep education across family serving systems (see attachment "Safe Sleep for Oregon's Infants").
 - Support of Safe Sleep Awareness month activities for The Confederated Tribes of Grande Ronde by providing data, talking points, and resources regarding safe infant sleep practices.
- Continued engagement with child formerly in foster care for consultation on the work of CFPRP.
- CFPRP continues collaboration with individuals, professionals, and organizations impacted by or essential to implementing the Comprehensive Addiction and Recovery Act and specifically Plans of Care with the objectives of increasing engagement, maintaining infants safely with their families, eliminating or reducing child welfare involvement, mitigating the impact of substance use, and supporting parents diagnosed with substance use disorder with their recovery. CFPRP continues to engage the following groups throughout the statewide implementation process:
 - Oregon Health Authority (OHA) Public Health Division
 - Maternal and Child Health

- Health Promotion and Chronic Disease Prevention
- Injury and Violence Prevention
- OHA Health Systems Division
- Addiction Services
- Behavioral Health Policy and Planning
- OHA Health Policy and Analytics Division
- Transformation Center
- Patient-Centered Primary Care Home Program
- Quality and Health Outcomes Committee (QHOC)
- Coordinated Care Organizations
- Every Step Clinics
- Project Nurture
- Nurture Oregon
- Substance Use Disorder Treatment providers and programs
- Health Care Professionals (doctors, nurses, midwives)
- Community Health Workers (traditional health workers, peer support specialists, doulas)
- Oregon MothersCare Program
- Family Connects Oregon
- Babies First!
- Healthy Families Oregon
- Nurse Family Partnership
- Healthy Birth Initiative
- Help Me Grow
- Oregon Association of Relief Nurseries
- Northwest Portland Area Indian Health Board
- Office of Tribal Affairs
- Raise Up Oregon
- Connect Oregon (Unite Us)
- Prevent Child Abuse Oregon
- Oregon Sexual Assault Taskforce
- Morrison Child and Family Services
- Families Actively Improving Relationships (FAIR) Program
- Comagine Health
- WA State Department of Children Youth and Families
- Early Learning Council
- Ongoing collaboration with health care providers across the state to discuss caring for infants with prenatal substance exposure and supporting their families by way of Plans of Care.
- CFPRP has active engagement and collaboration with numerous ODHS and OHA programs. At ODHS this includes the following: Tribal Affairs, Child Welfare Programs, Office of Program Integrity, Office of Contracts and Procurement, Office of Reporting, Research, Analytics, and Implementation, Office of Equity and Multicultural Services, Self-Sufficiency Program, Communications, ODHS Director's Office, Trauma Aware ODHS, Office of Training, Investigations and Safety, and Developmental Disabilities

Services. At Oregon Health Authority this includes the following: Behavioral Health, Zero Suicide, Youth Suicide Prevention Intervention & Postvention Program, Oregon WIC, Injury and Violence Prevention Program, Public Health, Maternal and Child Health, Youth and Runaway Program, Addiction Services Program, Youth and Young Adult Substance Use Collaborative, and the Center for Prevention and Health Promotion.

- CFPRP has active engagement and collaboration with external partners to develop data-informed and innovative strategies for prevention. This includes the following: Community Health Nurses, Oregon Tribes, Oregon Judicial Department, Oregon Department of Justice, local law enforcement agencies, Oregon Association of Chiefs of Police, District Attorneys, Oregon State Child Death Review and Prevention Team, 36 county child death review teams, Oregon Child Abuse Solutions, Oregon Parenting Education Collaborative parent coordinators and trainers, health care professionals, Relief Nurseries, Birthing Hospitals, Jackson Care Connect, Home Visiting Programs, Child and Family Futures, Oregon Perinatal Collaborative, Overdose Response Strategy, Doulas, Traditional Health Workers, Peer Support Specialists, Certified Recovery Mentors, Raise Up Oregon, Child Advocacy Centers, Designated Medical Professionals, Substance Use Disorder treatment professionals, YouthSAVE, YouthLine/Lines for Life, County Suicide Prevention Coalitions, Oregon Liquor and Cannabis Commission, REAP, Oregon Alliance to Prevent Suicide, Oregon Social Learning Center, State Medical Examiner's Office, Connect Postvention, Association of Oregon Community Mental Health Programs, Portland State University, Trauma Aware Oregon, Hospital Social Workers, National Center for Substance Abuse in Child Welfare, Early Intervention, Oregon Health Sciences University Safety Center, QPR Institute, Affinità Consulting, NPCS Innovation and Implementation Learning Community, NPCS Peer Leaders, NPCS Data Sharing Workgroup, NPCS Affinity Group: Safely to Their First Birthday, and the University of Kentucky Center for Innovation in Population Health.
- Ongoing collaboration with Oregon's Early Learning Division and Department of Education to improve Early Intervention referral and engagement as required by CAPTA.
- Continued communication with various Coordinated Care Organizations to develop and streamline local processes for Child Welfare professionals to connect families to community-based resources.
- CFPRP continued to develop partnerships with fathers with lived experience from diverse communities. CFPRP regularly attends and assists the Father's Advisory Board (FAB), which is supported by District 10 Child Welfare. FAB advocates for improved outcomes for fathers in Child Welfare, and the broader family serving system. CFPRP developed partnerships with numerous other partners for improved outcomes with fathers including Casey Family Programs, Washington Department of Children, Youth & Families, Washington Tribal Affairs, Oregon Department of Corrections, Multnomah County Health Department: Health Birth Initiatives Father Involvement Program, Self Enhancement Inc., Relief Nursery of Lane County, We Are 4 Fathers, Unity Our Tool, Painted Horse Recovery, and Morrison Child & Family Services.

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.
- Developed and provided Suicide Prevention training for Oregon Child Abuse Hotline staff containing information specific to enhanced impact factors for suicide, including increased impacts for Tribal/ Indigenous young persons.
- Collaborated with the Confederated Tribes of Grand Ronde Children and Family Services to provide free life jackets to have available for distribution when a need is identified in the community. CFPRP members participated in and completed the DOJ-led ORICWA training to enhance understanding of ORICWA in the Court System.
- Developed new internal data dashboard to improve understanding of infant safety and well-being with ability to filter by Race/Ethnicity and ICWA status. This data will provide new opportunities to share data, partner with Oregon Tribes and community at all levels of prevention.
- Provided information on *Building Psychological Safety to Advance a Safety Culture* at the Tribal Affairs Unit Quarterly meeting.
- Provided information on Critical Incidents, Plans of Care and CFPRP's current child maltreatment prevention strategies at ICWA Advisory.
- Provided information on CAPTA supplemental funding available through the American Rescue Plan Act at the ODHS Directors and Oregon Tribes Quarterly Convening.
- CFPRP members presented on Innovations in Infant Safety and Wellbeing at the 2023 Tribal State ICWA conference where culturally specific resources and data were shared regarding Plans of Care. This presentation included an overview and dissemination of printed materials from the Northwest Portland Area Indian Health Board's Family Wellness Plan toolkit.
- 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.

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 in order 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 – University of Kentucky Center for Innovation in Population Health. 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