

Oregon Safe Systems Mapping - Spring 2021

Overview

In the spring of 2021 the Child Fatality Prevention and Review Program (CFPRP), in partnership with the Child Safety Program, facilitated the first safe systems mapping sessions for Oregon Child Welfare. This process was facilitated with the much-appreciated support of Dr. Tiffany Lindsey from the University of Kentucky Center for Innovation in Population Health.

The purpose of safe systems mapping is to discuss in a group of experienced professionals their perceptions of what factors influence identified improvement opportunities. Improvement opportunities are defined as actions or inactions in cases reviewed by the CIRT/Safe Systems Coordinator that are either relevant to the outcome or an important industry standard. In safe systems mapping, these improvement opportunities 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.

Improvement Opportunities

In this inaugural round of safe systems mapping, the team explored improvement opportunities in cases involving parental substance use disorder (SUD). These improvement opportunities were representative themes across nine cases reviewed through the CIRT and Safe Systems Analysis processes between August 2019 and March 2021. In addition, of 48 total cases reviewed in the time period, 20 cases had actionable scores under Caregiver Substance Use in the Family Domain of the Safe Systems Improvement Tool¹, meaning substance use required some level of intervention, regardless of whether or not there was an associated improvement opportunity. The four improvement opportunities presented to the mapping team for discussion were as follows:

1. Assessments were incident-focused and did not account for the increase in or persistence of substance use over time and the resulting impacts to child safety.
2. The extent and impact of parental substance use was not adequately addressed in relationship to safe infant care.
3. The assessment of and response to parental substance use was hindered by the underutilization of Addiction Recovery Team (ART)/Family Involvement Team (FIT) contracted services and limited access to engagement resources (i.e., ART/FIT Outreach, Parent Mentors).

¹ https://praedfoundation.org/wp-content/uploads/2021/05/2021.01.15_REFERENCE-GUIDE_-SSIT_Final.pdf

4. The use of comparison in assessing aspects of parental substance use negatively impacted child safety decisions. This comparison ultimately conflated “least unsafe” with “safe” when evaluating caregivers or the risk to child safety based on types of substances being used.

Mapping Process and Results

The safe systems mapping team met a total of five times throughout April and May 2021. The first two meetings were focused on mapping the improvement opportunities and all of the information was captured on a [visual map](#). The next three meetings focused on brainstorming strategies for improvement. One theme that was clear throughout the mapping process was the need to equip child welfare professionals with information and professional support to engage and make sound safety decisions with families. Child welfare caseworkers are tasked with the responsibility of being knowledgeable about many topics (SUD, mental health, domestic violence, child development, etc.) often all in one day and sometimes all in one interaction. Oregon has long supported a teaming model in SUD cases, but shortcomings exist due to insufficient funding and position allocation. Caseworkers need support and perspective from individuals with lived experience as well as professional experience in the field of SUD assessment, treatment, and recovery. Addiction Recovery Teams with diverse knowledge and expertise support caseworker growth and professionalism and provide supportive and equitable service to families.

Recommendations

After thorough review of the map and the brainstorming session notes, recommendations for system improvement could be organized into four categories; ART/FIT and contracted services, practice/procedure, training/workforce development, and family/community supports. In each of these categories, a variety of strategies were discussed among mapping participants. The Safe Systems Coordinator then compiled all of the team’s good thinking into a [table of recommendations](#) for consideration.

The CFPRP and the Child Safety Program have identified eight recommendations we would like to elevate for executive leadership consideration:

1. Restructure and expand ART/FIT and corresponding contracted services

The team discussed in depth the limitations of the current structure and allocation of ART/FIT resources across the state and the negative impact to casework practice and service delivery for families experiencing SUD. A number of recommendations were identified to address internal staffing, contracts, as well as access to services.

ART/FIT ODHS Child Welfare Positions

- Centralization of ART Leads (coordination or management)
- Reclassification of ART Leads to SSS-2’s
- Position description for ART leads (consider professional development aspects, such as CADC)

- Develop a workload model to determine adequate staffing levels for ART/FIT Leads across the state

ART/FIT Contracted Services

- Right-size contracts with ART providers, increase access to outreach for up-front engagement with families
- Diversify pool of support/resources available (peer mentors, contracted nurses, outreach, navigators, CADCs)

Access to Services

- Clarify current contract requirements – remedy barriers to immediate access
- Increase front-end services to be accessed from initial contact
- Look for opportunities to pool resources - there is a benefit of having services co-housed (home visiting programs, outreach, navigators, peer mentors, etc.) with financial resources to meet concrete needs and the ability to be nimble in level of supports offered

2. Develop comprehensive SUD case practice guidelines

Throughout the conversations with the mapping team, it became clear the improvement opportunities were impacted by the limited guidance provided to caseworkers and supervisors when engaging with families experiencing SUD. There are detailed guidelines and toolkits available for cases involving sexual abuse and domestic violence, yet a similar resource does not exist for cases involving substance use.

3. Develop a process for referring to community-based supports or services on reports that are closed at screening

Over the course of the mapping exercise, prevention efforts were discussed time and again, including mechanisms to provide support to families before formal child welfare involvement. The team identified a need to develop specific criteria for referrals to community based supports or services on reports not assigned but documented as a Closed at Screening report, which has long been a requirement of CAPTA (*Ensuring children's safety and making referrals to other services*: A state must have procedures to refer children not at risk of imminent harm to a community organization or voluntary preventive service). This level of preventative work is phase two of Oregon's FFPSA plan, but it is highlighted as a pressing need by the mapping team. Formation of a workgroup to clarify CAPTA requirements and develop a process for referral to community-based supports and services when a report is closed at screening, is recommended.

4. Develop statewide staffing guidance for infant cases

In the majority of cases reviewed, the children most gravely impacted were infants. Development of staffing guidance for cases involving infants and substance use, with emphasis

on plans of care and incorporating community-based supports early and often is recommended. This guidance could be embedded in the overall SUD guidelines or called out more specifically in guidelines for any case involving a child under the age of one year. SUD is not the only complicating factor in infant fatalities and any staffing guidelines should also consider safe sleep and responsive relationships.

5. Enhance knowledge and skill through creative education for caseworkers and supervisors

While training has a place in system improvement efforts, it alone is not the most effective system improvement strategy. In an environment where training is widely available but bandwidth for retention is limited and application even more so, it is important to identify methods for targeted learning that support direct application and pull from knowledge and experience staff already possess. It must also be applicable to child welfare professionals with varying experience levels and specific to current trends in the subject area. Spaced education is a method that uses spacing, repetition and testing to increase knowledge about a specific topic. Administered on-line, spaced education is a novel approach in the current work environment. Oregon can receive support in development and administration of spaced education from the University of Kentucky through our participation in the National Partnership for Child Safety.

6. Actively promote partnership with local prevention organizations

Communities often have an array of service options for families that are rooted in prevention, supporting responsive relationships, and promoting protective factors. At times, child welfare professionals do not effectively refer or partner with prevention organizations, who may have existing relationships with families or would be an effective provider. The team recognizes an opportunity to intentionally connect with local prevention agencies, in particular Nurse-Family Partnership and other early home visiting programs, to better understand how families can access programs and how best to partner on behalf of families to support safety and well-being.

7. Identify and support culturally appropriate paid respite, child-care programs, and safety service providers

Access to safe and reliable respite and child-care remains a challenge in many communities. For families that become involved with child welfare, comprehensive assessment, safety decision-making, and case planning can be negatively impacted when there is limited availability of safety service providers or other options for safe child-care. During the mapping discussions, the challenges related to safe and reliable respite and child-care surfaced a number of times. Parenting young children, in particular infants, is a significant lift for anyone and support to manage the exhaustion is important, especially for parents struggling with SUD. The team agreed access to respite for families struggling with SUD and parenting young children could be life-saving. The team considered both scenarios where families require formal child welfare

intervention as well as scenarios where children are safe, but families may still need support in their community. There are recommendations related to each scenario.

- Identify respite programs in local districts and secure funding streams to pay culturally appropriate respite/safety service providers during protective actions as well as initial and ongoing safety plans - CBCAP funding may be available to support paid respite in Oregon communities
- Partner with our ODHS Self-Sufficiency Program to identify funding for respite care and clarify requirements for high-quality subsidized child-care programs families could be connected with outside of child welfare intervention

8. Develop an application to provide information and guidance to child welfare professionals

Child welfare professionals are tasked with the responsibility of knowing a lot of information about a lot of different topics, which can take years to acquire, sometimes changes, and can be difficult to apply in the moment. That is why the development of a smart phone application, which would provide information on SUD as well as child development, mental health, domestic violence, and other subject matter at the touch of a screen, could be incredibly useful in ensuring child welfare professionals have the information they need to engage effectively with children and families. It is recommended research begin on the development of such an application for Oregon.

Conclusion

With any recommendation that is moved forward, it will be critical to keep close track of other efforts happening around the state to improve practice and/or promote prevention. Nurture Oregon, Family Treatment Court and Family Connect are all examples of innovative programs to follow and learn from as internal efforts are carried forward. It is also critical to build connections between existing department efforts to make the best use of resources available. Oregon's Family First Prevention Services plan and Comprehensive Addiction Recovery Act efforts are likely to highlight opportunities for connecting families back to the community in lieu of formal child welfare interventions. It is the hope of the mapping team that the influencing factors identified through the mapping process and the resulting recommendations provide a solid starting place for meaningful system improvement.