The Challenge	Resources	Key Activities	Desired Outcomes
Infants in Oregon involved with Child Welfare are a particularly vulnerable population whose families cannot be adequately served by child welfare alone. There is a need for collaboration with other family serving systems with an emphasis on prevention rather than reaction. Child Welfare workforce lacks specialized knowledge in infant care and development which impacts ability to adequately assess child safety and level of vulnerability. Lack of systems-level collaboration and problem-solving among key stakeholders, and no entity or individual responsible for leading this effort Current CPS Assessment Model, especially on assessment only cases do not appropriately address risk and protective factors. Services and supports that address families' needs vary across state in access and availability, especially when considering culturally specific services. Awareness of these services and lack of coordination amongst them leads to fragmented responses. Parents' own history of trauma and impact on parenting/access to supports is often disregarded	Oregon Child Welfare Professionals: Caseworkers ART Leads MAPS Consultants Supervisors ODHS CW Contracted Nurses Home Visiting Programs (differ depending on location) Early Intervention OPEC https://orparenting.org/ WIC Relief Nurseries Self Sufficiency Professionals Pediatricians Birthing Hospitals Treatment Providers Data CIRT/Child Welfare Vital Statistics Infant Mortality		Decrease and ultimately eliminate preventable infant death and maltreatment. Child welfare professionals understand prioritization of cases with infants and the associated vulnerability of that population. Child welfare professionals have access to supports that assist them in engaging families and connect those families to the community for long term support regardless of safety threat presence. Safe Sleep is assessed and discussed on every child welfare case and at every contact with harm reduction principles in mind. Child welfare professionals have the time, support, and bandwidth to adequately engage, assess, and serve families with infants. All child welfare professionals have a foundational understanding of infant development/parenting responsibilities necessary for safe infant care. Including: • How substance use (regardless of legal status) and impairment impact infant safety and vulnerability. • Daily routine, home environment, nutrition, attachment/bond, soothing, understanding of infant needs – with consideration of cultural implications/how bias and racism impacts assessment of this. • Consideration of infant communication (not talking, but

Systemic racism impacts which families access services and who is offered community based supports prior to or in lieu of CW investigation			thinking awareness, tracking, physical connection, crying, etc) Family engagement is comprehensive and beyond surface level (go beyond “I’m not currently using” or “I’m sober”) Other family serving systems are engaged as early as possible with families in need of support, including the prenatal period and completion of Plans of Care for pregnant individuals using substances. Families have access to appropriate supports that meet their needs regardless of where they live or how they identify.

Adapted from Safe Babies Court Team Logic Model https://www.zerotothree.org/document/1575