

Child Fatality Review: County Team Needs Assessment

Executive Summary

December 2021

Introduction

As a part of Oregon's efforts to improve the child fatality review (CFR) process and strengthen its impact in the prevention of child deaths, the State Child Fatality Review team (the state team), in collaboration with the University of Oregon's Suicide Prevention Lab, conducted a needs assessment of county child fatality review teams (county teams). The goals of this assessment were as follows:

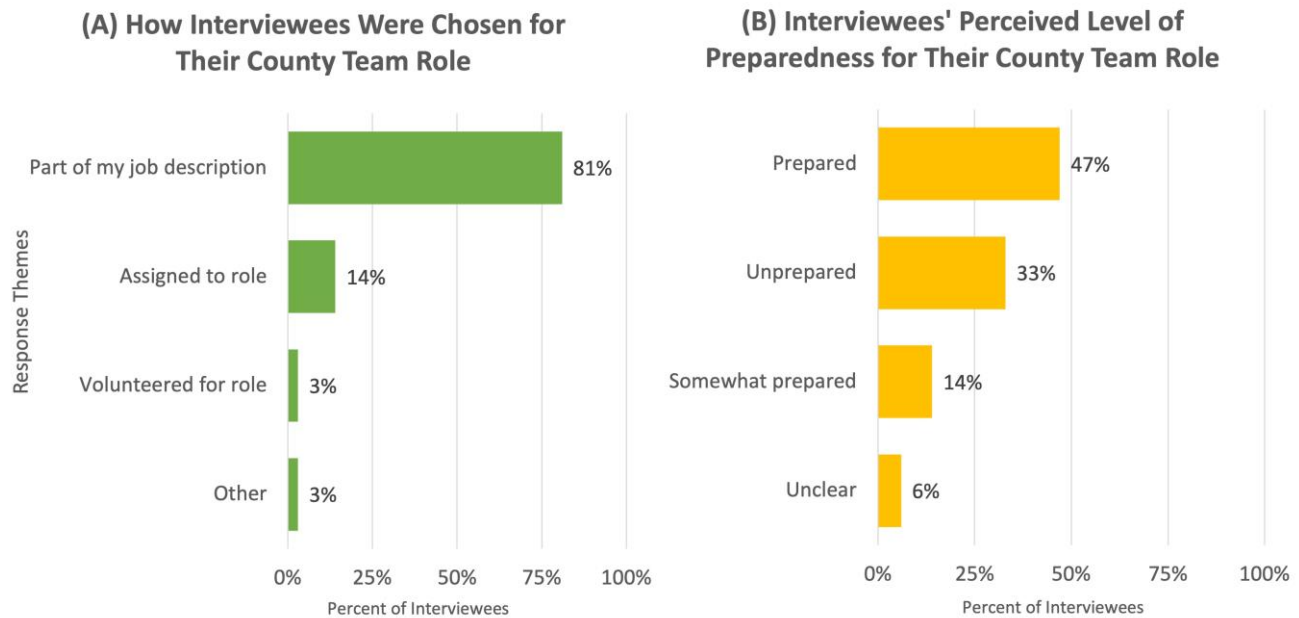
1. Improve the state team's understanding regarding how county child fatality review teams conduct CFR.
2. Uncover shared strengths and common challenges faced by county teams.
3. Identify how the state team can best support the county teams based on county teams' common and unique challenges and concerns.
4. Determine short and long-term action steps that teams can take to improve the CFR process and strengthen its impact on preventing child deaths.

This report presents the main findings from the needs assessment regarding current county teams functioning and notes improvement opportunities. The summarized data are de-identified and represent Oregon's 36 county teams. Data were collected from interviews with the county team leads and coordinators and drawn from surveys distributed to all county team members.

County Team Functioning

As team members described their teams' areas of strength and needs from the state team, several trends emerged regarding how county teams work together. More than half of county team leads and coordinators reported that they had been assigned to their role as a part of their primary job

description, though fewer than half of the team leads and coordinators felt prepared for their county team role. See the following figure for the distribution of responses among interviewees.



Leads and coordinators expressed interest in receiving training and resources related to their roles and the CFR process, including resources for onboarding new team members. In addition to training and resources regarding CFR, many also expressed interest in receiving resources to incorporate trauma-informed practices and equity into their CFR.

County teams appear to have strong interpersonal ties but have room for improvement that the state team can facilitate. Leads and coordinators highlighted that their teams had good communication, collaboration, and engagement with the CFR process. They also noted common challenges relating to staffing and funding, reporting, medical examiner participation, and timely awareness of cases to be reviewed. County teams suggested that the state team could support them by facilitating inter-county collaboration and providing further training on coordinating CFR review among different agencies within teams.

County Team Meetings

Counties experienced similar trends and issues in preparing for and conducting meetings. Seventy-five percent of the county teams wait until they meet before sharing case information, and half

of the county teams have encountered problems collecting records from team members. Attendance is generally high, with 72% of teams reporting complete attendance at reviews. However, 75% of teams indicated that they require more expertise in conducting CFR, most commonly on topics of sleep-related infant death and suicide. According to several teams, accessing records was a barrier between counties and among county team entities, where teams often encounter problems with administrative coordination and communication.

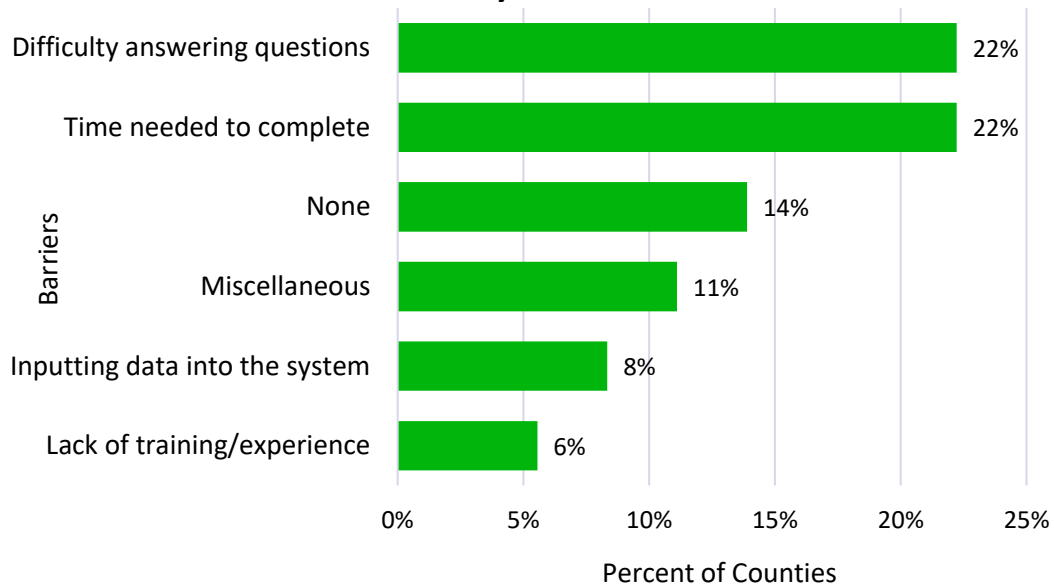
Most counties meet intermittently (23 counties), based on the need for CFR. A few teams meet regularly regardless of whether they have cases to review, opting to use those meeting times for related activities: including providing updates on membership changes, sharing training information, reviewing the CFR purpose and protocol, planning public outreach, and distributing information regarding community initiatives, resources, and activities.

Child Death Review Case Reporting System

Many counties have integrated the Child Death Review Case Reporting System (CDR) into their meeting procedures but have encountered challenges with its detailed database of questions. Within a month of the county team meeting, 61% of county teams have entered data into the CDR case reporting system. A smaller percentage of counties indicate that the data entry time ranges from weeks to months or are generally uncertain about the time it takes. County teams cited using the CDR case reporting system as a guide for team meetings that helps them thoroughly evaluate available information and helps them contribute data for examining population trends.

As illustrated in the figure below, county teams perceived several barriers to using the case reporting system. Most commonly, counties struggle with answering all the questions in the CDR due to the extensive and detailed questions. Counties either do not have enough information to complete all questions or enough time to enter the data into the system.

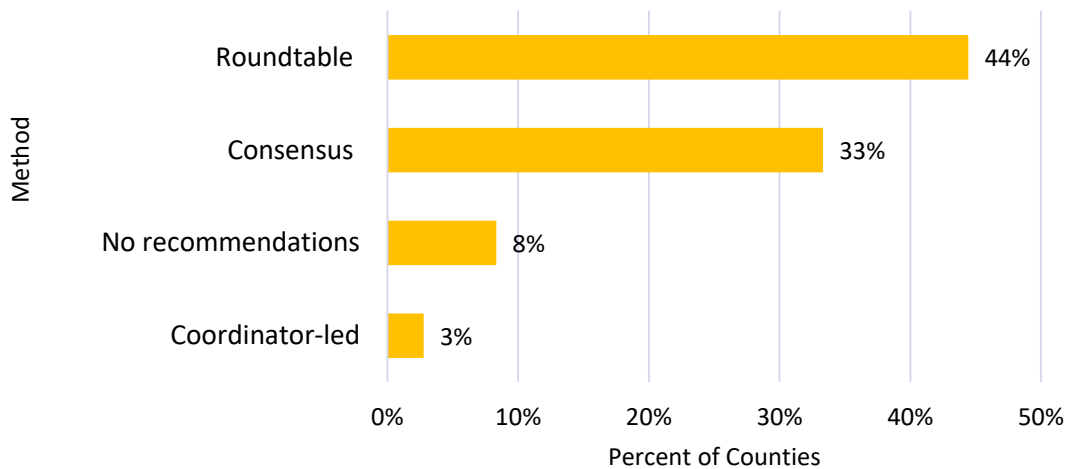
Perceived Barriers to Using the CDR Case Reporting System



Prevention

Most counties report making decisions about prevention recommendations through collaborative methods described as roundtable or consensus. See the figure below for the distribution of responses for facilitating the recommendation-making process.

CFRT Methods for Deciding on Recommendations



County teams differ in how frequently they implement prevention recommendations. Twelve county teams reported recommendations were ‘always’ implemented or implemented ‘most of the time,’ and eight counties reported that they ‘rarely’ or ‘never’ implemented recommendations. Generally, the entity responsible for implementing a recommendation is determined based on the type of recommendation.

Closing

This report will be distributed to county teams and the state team. The information obtained through the needs assessment will be used to develop an action plan. The state team appreciates the county team leads, coordinators, and members who participated in the needs assessment and is committed to increasing support in a manner consistent with county team stated needs.

For questions regarding the needs assessment please contact:

Deborah Carnaghi, LCSW, CCISM
 Program Implementation and Policy Lead/Co-chair State Child Fatality Review Team
 ODHS, Child Welfare, Child Fatality Prevention and Review Program
 503.779.5177
she/her/hers



**Provided by the University of Oregon
 Suicide Prevention Lab**