Project Status Summary

Executive Projects, Office of the Director
Unified Child and Youth Safety Implementation Plan

<table>
<thead>
<tr>
<th>REPORT DATE</th>
<th>PROJECT LETTER</th>
<th>PROJECT NAME</th>
<th>PREPARED BY</th>
<th>PROJECT HEALTH</th>
<th>STATUS</th>
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<tbody>
<tr>
<td>September 5, 2017</td>
<td>G</td>
<td>Centralize hotline operations—create standard protocols for screening; train and develop screeners to determine when abuse criteria is met</td>
<td>Alain Datcher</td>
<td>☐ Closed</td>
<td>☒ Initiation</td>
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<td>☒ On Schedule</td>
<td>☒ Planning</td>
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<td>☐ Proceed</td>
<td>☐ Executing</td>
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<td>☐ Proceed w/Caution</td>
<td>☐ Closing</td>
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<td>☐ At Risk</td>
<td>☐ Closing</td>
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**PROBLEM STATEMENT**

The lack of a consistent, high-quality screening process has been identified in many internal and external audits as a major factor in failing to ensure child safety in Oregon. Oregon also lacks a standardized training curriculum for screeners.

**STATUS SUMMARY**

Project is in scoping phase. Task G project leads continue to oversee implementation and development of centralized screening operations. The Centralized Hotline Steering Committee convened on 8/30 to review the project charter and confirm subcommittee’s identified. Charters for the subcommittees will be drafted and finalized by 9/29 with members selected by 10/6. Site visits to potential hotline locations continues to occur with the help of the Facilities department. Planning meetings have occurred with several entities, including Casey Family Programs, Office of Equity and Multicultural Services, OCI, Facilities and OAAPI to solidify the scope and program leads. Project team engaged Casey Family Programs to identify a site visit to Indiana’s centralized hotline for early November as well as procure a consultant to work on the development of the screening academy. Several aspects of Task G are being accomplished simultaneously, including mapping the future business state of the centralized hotline, procuring a consultant to provide technical assistance on screener training and curriculum development, locating and finalizing a facility to house screeners, identifying any necessary amendments to the screening policy and meeting with SEIU representatives to better gage the potential transition for screeners, supervisors and respective staff members.

**QUARTERLY BUSINESS REVIEW (QBR) ALIGNMENT**

The objectives of Task G support the priorities within QBR 1.7 (Timeliness of Calls Assigned) by:

- Establishing transparency and accountability protocols to support a child-safety focused culture amongst screeners;
- Developing a robust screener training academy that addresses the lack of adequate training amongst screeners;
- Identifying differences in how OAAPI and CPS handle reports of abuse in a CCA and align policies and procedures when in the best interest of child safety;
- Convene Casey Family Programs, Office of Continuous Improvement, Office of Information Services, Office of Facilities Management and other departments to identify best practices across the U.S.; explore technology systems that capture data—including timeliness of calls assigned; and locate potential facilities to be used for screening operations and training;
- Ensuring a direct communication plan is consistent and shared with all stakeholders and community partners within DHS and throughout the state so that safety decisions are made with all available information.
## WORK ACCOMPLISHED IN THE LAST REPORTING PERIOD

1. Convened Centralized Screening Steering Committee to review charter, identify needed subcommittees and refine project scope for Task G.
2. Facilitated planning meetings with Casey Family Programs including data presentation to Steering Committee. Summary report and data documents will be made available online.
3. Distributed monthly CW Director message on centralized screening including a Frequently Asked Questions document and steering committee charter that is housed on the Unified Plan website.
4. Facilitated future state mapping exercise with OCI and over 25 DHS and OAAPI staff members.
5. Confirmed educational site visit with Indiana’s Child Abuse & Neglect Hotline—scheduled for November.
6. Project leadership partnered with SB1515 Legislative Workgroup to review the legislation’s potential impact on screening.
7. Working with Casey Family Programs, OBI, and Facilities to identify potential implementation plan and best practices, available technology services and budget estimates to scope out project.

## WORK TO ACCOMPLISH IN THE NEXT REPORTING PERIOD

1. Finalize Centralized Hotline Steering committee charter and short-term communication plan and distribute to all project team leads and internal stakeholders.
2. Finalize procurement agreement with Casey Programs and ACTION to provide technical assistance on screening academy development.
3. Finalize subcommittee and focus group charters and identify members of selected subcommittees.
4. Draft interim CW Director’s message on centralized screening and distribute to all stakeholders and partners.
5. Convene subcommittees to begin drafting work plans for implementing the hotline.
6. Align Centralized Screening work plan with the 3 Branch Initiative to bring both projects into one scope and same timeline.
7. Prepare for September 19th Unified Plan Steering Committee meeting.
8. Draft a business case for the centralized hotline and send to leadership.
9. Continue to refine project scope, including draft charters and implementation plans following the Casey Family Programs meeting.
10. Confirm project budget for facilities, training and staffing plan.
11. Identify facility location; map out workload and staffing models.

## RISK AND MITIGATION STRATEGY

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<th>RISK</th>
<th>MITIGATION STRATEGY</th>
<th>FURTHER ACTION NEEDED?</th>
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<td>Communication &amp; Engagement</td>
<td>There are several subprojects within Task G that must be addressed. The strategy is identify project leads, create subgroups, and draft a communication plan to address these issues.</td>
<td>Communication Plan to be reviewed by leadership; including (Project Team) and steering committee. Draft a business case that will include impact on community partners and mitigation strategies to address them.</td>
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Several questions must be answered regarding financing the hotline operation: screening academy, facility infrastructure and staffing. A series of reports and meetings are being drafted and underway to confirm these figures.

Conducted future state business mapping exercise with OCI, DHS and OAAPI. Working with Facilities and Budget department’s to get updated figures and estimates on the Hotline’s potential costs.

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<th>Budget</th>
<th>CONCLUSIONS/RECOMMENDATIONS</th>
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<td>This project is on schedule and within scope. A preliminary budget is currently being finalized that encompasses a 24/7/365 workload model and screening operations. As previously detailed, a charter has been finalized that will drive the Centralized Screening Steering Committee’s scope of work. Subcommittees and focus groups will each have charters finalized and members identified by mid-October. Project leadership has conducted several planning meetings to set a firm foundation for scoping the work subcommittees will be conducting.</td>
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<td>Project leadership has confirmed a site visit to Indiana’s Child Abuse Hotline to learn best practice and conduct interviews with key program staff. Casey Family Programs has agreed to provide technical assistance in procuring a consultant from ACTION to develop alongside DHS a screening academy. Once the consultant is procured, work will begin immediately to develop a screening curriculum and training. A few barriers do exist: communication and budget. No plan has been drafted yet for continuous communication and engagement to internal and external stakeholders re: centralized hotline. Additionally, staffing models and a budget for the hotline needs to be completed for a 24/7/365 operation. In order to better understand both, the project manager is creating a business case that will help address fundamental questions about the centralized hotline and document mitigation strategies that we have considered.</td>
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