
 **PROFESSIONAL DEVELOPMENT FOR CHILD WELFARE SUPERVISORS** 

Supervisors play a critical role in our daily work in child welfare and especially in employee development.

Every staff member in Oregon Child Welfare remembers their best supervisor and how it influenced successful work with children and families

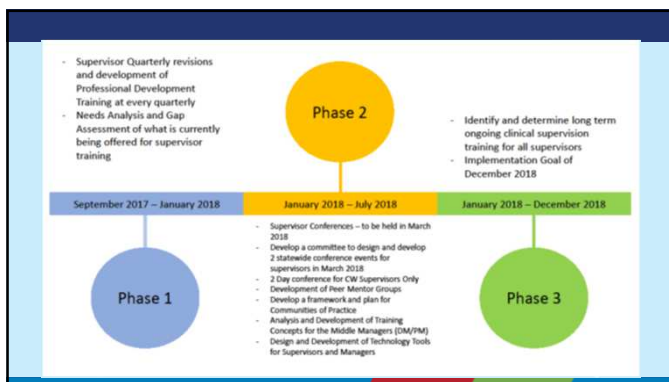
New attention to the responsibilities of the supervisor as one who ensures quality services and facilitates worker retention needs to be focused on their training and professional development.

To enhance the role of the supervisor, we need to create opportunities for achievement, personal growth, and achieving improved worker effectiveness for better outcomes for children and families in Oregon.

Supervision involves multiple sources of formal and informal influence to alter behavior on the job to meet business needs.

Effective supervision needs to influence the caseworkers direct intervention, interaction and relationship with the family members that the Child Welfare Program serves across the state. Clinical

Supervision promises the largest sphere of influence in supervision.



Supervisor Quarterly Reframe

- Immediate changes that we made.....
- September Quarterly training and business.....

Reframe of Supervisory Quarterly Meetings

4 hour professional training every time!
Opportunities for sharing and learning from each other
Webinars occasionally instead of traveling

Snapshot of September:

Training Topic "Yes We Can! Helping Staff Recognize and Reduce Risk of Vicarious Trauma, Compassion Fatigue, or Burnout"

- Workshop provided supervisors with knowledge, practices, and tools they can use to help support their staff identify, reduce, or prevent risk factors or symptoms associated with VT, CF, or burnout.

Video snapshot
Trauma Informed One pager
Self Inventory

Focused Survey Questions to Supervisors:

1. How did you learn to be a supervisor? What do you wish you had learned early on?
2. If you could choose advanced supervision training topics, what topics would you like to have?
3. What is one thing DHS could do today to positively affect retention of caseworkers?

Strong Themes that were generated:

Clinical Supervision

Supervisors want:

- Structured Time to Supervise
- Coaching and Communication training
- Tools for Motivating employees
- Develop Trust in the Supervisor/Worker relationship
- Opportunities to acknowledge successes and increase morale

Knowledge & Professional Development

- Diverse venues for training
- Distance Technology training opportunities
- Support through technology (Surface pros, smart phone applications, virtual peer learning forums)
- Valid and reliable sources of supervisor training and tools
- Child Welfare from a state wide perspective and a national perspective
- Inspiration. Training topics that generate this
- Peer Networks
- Communities of practice
- Training from professional experts

Knowledge Topics

- Training that focuses on cultural humility, diversity, addressing institutional racism
- Trauma Informed Practice
- Engagement and Communication skill building
- Cross program education
- Organization and Time Management
- Managing up/using influence with all levels
- New Supervisor academy that addresses all things HR (writing effective PA's, EDP's,)
- Computer Connections training. Overview of all systems such as OR-Kids, ROM, TRIPS, NEO-Gove, iLearn

District Needs

- Supports that meet technical needs and timely responses
- Strong Communication with office administration
- Stronger Partnerships with PM/DM
- Orientation to Central Office OCWP
- Stronger communications with central office
- Improved efficiencies in the hiring and onboarding process
- Bring Training to us instead of always having to travel

Strong Supervisor Voice

- Supervisors have strong professional opinions and want to be heard.
- Supervisors want better workload/case distribution.
- Supervisors want to learn more around prioritization of the work.
- Supervisors want a better flow of information.
- Supervisors want to create better channels of feedback that reinforces ideas and retention and ultimately benefit children.
- Supervisors want to be effective in their roles and for their staff.
- Supervisors want professional development opportunities and to be supported to do training.

Definition of Communities of Practice:

Communities of practice are formed by people who engage in a process of collective learning in a shared domain of human endeavor. Groups of people who share a concern or a passion for something they do and learn how to do it better as they interact regularly. It is focused and intentional and facilitated by a learning topic expert. Learning topics can be focused on an individual group of employees performing the same work.

- Ideas for supervision topics:
- Scaling questions skill development
 - Challenging workers while being supportive
 - Worker empowerment
 - Strategies for managing difficult people
 - OSM concepts

Definition of Peer Mentoring Groups

Peers teaching Peers. Bringing small regional supervisor groups together for peer mentoring and teaching each other.

- Potential Topics:
- Supervision Feedback
 - OSM for Supervisors
 - Coaching and Group Supervision
 - Cross program discipline mentoring

Gap Analysis of Current Supervisor Training

PSU Model
DHS Required Training

Conference Planning Update

Stage 3 and For the Future

Utilization of technology-based training to reinforce learning

Videos and Podcasts

- Microlearning: Microlearning is the process of learning through short, digestible, well-planned units. Utilizing micro learning can address:
 - the latest research on shrinking attention spans
 - increase retention
 - learners' desire for control over their learning experience

Smartphone application

- Allows workers to easily access policy, procedure, and rule
- Allows for workers to participate in microlearning while "on the go"

A LEADER IS ONE WHO KNOWS THE WAY,
GOES THE WAY, AND SHOWS THE WAY



Task G: Centralized Child Abuse Hotline



Presenters:

Alain Datcher, Project Manager

Mary Moller, Special Projects Consultant

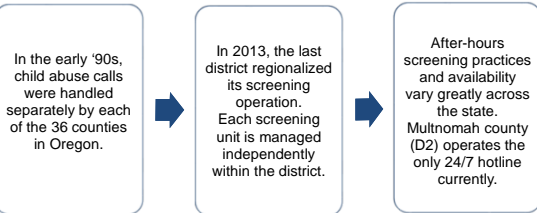


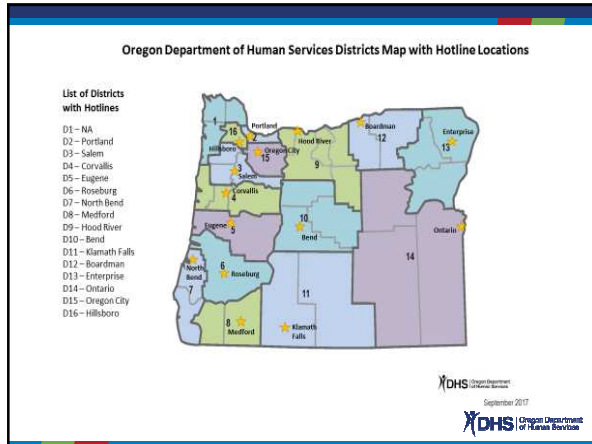
Agenda

- ▣ Background & Current State
- ▣ Project Goals and Benefits
- ▣ Governance Structure
- ▣ Project Barriers
- ▣ Q & A



Historical Perspective





What the Data Tells Us

- 15 Child Abuse Hotlines
- 6,750 calls received monthly
- 8,101 calls received in the month of May

Inconsistent screening practices have been identified as a major factor in failing to ensure the safety of Oregon's children; both living in home with their families and in substitute care.

Reported by districts, the outcomes of screening decisions vary greatly across Oregon;

- Screened-in calls range from 37-68%
- Screened-in by type of reporter range from 39-54%
- Screened-in by allegation type range from 38-60%
- Screened-in by race of victim range from 44-59%

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DHS Oregon Department of Human Services


Goals of Centralizing Hotline & Screening Operations

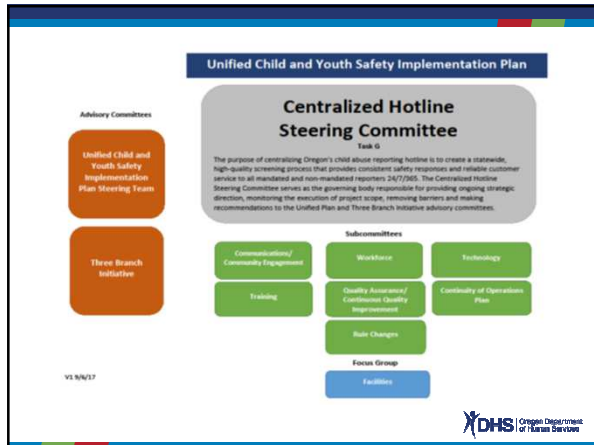
- Increased Community Engagement**
 - Communication and assignment of screening decisions back to local field staff, supervisors, law enforcement, community partners, etc.
- Improved Training**
 - Standardization of processes and training for all centralized screening staff
- Improved Staffing Model**
 - Staff will be able to screen reports of child abuse from across the state, 24 hours a day, 7 days a week, 365 days a year.
- Improved Consistency**
 - Quality Assurance and Continuous Quality Improvement in receiving and assigning of child abuse or neglect
- Improved Data-Informed Practice**
 - Transition to a statewide telephone number to receive screening allegations of child abuse and neglect within the State of Oregon that can capture real time data.

DHS Oregon Department of Human Services

Benefits of the Centralized Hotline


- Increases consistent decision-making**
 - > Improved child safety
 - > Improved service equity
- Improves customer service**
 - > 24/7/365 assessments statewide
- Increases the number of families receiving services**
 - > More families will be offered the right level of services
- Minimizes external forces that impact screening decisions**
 - > Screeners will be less impacted by external factors
- Provides single leadership structure**





Scope of Task G

<p>FACILITY</p> <ol style="list-style-type: none"> 1. Procurement of a facility with adequate infrastructure. 2. Practical location and standalone facility. 3. Use existing resources. 	<p>PERSONNEL</p> <ol style="list-style-type: none"> 1. Assess screening workforce. 2. Develop training curriculum. 3. Recruitment and Retention Plan. 	<p>PROCESS</p> <ol style="list-style-type: none"> 1. Convene Subcommittees 2. Create Work Breakdown Structure. 3. Develop communication plan.
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Project Barriers

Resource Capacity

- In addition to the expected approximately 6% annual increase in calls, approximately 10% more reports of child abuse.

Workforce


- Existing skilled screening staff may be unable relocate
- Current screening staff may also transition to other roles within the agency before a central hotline is operational, leaving screening inadequately staffed.

Increased CPS workloads

- Centralizing the hotline will likely lead to a larger volume of screened in reports, increasing CPS/Staff workloads.

Local Responses

- Field offices will need to enhance their 24/7 response system to allegations of child abuse.

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Project Barriers

Local Community Dynamics

- Reduced collaboration and coordination between community partners, screeners and CPS staff who have knowledge of local communities.

Facility


- One location puts continuity of operations at risk in the event of a disaster (power outage, inclement weather, fires, etc.)

Timely Initial Response

- Initial response times could be delayed in a centralized hotline operation if coordination between screeners and local CPS is not effectively maintained.

Phased Implementation

- The organization may need to devote resources to maintaining the old system and the new system as well as any temporary interfaces used to link the two systems.

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Next Steps in the Project Plan:

30-60 Day Deliverables:

1. Convene Communication and Community Engagement and Workforce Subcommittees
2. Develop Project Implementation Plan
3. Develop Communication Plan
4. Finalize Facility Location
5. Conduct Information-Gathering Sessions with Casey Family Programs



Questions

How do we best mitigate the transition of staff once the phased implementation occurs?

Any community partners (particularly from LEA) that you could help our team establish relationships with?

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