This document reflects responses gathered from the [State, child welfare leadership staff, other Family First work groups, readiness assessment, stakeholder engagement], to inform planning and decision-making for STATE’s implementation of the Prevention provision of the Family First Prevention Services Act.

### Section VII – Child Welfare Workforce Training & Support

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The below pages provide excerpts of other states’ submitted prevention plans that detail their approaches to section VII (updates evolving quarterly as new plans are submitted, or submitted plans are revised and approved). For more information contact us at FamilyFirstChapin@Chapinhall.org.
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Section VII: Child Welfare Workforce Training and Support

Child Welfare Workforce Support Pre-Print Section 5

The leadership at DCFS recognizes that the Division has several initiatives at this time (e.g., Structured Decision Making, Safety Organized Practice, restructuring Team Decision Making, the NCWWI Workforce Excellence grant, several new services including SafeCare and Intensive In-Home services, and implementing Family First). In the past, DCFS has struggled with presenting new initiatives in a cohesive way so that front line staff sees each piece as part of a whole and as integral to their work. This has resulted in inconsistency in implementation and a workforce that sees new initiatives as another checkbox instead of as a framework in which to do their job well. DCFS leadership has learned from this experience and is mitigating that with the following steps.

First, DCFS is holding a series of Zoom meetings called “Family First Fits Us” to discuss what Family First is, how it aligns with the DCFS value that every child in Arkansas deserves a safe, stable, and nurturing family every day, and to inform staff of Arkansas’s intent to implement Family First on Oct. 1, 2019. These are high level overviews and will be followed up by in person trainings for each area on the specifics of how to assess for eligibility, how to complete a prevention plan, and how to choose an appropriate evidence-based practice if available. There will also be follow up trainings for the changes occurring in foster care placements. As a follow up to the introductory Zoom meetings and to help support the implementation, the In-Home Program Manager will conduct coaching calls with supervisors to further their understanding of candidacy, prevention plans, and the chosen EBPs. These coaching calls will have several purposes:

1. How to determine candidacy correctly.
2. How to conduct prevention planning in a high-quality manner and how to use them in conjunction with the case plan.
3. How to determine which, if any EBP, is a good fit for a family.
4. How all these pieces fit together to improve practice.

Along with best practice issues, these coaching calls will also help with and address any issues with the technical aspects of filling the screens out correctly. These coaching calls will be held at least by area with some areas having multiple calls based on the number of supervisors. These calls will be held monthly during initial implementation and then held as needed. Coaching calls, Zoom meetings, or faceto-face sessions may also be provided to caseworkers if requested by county or unit supervisors. The InHome Program Manager and Specialist will monitor the CHRIS Net reports made for candidacy and prevention plans to gauge where more training or coaching is needed as well.
In addition to the “Family First Fits Us” series, DCFS is creating a “brand” for the In-Home program including naming it “Stronger Together” and creating a website for front line staff. This website is purposefully designed to show a cohesive vision of the In-Home program and to help staff connect how Structured Decision Making, Safety Organized Practice, each chosen evidence-based practice, etc. all fit together. This will also be a place for staff to share success stories, look for resources, and give feedback regarding candidacy, prevention plans, and programs.

Traditionally, when new services are added, “Kick-Offs” are held to introduce the new service and provider to staff. When appropriate, “kick-offs” will be held when new Family First eligible services are added and become available in an area. DCFS has done “kick-offs” in each area as SafeCare and IIHS have rolled out. In addition, DCFS will implement “Service Cafés” in year two of implementation. These would serve to introduce staff to providers in their area and give them a chance to sit down and learn more about the service and ask questions, as well as allow providers to have the same opportunity. At each “Service Café” a portion of the time would be spent on helping workers “connect the dots” on how these services fit into Family First either as a family first eligible service or as a support to the EBPs.

The work DCFS is doing in collaboration with NCCD and NCCWI is integral to the success of its In-Home program and Family First implementation. NCCD is providing the support necessary to write policy revisions, create validated assessment tools, train, and coach staff on how to implement the safety organized practice model and SDM. These training and coaching efforts are vital to support practice change and use SDM to fidelity. NCCD will also be providing continuous quality improvement activities over the next five years. While the NCCWI grant will help DCFS in several ways, one important aspect will be the NCWWI Leadership Academy for supervisors and managers. DCFS acknowledges that the key to success is quality supervision and as such this Leadership Academy will provide the needed support in improving the quality of front-line supervision in the state.

**Child Welfare Workforce Training Pre-Print Section 6**

Building a strong workforce is a critical component in the Division’s efforts to build upon successes thus far in our system improvements. Making sure that our workers have the tools they need, giving them a manageable and equitable caseload, supporting and encouraging them, and ensuring the best legal support possible all combine to lead the way of our work in Phase Three over the last year.

DCFS partners with MidSouth, the community service branch of the University of Arkansas at Little Rock (UALR) School of Social Work, to provide new worker training for all Program Assistants (support role staff), Family Service Workers, and Supervisors. The Arkansas Academic Partnership in Public Child Welfare has nine IV-E university training partners, including UALR, that provide field training during the
first year of employment for FSWs and supervisors as well as the quarterly in-service trainings mentioned in section VII. These trainings are to ensure that all front-line staff are competent, professional, traumainformed, and have the skills necessary to do this work in a manner consistent with DCFS values. NCCD will be providing training and coaching for the implementation of SDM and SOP, which are foundational to accurately assessing risk and safety, over the course of implementation. Furthermore, these concepts as well as candidacy, prevention planning, and EBPs will be written into the curriculum for ongoing training of new FSWs.

DCFS caseworkers are hired as generalist family service workers and are expected to be able to perform all duties associated with front line casework. DCFS has a hybrid training model of online (self-directed) training, field training (as mentioned above). New FSWs participate in a five-week foundational training provided by Mid-South that addresses the Division’s Practice Model, trauma-informed child welfare practice, the dynamics of maltreatment, and assessments (CANS/FAST). In addition, all FSWs attend week-long concentration trainings through Mid-South in the areas of investigations, in-home cases, and foster care. While D.R. is touched upon in new family service worker training, a separate training provided by the D.R. Program Manager and Specialist specifically for D.R. is mandatory for any worker assigned to D.R.

A Worker Readiness Assessment Meeting (WRAM) is held after an employee has worked for 8 months. At this time the FSW, field trainer, and FSW supervisor review the FSW's training status and develop a plan for training activities needed in the remaining four months of the worker’s first year of employment. Information from the WRAM is also used to help the supervisor guide the individual assessment, completed at the 9-month mark, that determines whether the FSW is ready to complete the graduated caseloads and receive a full caseload.

DCFS also has a mandatory trauma training each year in addition to quarterly trainings for continuing education. Topics covered by Quarterly training vary by each Area. During the first year of Family First, DCFS will ensure alignment of Family First values with the approved topics while assessing the need for additional trainings. This will be a continuous process based on continued implementation needs and feedback from staff, providers, parents, and other stakeholders.

For more information regarding child welfare workforce training, please see the state’s 2020-2024 State Training Plan (Attachment H of Arkansas’s 2020-2024 Child and Family Services Plan).
Child Welfare Workforce Training and Support

Training and Supporting the Evidence-Based Program Provider Agency Workforce

As indicated earlier in the Prevention Plan, all evidence-based programs are administered within a trauma-informed framework and our array of services in this plan build on an existing provider network. As such, Maryland enters into this plan with an accomplished workforce with the skills and capacities necessary to deliver evidence-based programs. Via the Program Questionnaire, described earlier in this plan, compliance with all of the trauma informed requirements will be reviewed annually by DHS/SSA staff.

DHS/SSA recognizes that ongoing training is needed in order to support continuous learning and growth. As contracts or agreements expand the scale of programs, DHS/SSA will require evidence-based program providers to provide initial and ongoing trauma training to sustain the trauma-informed framework, meet the necessary training, credentialing and fidelity monitoring requirements of each model, and take advantage of additional training and coaching offered by the evidence-based program purveyor. Additionally, the technical assistance DHS/SSA provides in conjunction with UMB/SSW will ensure that both public and private workers and clinicians have the opportunity for collaborative peer-learning opportunities. DHS/SSA will also explore opportunities to offer additional training if needed, including collaborating with sister agencies on training existing and new providers.

Training and Supporting the Child Welfare Agency Workforce

DHS/SSA, in partnership with the Child Welfare Academy (CWA), currently offers a robust curriculum of Pre-Service, Foundations and In-service trainings that align with various components of the Prevention Plan. This training series, coupled with SSA’s newly developed and implemented Integrated Practice Model (IPM), will integrate and build upon each other to ensure best practice and desired outcomes to children and families served under the Prevention Plan.

- Pre-Service is a six-week training series required by law for all new child welfare staff. Workers must successfully complete pre-service training and pass a competency exam. The training series is designed to equip new workers with foundational knowledge, skills and competencies to meet the complex needs of children and families involved in the various facets of the child welfare system, and to improve safety, permanency and wellbeing outcomes of children and families. The six training modules include: 1. Foundations of Practice, 2. Indicators and Dynamics of Abuse and Neglect and Three Contributing Factors, 3. Engaging with Children and Families, 4.
Conducting Family Centered Assessments, 5. Planning with the Family, and 6. Working Effectively with the Court. Modules 1 through 5 in particular will be refined to bolster the Prevention Plan.

- Foundations Track Training Series is also required for new child welfare workers and builds upon the knowledge and skills introduced in pre-service with a more intensive focus on practice competencies and transfer of learning opportunities to the actual work setting. All new child welfare workers are required to complete the two-day Assessing and Planning for Risk and Safety Course and are then enrolled in one of three tracks: Introduction to Child Protective Service Responses, Introduction to Family Preservation or Introduction to Placement and Permanency. These will be modified to incorporate aspects of the Prevention Plan as needed.

- In-Service trainings are on-going and ever-evolving to meet the diverse needs of the state-wide workforce. These trainings encompass a variety of interests, knowledge and skill development areas. Currently there are over 100 in-service trainings offered each year covering a range of specialized topics in human behavior, family assessment and engagement, family health and well-being, cultural competency, trauma informed care and evidenced based practice. Maryland will add specific trainings that focus on the components of the Prevention Plan.

- Maryland’s Integrated Practice Model (IPM) was designed with the ultimate goal of achieving better outcomes for children, families and vulnerable adults served throughout Maryland. The model is predicated on the CARE-Collaboration, Advocacy, Respect and Empowerment framework. The IPM provides an integrated, individualized and standardized framework for children and families and incorporates the following practice principles: trauma-responsive, family-centered, culturally & linguistically responsive, outcomes-driven, individualized and strength-based, safe, engaged and well-prepared professional workforce and community-focused. All current Maryland child welfare staff will receive training on the IPM which will be the foundation for all case work practice provided in service to children and families. In addition, the IPM will become the foundation for all pre-service and in-service learning opportunities for child welfare staff. Maryland has begun initial training on the IPM through various forums and will be providing more intensive training throughout the Fall of 2019 and the calendar year 2020. Included in the rollout will be tailored transfer of learning opportunities and coaching to support staff with implementation and integration of the IPM into day to day practice, including how such practices apply in prevention services.

Appendix G contains more detail on how specific staff training will be modified to prepare staff for implementing Maryland’s Prevention Plan.

While there is significant alignment with the Prevention Plan, DHS/SSA will review and refine current training modules and practice frameworks throughout the Fall of 2019 and the first quarter of 2020, to ensure the highest fidelity to the Prevention Plan. DHS/SSA will utilize its training framework to ensure that the workforce has the requisite skills to effectively and authentically engage and partner with youth and families, assess youth and families’ strengths and needs, and develop appropriate prevention focused service plans with youth and families to mitigate risk factors and promote safety, permanency and well-being.
Child Welfare Workforce Training Preprint Sections 4 & 6

The following section outlines the trainings that CFSA currently offers and will craft over the coming months to provide training and support to caseworkers in developing Prevention Plans, assessing risk, assessing child and family needs comprehensively, connecting families to services and coordinating with existing services, knowing how to access and deliver the needed trauma-informed and evidence-based services, and overseeing and evaluating the continuing appropriateness of services. The addition of new training modules outlined below and the need for expansion of existing training offerings across the child welfare system will likely require additional CWTA staff to ensure timely and effective training to all CFSA staff, sister agency partners, and EBP service providers outlined in this plan. Additional staffing requirements will be determined as CFSA begins implementation planning in the coming weeks.

Training to Develop Appropriate Prevention Plans. CFSA’s CWTA currently provides CFSA social workers and foster care provider staff with a robust suite of pre-service and in-service trainings to utilize both safety (Danger and Safety) and risk assessment (Structured Decision Making tool) outcomes and comprehensive functional assessments (CSBA and CAFAS/PECFAS), as applicable, to develop comprehensive case and service plans. CWTA will work with CFSA Program staff and our Child Information Services Administration (CISA) to modify the existing trainings and corresponding technology (Child Welfare Workforce Training section) to incorporate the formal documentation of a Family First prevention-eligible child’s Prevention Plan within FACES, CFSA’s system of record (as noted in the Prevention Plan section above). The training will also be expanded to include CFSA’s community-based Collaborative partners.

Training to Conduct Risk Assessments. As noted in the Safety and Risk Assessment section above, CFSA currently provides CFSA Social Workers and foster care provider staff with a robust suite of pre-service and in-service trainings on CSFA’s safety and risk assessments, developing comprehensive case plans and making appropriate trauma-informed service recommendations. With the implementation of the new documentation requirements outlined in the Family First legislation, CFSA will modify the existing staff trainings and will develop EBP provider-specific trainings to incorporate direct service training and overall awareness of:

- How to use safety, risk, and functional assessments to document a child-specific Prevention Plan (documentation requirements described in the Prevention Plan section above).
• How to conduct ongoing safety and risk assessment (See Safety and Risk Assessments Section for requirements).
• The process and tools required for making updates or changes to a child’s Prevention Plan.

Training to monitor ongoing safety and risk will be developed by CFSA’s CWTA and be required of all CFSA staff and EBP providers as part of Family First.

Assessing Safety and Risk. All CFSA social workers and foster care provider staff are trained to complete formal and informal the safety and risk assessments, as noted in the Safety and Risk Assessment section. These initial safety and risk assessments are captured in FACES and provide a basis for safety planning activities as needed to support a child and their family.

Assessing Service Needs. As noted above, CWTA trains all CFSA social workers and foster care provider staff to complete the trauma-informed CSBA for adult caregivers and the CAFAS/PECFAS functional assessments for children and youth. These assessments provide a comprehensive assessment of both the parent’s and child’s specific needs and form the foundation for recommended service interventions to meet those specific needs. As part of the PGRAT training curriculum, CWTA will train all CFSA social workers to integrate functional assessments and screening tools into current case, service planning, and prevention planning activities to support children and families with the specific interventions needed to meet their needs.

Connecting to the families served, Coordinating and Accessing Trauma-Informed and Evidence-Based Services. One of the key tenants of CFSA’s Family First prevention strategy is facilitating appropriate referrals to evidence-based services, which is in alignment with CFSA’s existing overall approach to service delivery, as noted in our 2018 CFSA Practice Model, detailing six core practice actions. Once CFSA staff identify candidate eligibility and create a child-specific Prevention Plan, facilitating successful connections and coordinating with any other child and family services to provide, often intensive services, will be critical to a family’s engagement. CFSA’s Social Workers and community-based Collaborative contractors will all be trained to provide families with Motivational Interviewing (MI) as an EBP service to bolster family-centered prevention planning and ongoing service engagement. Motivational interviewing does not require that staff hold a specific degree/credential to provide the service, making training on, and provision of MI a strong fit for CFSA’s clinical staff and EBP contractors with varied qualification requirements.

CWTA will facilitate training on MI for all CFSA staff and CFSA’s community-based Collaborative partners required to develop child-specific Prevention Plans. By ensuring dedicated community-based supports are in place at the Collaboratives to facilitate service connections, as well as serve to further develop family-centered EBP service referrals and coordinate with other existing services, CFSA will
ensure families are connected to and have regular access to an evidence-based services and the case management support system to meet their needs. CFSA is in the process of developing technology to support trauma-informed data-driven referral recommendations and will train all staff to use new EBP and community services referral recommendation and tracking tools once available (anticipated development and launch in FY20).

Oversee and Evaluation the Continuing appropriateness of the services. Once a family is connected to EBP services in the community CFSA staff and EBP providers will be responsible for evaluating the ongoing appropriateness of fit of the referral, assessing ongoing safety and risk, and determining if modification to a child’s prevention plan are needed to support child and caregiver well-being. CWTA will develop Family First specific training, in partnership with CFSA program staff and CISA, that builds upon existing training curriculum and ensures community-based EBP providers are effectively assessing risk and documenting ongoing service needs. The Collaboratives will play a key role in facilitating and coordinating services for children and families that no longer have an open case with CFSA and ensuring services and programs specified in the child’s Prevention Plan are coordinated with all other child and family services across the District.

Family First EBP Provider Training Requirements. As noted in the Training to Conduct Risk Assessments section outlined above, CFSA’s will lean on the wealth of existing trainings already built into pre-service and in-service training curriculum to create, in partnership with CFSA’s CWTA, CISA, and Program staff, three new trainings (see EBP Provider Training Curriculum (Outline) below) and offer our existing trauma-informed service delivery training to form a complete suite of EBP provider trainings to ensure appropriate trauma-informed, evidence-based services are provided to all Family First preventioneligible children and their caregivers. Trainings will build upon and incorporate the following CWTA Training Courses (as appropriate):

- Caregivers Strengths and Barriers Assessment (existing training)
- CAFAS/PECFAS Training (existing training)
- Life of a Case (existing training)
- Family Centered Practice (existing training)
- Foundations of Child Welfare Practice (existing training)
- Foundations of Trauma-Informed Care (existing training)
- PGRAT Assessment Integration (existing training)

EBP Provider Training Curriculum (Outline)

- Foundations of Trauma-Informed Care (Existing Training)
  - Training will cover the basic tenants of trauma-informed service delivery and will highlight staff’s role in addressing trauma. CFSA already employs a dedicated Specialized
Trauma Trainer equipped to train external partners on trauma-informed service delivery. Curriculum will be tailored to the EBP provider audience.

- **Ongoing Assessment of Safety and Risk (New Training)**
  - Training will cover how to conduct on-going safety and risk assessments and the process for reporting information back to the relevant CFSA social worker Collaboratives in order to refine services to address child safety and document needed updates or changes to a child’s Prevention Plan.

- **Family First Eligibility and Child-Specific Prevention Plan Development and Updates (New Training)**
  - Training will provide an overview of how CFSA staff will determine a child’s eligibility for services and how to document a child-specific Prevention plan in FACES. EBP providers will be trained on how to request updates or changes to a child-specific Prevention Plan.

- **Selecting, Facilitating, and Monitoring Appropriate EBP Services (New Training)**
  - Training will cover the process to select appropriate EBP services, facilitating service connections and coordinating with existing services, assessing progress towards goals, and how to use existing and new technology to make these referrals, track engagement, monitor ongoing risk and appropriateness of fit. Training will cover the business process for making and accepting referrals for EBP services (including those not currently identified in a child’s Prevention Plan) and reporting back to CFSA’s Caseworker or Collaborative partners in order to document needed updates or changes to a child’s Prevention Plan.

As noted above, once technological enhancements have been made to new and existing tools, training will cover how to use these system enhancements to support the EBP service referral process and ongoing engagement in services.
Child Welfare Workforce Support

In Utah, child welfare and juvenile justice services are state administered and state supervised. Both DCFS and DJJS are committed to supporting and enhancing a competent, skilled and professional workforce, and providing state agency supports to staff working in field offices throughout the state.

Frontline caseworkers have the support of supervisors, mid-level managers, and local level administrators, in addition to statewide leadership at both the division and department levels. One of the DCFS overarching Practice Model Principles is Organizational Competence, which is that “Committed, qualified, trained, and skilled staff, supported by an effectively structured organization, helps ensure positive outcomes for children and families.”

DCFS and DJJS also have state agency training teams that support development of competency and skills of the workforce in delivering quality casework and trauma-informed and evidence-based services.

For DCFS, all training provided by DCFS to employees, providers, and families is based on the DCFS Practice Model, the foundation on which all policies, procedures, programs, and services are anchored. This model provides caseworkers a structure for approaching work with children and families. Practice Model Principles include protection, development, permanency, cultural responsiveness, partnership, organizational competence, and professional competence.

The Practice Model Principles are at the core of the five Practice Skills, which constitute the framework for all agency training. The five Practice Skills are designed to “put the agency’s values into action” and are universally applied by workers across all of the division’s programs and services. The Practice Model Skills include engaging, teaming, assessing, planning, and intervening.

Workforce skills are assessed and strengthened through the support of supervisors, trainers, and administrators, and are also measured and reinforced through qualitative case review and quantitative case process reviews. Department operational excellence initiatives that are currently underway will also provide support to workers to enhance quality casework and focus caseworker time on critical case activities most important to help achieve positive outcomes for children and families.
All of these state agency supportive activities will enhance implementation of the Title IV-E Prevention Plan, by ensuring that the workforce is qualified, and that caseworkers develop appropriate prevention plans and conduct risk assessments to ensure ongoing child safety.

**Child Welfare Workforce Training**

DCFS and DJJS are committed to having a prepared, well-trained workforce. Both agencies provide training and support for caseworkers in assessing what children and their families need, connecting to families served, knowing how to access and deliver needed trauma-informed and evidence-based services, and overseeing and evaluating the continuing appropriateness of services.

In DCFS, casework for prevention services aligns with the practice model, which focuses on the skills of engaging, assessing, teaming, planning, and intervening. As such, DCFS training for caseworkers for prevention services will serve as a reinforcement of training for overall good case practice.

Caseworker training addresses engaging families in a trauma-informed way to conduct safety and risk assessments using SDM and to assess overall family strengths and needs with UFACET. For prevention training, additional emphasis will be given to incorporating those assessed needs into the written prevention plan in a way that identifies the strategy to allow the child to remain safely at home or with a kin caregiver, and connecting to appropriate evidence-based trauma-informed services and programs. The training will reinforce the importance of preserving the parent-child relationship, maintaining children safely in their home with in-home services when possible, and the importance and priority of kinship placement in the event a child cannot safely remain at home.

Prevention training will be provided at the local level. The prevention services concepts will also be incorporated into new employee Practice Model training, which will include in-class training, simulation training, and field experience. Additional resources will also be provided to caseworkers for each of the specific evidence-based mental health, substance abuse, and in-home parent skills services included in Utah’s Title IV-E Prevention Plan to help workers understand the service target population, needs the service addresses, and availability.

In DJJS, core training and support provided to all Youth Services workers will also address and reinforce requirements for prevention services.
Caseworker training will address assessment of youth and family strengths and needs with the UFACET, and will also address identifying risk and protective factors using the Protective and Risk Assessment (PRA). Training will also be provided on case planning, which focuses on skills needed to engage with a youth and family, reducing risk through building skills and assisting the youth to remain or transition back into their community. Casework skills will be further strengthened with training on Motivational Interviewing and High Fidelity Wrap-Around. Supervisors will provide feedback of critical Youth Services processes. Supervisors will observe and rate the worker’s use of motivational interviewing skills with youth and families, assessment scoring, coordination of child and family team meetings, and developing Youth and Family Plans.
Child Welfare Workforce Support

In Virginia, local agencies make referrals to community-based providers who are skilled in providing evidence-based services for children and families. The local agency child welfare workforce utilizes a multidisciplinary approach, the Family Assessment and Planning Team (FAPT), to identify services that are needed for children and their families. Specifically for Title IV-E Prevention Services, VDSS will manage state-level contracts of service providers for programs listed on the Title IV-E Prevention Services Clearinghouse. VDSS will do this through a Request for Proposals, where service providers will have to demonstrate their experience in providing evidence-based services and their license and approvals required by local, state and federal laws and regulations to deliver clinical services to children and families. Through the state contract, VDSS will ensure that community-based providers maintain the appropriate education, licenses, and training to deliver services. Additionally, as referenced below on pages 15-17, VDSS will do this through regular monitoring and a CQI cycle to ensure children and families are receiving the highest quality of services.

As described in detail in the Monitoring Child Safety section of this plan (page 9), Family Services Specialists will develop appropriate prevention plans through the development of a service plan within 30 days of the identification of a candidate for foster care. Family Services Specialists will continuously monitor the plan as well as conduct periodic risk assessments for children receiving prevention services. Family Services Specialists will partner with community-based providers who deliver the prevention services in monitoring the service plan and assessing risk.

VDSS will provide an array of ongoing support to LDSS as well as community-based providers. VDSS is partnering with other state agencies to offer training and support focusing on the implementation, selection and sustainability of evidence-based programming for local communities in spring 2020. VDSS will utilize Title IV-E funding to support ongoing training for LDSS in the delivery of prevention services and to enhance the provision of evidence-based programming. As described in detail on pages 15-17 VDSS intends to support providers being trained in specific evidence-based services as it relates to the federal clearinghouse (Prevention Strategy 2). Additionally, through collaboration with DBHDS, training for providers was offered for trauma-focused cognitive behavioral therapy (TFCBT) and parent-child interaction therapy (PCIT), to ensure that the larger child welfare provider community is skilled in the delivery of these evidence-based programs.

Child Welfare Workforce Training
As referenced throughout the CFSP strategic plan, VDSS intends to enhance our entire child welfare workforce training program (CFSP Workforce Strategy 3). Additional information related to VDSS’s training program can be found in the 2020-2024 Training Plan Attachment. Specifically related to Family First, VDSS will hire a curriculum developer to work closely with the prevention services team to enhance our existing training curriculum for child welfare workers to ensure that staff:

- Are qualified to identify and make referrals for trauma-informed and evidence-based services;
- Can develop appropriate child- and family-specific prevention plans;
- Can conduct risk assessments; and
- Assess children and their families’ needs.

There are several training programs currently provided for child welfare workers that will support the delivery of prevention services:

- CWSE4015 Trauma-informed Practice in Child Welfare and Trauma-informed Child Welfare Practice: Identification and Intervention
- CWS1071 Family-Centered Case Planning
- CWS4020 Engaging Families and Building Trust-Based Relationships • CWS5307 Assessing Safety, Risk, and Protective Capacity
- CWSE6010 Working with Families of Substance-Exposed Infants
- CWSE5501 Substance Abuse
- SUP5710 Foundations of Coaching
- SUP5701 Principles of Leadership
- SUP5704 Critical Issues in Family Services Supervision
- SUP5705 Trauma-Informed Leadership

As the Child Protective Services and Prevention Programs enhance guidance for VDSS’s prevention program, we will identify a series of training courses for child welfare workers who will deliver prevention services (CFSP Prevention Strategies 1.3 and 1.4).
Child Welfare Workforce Training and Support: Worker Readiness Initiatives for FFPSA and Prevention Planning

One of the most important components of West Virginia’s Prevention Plan will be to ensure that the public and private child welfare workforce is well-trained and prepared to implement the provisions of the FFPSA. The child welfare workforce must be proficient in conducting strengths-based, trauma-informed assessments; connecting families to appropriate and timely services; and overseeing and evaluating the continuing appropriateness of services for the families. They must be able to recognize, understand, and respond to the effects of trauma using the principles of a trauma-informed approach to address the consequences of past trauma, and must understand why and how evidence-based practices will be used to prevent children from being removed from their families and to improve outcomes for children and families.

To ensure that the child welfare workforce is ready to implement the provisions of FFPSA, initial training and technical assistance will be focused on conducting high quality, strengths-based assessments; identifying goals and objectives for the family; and monitoring and evaluating the families’ progress toward meeting their goals with an emphasis on working with foster care candidates and in-home cases. In September 2018, an existing workgroup was repurposed to develop a plan to integrate the new prevention planning/foster care candidacy requirements into policy, training and case work practice. The workgroup members represented multiple programs within DHHR’s Bureau for Children and Families. Part of the scope of work included defining foster care candidacy for West Virginia, streamlining some of the safety planning requirements and policies, developing a total family assessment process for youth services and incorporating a prevention planning process for both Child Protective Services (CPS) and Youth Services. The new tools that were developed were piloted from February through May 2019, with Youth Services workers from four districts across the state. The response to the new policies and tools was favorable, with several staff requesting to continue using the tools post-pilot. A great deal of emphasis has been placed, both in training and in policy, on the importance of case planning for foster care candidates.

In August 2019, new policies, tools and training were released that focus more on prevention planning and in-home service provision for Youth Services. The first round of changes for youth services included a new assessment tool, the Family Advocacy and Support Tool (FAST), which replaces the Child and Adolescent Needs and Strengths (CANS) as the initial assessment and ongoing assessment for all Youth Services cases. The training and tools also provide skill-building opportunities for Youth Services workers on identifying casework goals and objectives. Marshall University will provide ongoing technical assistance for Youth Services workers and supervisors in their local offices with a monthly regional training for skills development in each region that will include evaluating the continuing appropriateness of services. In the Summer and Fall of 2020, the focus will shift to CPS, concentrating on completion of the revised family assessment tool along
with identifying casework goals and objectives emphasizing the provision of in-home prevention services and keeping children from entering the system.

FFPSA training will also focus on recognizing and responding to the effects of trauma using the principles of a trauma-informed approach. The principles of a trauma-informed approach are already infused into new worker and foster parent pre-service training, and both new CPS and Youth Services workers and foster parents must take nine additional hours of trauma training in the first year of employment or first year as a foster parent. Trauma training will be provided to tenured staff through a variety of methods including providing trauma content in all scheduled regional and statewide training sessions and meetings for CPS and Youth Services workers, supervisors, and managers; releasing short video clips and online trainings on trauma; providing training outlines for supervisors to use at unit meetings with their staff; and implementing an online library of readily available content that can be accessed and used whenever a caseworker needs additional information on trauma or other FFPSA provisions. The Bureau for Children and Families is exploring ways to ensure that providers and staff have the same opportunities for ongoing training on trauma-informed care through joint training opportunities and yearly requirements for both public and private providers. The Bureau for Children and Families is also working with colleges and universities in West Virginia to ensure that their degree programs are geared towards a trauma-informed approach and other FFPSA principles, and that information on trauma and other FFPSA provisions is included in foster parent training so that foster parents are knowledgeable and informed.

As the provisions of FFPSA are implemented, training will also be provided so that staff and providers have the knowledge and skills necessary to access and deliver evidence-based services to children and families. Staff will be trained to ensure they understand the components of evidence-based services and the specific requirements of those services as they are used in West Virginia so that they can make appropriate referrals and understand how to monitor and evaluate the services that families receive. Targeted training/technical assistance teams will be deployed to local DHHR offices identified as struggling through data and quality assurance reviews completed by the Division of Planning and Quality Improvement. Ongoing training will be provided to DHHR staff through web-based and face-to-face trainings designed to educate staff on the evidence-based services along with the referral process to each service to ensure families have access. Providers will be required to be trained on specific evidence-based models selected for use by the state, and their contracts will require they are appropriately certified in the models they administer. Compliance with these requirements will be addressed through contract monitoring activities and other technical assistance and support.

Training that will support the new CPS policy, the new case planning/prevention planning process for foster care candidates and education about Title IV-E prevention services will be provided to DHHR caseworkers in Fall 2020. This training had been planned for roll-out in June 2020; however, the COVID-19 pandemic has diverted valuable human resources to emergency activities. Providers of evidence-based services will be contractually required to provide additional educational opportunities to DHHR caseworkers to prevent “cookie-cutter” approaches to case planning and service selection. This training will also provide DHHR caseworkers with the skills to enhance case planning skills as required for West Virginia’s Child and Family Services Review (CFSR) Program Improvement Plan (PIP), as detailed in Coordination with Child and Family Services Review.
**Workforce Support: Now and Into the Future**  
**Technical Assistance: Casey Family Programs Supports CFSR PIP**

During West Virginia’s planning for the reforms to its child welfare system, it became evident that the impact on Child Protective Services and Youth Services staff could be devastating if the supervisors were not prepared for the implementation of these initiatives. Casey Family Programs has been instrumental in responding to the technical assistance needs that have created barriers in West Virginia for many years. For that reason, BCF’s Commissioner Linda Watts reached out to Casey Family Programs to help determine the best approaches to prevent chaos in the field during the roll-out of changes.

One of the first initiatives was supervisory skill-building workshops to front-line supervisors to strengthen their understanding of the importance of case planning and meaningful supervisor/worker interactions. Reflective supervision skills were taught to all front-line supervisors over several multi-day workshops beginning in late 2018 and lasting through summer 2019. Casey Family Programs brought Sue Badeau, a national child welfare speaker and author, to West Virginia for each workshop. Ms. Badeau has targeted specific counties that experience crisis-level turnover rates for additional supports for their supervisory staff that will continue over the next year.

Meaningful program-related supervisory training has not been historically available to new supervisors. As part of CFSR PIP, BCF will provide more training and resources to front-line supervisors. Over the next five years, the Reflective Supervision model will be prioritized to continue the work in strengthening the relationship between worker and supervisor begun in 2018. The model’s benefits include teaching managers how to provide productive space for case reviews to occur between supervisor and worker. Reflective Supervision will be complemented with other skills-based training for supervisors, including how to work with non-custody prevention cases and recognizing the unique case requirement for in-home safety planning. Since West Virginia’s child welfare agency does not have the true ability to limit the number of cases a worker can carry, the Reflective Supervision initiative for supervisors will assist in managing prevention caseloads by giving them the proper skills to engage in meaningful case reviews, identifying issues within families and selecting interventions that create change and not placing services in the home just to have a service documented.

Operationalizing the Reflective Supervision initiative will be the development of a Standard Operating Procedure to assist DHHR caseworkers and their supervisors on how to make meaningful contacts and interactions with families. This guide will provide an overview of the goals of a meaningful visit with the family to help them achieve better treatment outcomes. By placing focus on prevention caseloads, West Virginia could stop the increase of children entering foster care.

Regional management meetings held twice per year, including line supervisors up to the Commissioner level, will help reinforce the professional development initiatives described above. These meetings will provide skills building workshops related to FFPSA and other child welfare initiatives, self-care opportunities and ways to deal with secondary trauma of caseworkers. For more information about these activities, please review [West Virginia’s CFSR PIP](#).
Casey Family Programs also sponsored two day-long workshops to assist the financial planning efforts as West Virginia plans for evidence-based practice spending, exits the Title IV-E waiver and transitions back to traditional IV-E claiming. These workshops helped key leaders within the Bureau for Children and Families develop tools and theories to assist with budget planning.

Casey Family Programs will continue to provide access to national experts on topics such as front-line worker support, evidence-based programming, IV-E claiming, asset allocation and other topics as they are identified.

**Court and Stakeholder Education: Child Welfare Partners with the Court Improvement Project**

As part of DHHR’s partnership with the Supreme Court of Appeals, which holds West Virginia’s court improvement program (CIP) grants, there have been multiple, targeted engagement activities related to FFPSA in place since summer 2018. These activities included community engagement forums and trainings across the state for a broad child welfare audience, as well as targeted judicial training on the provisions of FFPSA for the state’s circuit court judges. The training collaboration included a more intense workshop in September 2019 for recently elected as well as tenured judges that utilized case scenarios. Participants were led step-by-step through the prevention services and explored how the new non-family placement options could be used as a complement to community-based treatment.

One of the paradigm shifts West Virginia will need to make is only utilizing congregate care to meet specific treatment needs or short-term homelessness. CIP cross-training sessions for spring 2020 are currently being planned, and there will be presentations on FFPSA and the CSED Waiver. These presentations will be delivered in conjunction with the new MCO to help participants learn how the MCO will be utilized to support the expansion of community-based services in West Virginia.

The intent over the next five years is to provide opportunities for circuit court judge engagement at their bi-annual conferences and statewide child welfare trainings about FFPSA prevention services and how they support the ongoing child welfare reforms. CIP and DHHR were to hold a judicial workshop in June 2020, with support from Casey Family Programs, that would utilize national judicial experts to further engage the judicial community. However, the COVID-19 epidemic prevented the workshop from occurring. It will be rescheduled for a later date. The hope is that utilizing external credible sources, especially those viewed as peers, will go a long way in assisting West Virginia meet its goals.
Child Welfare Workforce Training

For more than 20 years, the Office of Children’s Services has contracted with the CWA thru the University of Alaska Anchorage to provide core and specialized training to all Protective Services Specialists (PSS) and their Supervisors. Standards, Knowledge and Insight Leading to Success (SKILS) is the pre-service core training all newly hired front line worker training. Among a plethora of other topics, SKILS focuses on a deep dive into practice throughout a life of a case within OCS; all the IV-E requirements, best practice with families, worker safety, interviewing, risk and safety assessment, safety and case planning, evaluation, and legal practice, including using simulation labs to enhance skill building. After a worker has spent some time in the field with an assigned mentor, they return to CWA in two separate sessions for advanced training in domestic violence, mental health, substance use disorders, cultural humility, historical trauma, including all things ICWA, ACEs, permanency, continuous quality improvement and child welfare ethics. The CWA will develop and provide all necessary training to OCS staff regarding the delivery of Family First Prevention Services as follows.

Refresher Training. Although all PSS staff receive new worker training upon being hired, the CWA will provide refresher training to OCS staff on decision-making within the practice model specifically the assessment of risk of future child maltreatment and presence of safety threats within Investigations/Assessment to better understand the determination of candidate for care. This re-training will help prepare the prevention workers to make re-assessments of risk and safety during the prevention intervention. Additional new and refresher training for staff working in the newly formed units of Prevention Services will be recast specific to what is known about how to best serve families within inhome services.

Prevention Services Training. While an overview webinar to all OCS on Prevention Services will occur, more targeted training will take place with designated Prevention Services staff. First and foremost, prevention staff will go through values work to assure they will uphold OCS’ Vision for Child Welfare: Empower Communities to Strengthen Families and Prevent Child Abuse. Next, staff will be trained on how to conduct a comprehensive family assessment and the provision of prevention services that includes building knowledge, skills and abilities in accordance with OCS core competencies. A newly acquired training, named NEAR; Neuroscience, Epigenetics, Adverse Childhood Experience and Resilience will be mandatory for all in-home services prevention staff, as well as, in-home service providers who will work with the identified families. NEAR will specifically focus on trauma informed principles, reflective practice, neuroscience, attachment and staff will receive a NEAR@Home toolkit and be supported in their efforts to implement. Additional prevention services training will include:
• Family centered practice
• Cultural humility
• Family engagement
• Importance of early intervention
• Family needs assessment
• Prevention planning
• Collaboration; partnership with Tribes and service providers
• Trauma informed care
• Protective factors framework
• Positive youth development
• Intimate partner violence
• Mental health
• Substance use disorders
• Motivational interviewing; stages of change
• Family team meetings
• Evidence based prevention service provision
• Kinship care
• Progress evaluations
• Ongoing safety management
• Continuous quality improvement
• Documentation

Again, while most of these topics are covered in mandatory core training, this training will be reimagined through the prevention services lens. Development of Prevention Services Staff will concentrate on understanding the unique aspects of working with families to prevent out of home removals. Motivational interviewing, NEAR, building authentic relationships through engagement and teaming will be foundational and all other topics will build upon those.

Training will be delivered in a multitude of ways including; classroom, webinars, simulation, discussion groups, e-learning, case studies, on-the-job, coaching and mentoring. Tribal Title IV-E partners will be invited to join the training, as is done with all trainings delivered by the CWA. It is planned that some topics, such as motivational interviewing, prevention planning and service provision, team meetings, progress evaluations and other offerings will be conducted with prevention providers.

While most of the training for Prevention Services Staff will happen prior to being assigned prevention cases, various modules will be delivered after case assignment and be available to them as “just in time” training. Just in time or microlearning are small bits of learning pertinent to a specific topic needed at particular times and will be housed on the CWA website where other training opportunities are always available to OCS staff.
All training will be evaluated and Prevention Services Staff will participate in quarterly meetings with CWA to discuss implementation of new prevention model; including successes, challenges and any other needed training. Revisions and additions will be made accordingly.
Child welfare workforce training and support (Section 5 & 6 Preprint)

With the development of the Child Welfare Practice Model (Appendix 2), the Department for Children and Families is committed to strategies of strong resiliency and prevention networks, timely exit to permanency, and health care and wellbeing coordination to yield positive outcomes. The strategies are supported by using evidence-based practices, making informed decisions and developing a prepared, well-trained workforce. The practice model also emphasizes the importance of preserving the parent-child relationship, maintaining children safely in their home with in-home services when possible, and the importance and priority of kinship placement in the event a child cannot safely remain in the home. As Kansas adopts Family First and shines a light on prevention and the importance of believing in the family, the workforce will transform over time with new positions, opportunities, trainings, models, tools and safety networks based around this idea. Prevention will infiltrate the agency, the workforce and eventually be ingrained into staff. Training, supporting and supplying staff with tools to succeed and feel confident following program implementation has been is a significant objective for the agency.

The Kansas Protection Report Center (KPRC) serves as the origin for contact with the Department for Children and Families. Community partners and families need to be assured the information provided is used to determine next steps concerning allegations of abuse and neglect. Early interventions can prevent further maltreatment and are important to provide families tools and resources they need to raise their children in healthy, nurturing homes free from abuse and neglect. In SFY 2020, KPRC implemented Structured Decision Making (SDM). Kansas chose this tool to support the decision-making process for staff. The goal is well-informed and consistent decisions being made across the state. In SFY 2020, Kansas will pilot SDM safety and risk assessments in targeted counties in conjunction with Team Decision Making (TDM). SDM complements other practice approaches Kansas is pursuing, such as TDM, Signs of Safety (SoS) and Family Finding.

All practitioners are required to have a four-year degree in a Human Services or Behavioral Sciences field of study to be employed as a Child Protection Specialist. Completion of the Prevention and Protection Services (PPS) Training Academy is required prior to caseload assignment. It is a four-week process which includes the completion of required online training, shadowing experiences, pre-training assignments, and two classroom courses. The first face to face course is Investigation and Assessment, which concentrates on abuse/neglect definitions, policies and procedures related to the investigation, assessment, engagement, and documentation. The second face to face course focuses on the following topics: prevention services, ethics and confidentiality, documentation, critical thinking, testifying in court, Indian Child Welfare Act, Interstate Compact on the Placement of Children, Multiethnic Placement Act, worker safety, and mandated reporting. The Academy participants are expected to complete the additional training requirements within 90 to 180 days of hire. As an additional requirement, all DCF PPS Specialists and Supervisors must complete 40 hours of continuing education, including 3 hours of ethics training bi-annually.
PPS practitioners and case management providers for Family Preservation and Foster Care services attend the Kansas Child Welfare Professional Training Program (KCWPTP) Caseworker Core Modules. The modules provide ongoing in-service trainings to ensure Kansas child welfare practitioners are equipped with the tools they need to effectively provide service to children and families in Kansas and satisfy continuing education requirements. Topics include utilizing a family-centered approach, engagement and rapport building with families, legal aspects in child welfare, assessment and safety planning, exploring fact finding principles common to all child welfare cases, case planning, child development implications, and separation, placement and reunification in family-centered child protective services.

Specialized child welfare training is conducted by DCF and the Child Welfare Case Management Providers (CWCMP) for their respective staff. Information about scheduled DCF and CWCMP trainings is shared by email and posted to the KCWPTP website. Staff from the different agencies, including tribal and military partners, are encouraged to take advantage of training opportunities, including trauma-informed care with children and families.

Kansas is taking steps to support and enhance a competent, skilled, and professional child welfare workforce to deliver trauma-informed and evidence-based services. The agency will provide training and support for caseworkers in assessing needs, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services, and overseeing and evaluating the continuing appropriateness of the services. The addition of new courses outlined below and the need to expand and revise existing courses.

**Training to Develop Appropriate Prevention Plans**

Kansas currently provides PPS practitioners initial staff training to assess safety and risk utilizing Kansas Initiative for Decision Support (KIDS) safety and risk assessment tools. The KCWPTP will modify existing courses or develop a new course to incorporate the formal documentation of an eligible child’s Prevention Plan. The training will also be expanded to include the Family First Prevention Services providers.

Team Decision Making - Practice implementation begins November 2019 in Kansas City and Southeast Kansas with the Annie E. Casey Foundation and National Center for Crime and Delinquency to strengthen safety planning in facilitated meetings with families, relatives, schools and community supports. This phase of the rollout includes a pilot of Structured Decision Making in Kansas City and Southeast Kansas. The next phase of TDM implementation will use the Signs of Safety assessment and planning framework to address past harm, danger statements, existing strengths and safety, safety goals and next steps.

Kansas Strong for Children and Families - The University of Kansas School of Social Welfare (KUSSW) and its partners, the Kansas Department for Children and Families and the state’s network of privatized providers of adoption and foster care in concert with the Court Improvement Program (CIP), are currently in the planning period of a federal five year grant to develop and deliver Kansas Strong for Children and Families (KS Strong). Kansas Strong is a cooperative agreement between KUSSW and the U.S. Department of Health and Human Services, administration for Children and Families, Children’s
Bureau. Kansas is one of five grantees nationally aimed at strengthening child welfare systems to improve outcomes for children and families.

A goal of the project is to implement KanCoach, a coaching program for public and private supervisors across child welfare programs to address basic social work practices in four areas: parent and youth engagement; risk and safety assessment; relative/kin connections; and, concurrent planning. Plans include training and implementing coaching for supervisors and developing a comprehensive set of methods and tools for supervisors to deliver coaching to frontline workers.

KanCoach promotes shared principles across the child welfare system on safety and risk, assessment, and case planning:

1. Children should be maintained safely in their homes when possible.
2. Children should be safe when they reside in kinship, foster, or adoptive homes or in congregate care.
3. When a report concerning child safety staff will make a timely safety and risk assessment.
   a. Factors to consider when assessing for safety include (but are not limited to):
      i. Severity of harm to the child
      ii. Imminent danger
      iii. Child vulnerability
      iv. Caregiver protective capacity
   b. Factors to consider when assessing for risk include (but are not limited to):
      i. Parent or caregiver factors
      ii. Family factors
      iii. Child factors
      iv. Environmental factors
4. Information obtained during safety and risk assessments should inform the case planning process.

Training for PPS Practitioners - The prevention services concepts will be incorporated into new employee practice model training, which will include classroom training, field experience, and coaching. Additional resources will be provided to practitioners for specific evidence-based mental health, substance abuse, and in-home parent skills services included in Kansas’ Title IVE Prevention Plan to help works understand the service target population, needs the service addresses, and availability. Emphasis will be given to incorporating the assessed needs into the written prevention plan in a way which identifies strategies making it safe for the child to remain safely at home or with kin caregiver and connecting to appropriate evidence-based traumainformed services and programs.
Training related to Structured Decision Making for Intake procedures will continue for Protection Report Center staff. Mechanisms of Childhood Injury offered by physicians from Children’s Mercy Hospital will begin in early 2020. DCF is exploring Motivational Interviewing to help practitioners engage families and aid in gathering assessment information. Kansas is in the process of implementing Signs of Safety in twelve South Central counties. Beginning in December 2019, the two-day introductory course will be provided to all staff, including senior and executive leaders and key partners. This introduction will explore the principles, disciplines, tools and process of Signs of Safety practice; the application through end-to-end case examples; applying Signs of Safety to an agency case; and the implementation framework, with emphasis on learning methods supporting the practice methods.

Beginning in SFY 2020, DCF is developing and will deliver virtual training sessions on Trust Based Relational Intervention (TBRI). This attachment-based, evidenced-based, and traumainformed intervention is designed to meet the complex needs of vulnerable children. TBRI uses Empowering Principles to address physical needs, Connecting Principles for attachment needs, and Correcting Principles to disarm fear-based behaviors. This service has been utilized in a variety of settings, including legal systems, residential treatment facilities, groups homes, foster and adoptive homes, youth camps, and schools. TBRI is effective with children of all ages and risk levels.

**Supporting Staff**

With just 60 days to implementation, a motivational video and accompanying handout (see Appendix 9) was distributed to PPS practitioners carrying the message of Family First with the intent to include, empower, and inspire practitioners in this exciting child welfare transformation.

To further communicate how Family First would fit into regional foster care prevention services, toolkits were individualized for regions. These toolkits offer a variety of ways to be informed about the new services, providers, and programs available to the regions. These kits contain various desk aids, service menus to discuss with families, and a web-based search tool to assist PPS practitioners when selecting and referring families to programs.

Several weeks at the end of October were reserved in various DCF Service Centers to introduce the new providers and the evidence-based programs for practitioners during an open-house booth style event (see Appendix 10). This allowed for providers and PPS practitioners to begin collaborating, strengthening and building relationships with providers.

DCF Administrative leaders also visited regional offices in October and November 2019 to initiate focused conversations with direct service practitioners regarding prevention practice. These discussions targeted how each resource implemented thus far can support staff in their work alongside families. Administrators championed this message to staff to strengthen family engagement in service decision making.

All evidence-based programs will be provided by qualified staff. The selected services each have their own training requirements and staff qualifications specific to their model. DCF requires all providers working with families to uphold staffing and training requirements specified by each model to meet
fidelity of the program. Providers will be required to meet prescribed staffing ratio or needs to serve the desired population of impact with information on duration of service, number of classes or number of contacts or engagement session as applicable to the program.

In 2020, the Prevention Team organized a winter/spring “Prevention Tour” of each Kansas DCF office to deliver in-person, one-on-one training for the new Family First process and to open up communication and build relationships with the staff members working directly with families and connecting them to the new evidence-based services available in the regions. Finally, a newsletter35 was developed to target staff and stakeholders, connect communities, and engage and educate following Family First implementation. The intention is to keep communication open, collaborate, and share in mutual learning of Family First.
Child Welfare Workforce Training and Support

Ensuring a well-trained provider agency workforce

As indicated earlier in the Prevention Plan, all EBPs are administered within a trauma-informed framework. To accomplish this objective, all clinicians within Kentucky’s provider agencies and broader service array receive trauma training. In addition, DCBS recognizes that ongoing trauma training is necessary to sustain and grow knowledge and skills around trauma-responsive practice. As such, DCBS is exploring mechanisms to ensure that the provider workforce has access to ongoing training opportunities together with the public agency workforce. Creating joint learning opportunities will ensure that both public and private workers and clinicians have the opportunity for a shared knowledge base and peer-learning opportunities. Provider contracts require that providers be trained/certified in intensive evidence-based in home service models as well as research-based nationally recognized curricula, assessments or other appropriate tools with demonstrated effectiveness in reducing or avoiding the need for out of home placement. Documentation of EBP model training and certification is maintained by the agency to be reviewed annually by contract monitors for fiscal and programmatic compliance.

As mentioned above, Kentucky will initially expand practices that are currently available. As such, there are existing mechanisms in place to ensure child welfare and provider staff receive relevant training and coaching in these practices. Existing relationships with trainers and purveyors will be examined and updated as necessary to accommodate additional training needs and establish learning collaboratives as needed. Additionally, DCBS will seek opportunities to collaborate with the Department for Behavioral Health, Developmental & Intellectual Disabilities (DBHDID) and other agencies within the Cabinet for Health and Family Services to integrate existing or create new contracts with training entities that are providing training to multiple agencies within the Cabinet (i.e., Motivational Interviewing, Parent Child Interaction Therapy). Likewise, DBHDID will extend invitations to non-Community Mental Health Center (CMHC) providers to join new and ongoing learning collaboratives in evidence-based practices.

As DCBS expands contracts to new providers and/or for new interventions, the contracts will require that clinicians are appropriately trained and certified in the models they administer. Compliance with these requirements will be addressed through contract monitoring activities and other technical assistance and support provided by DCBS.
Ensuring a well-trained child welfare agency workforce

Every Protection and Permanency Employee receives the Training Academy for new employees. The Academy is a credit-for-learning initiative, which is a collaborative partnership between the public universities and DCBS. The Training Academy provides college graduate credit from accredited graduate social work programs for job related learning for new employees in the Academy. The Training Academy has four courses: Course 1: Introduction to Child Welfare; Course 2: Collaboration Assessment and Documentation, Course 3: Case Management and Course 4: Child Sexual Abuse. New employees of DCBS will receive training on the service array and child specific prevention plans through the Case Management course, in the DCBS Academy Training.

Staff are trained to conduct initial risk assessment during the investigative phase of cases, through Course 2 of the academy, Collaboration Assessment and Documentation. In this course staff achieve competency in risk and safety identification, assessment as a continuum, analyzing safety threats, protective factor mitigation, and in completion of the investigative Assessment and Documentation Tool (ADT). Staff are trained to conduct periodic risk assessments during the ongoing phase of cases, through Course 3, Case Management. In this course staff achieve competency in assessing progress made on objectives in managing high risk patterns, both individually and as a family. Staff are also trained to assess familial ability to handle stressors, child behavior management, and caregiver protective capacities.

In preparing for Family First, the Training Academy will be enhanced and modified to include training on trauma-informed, evidence-based services. Current DCBS Staff will receive training through web-based and face-to-face trainings designed to educate staff on the evidence-based services along with the referral process to each service to ensure families have access to these services. Regional Family First liaisons will be trained on Family First provisions and their practice implications and requirements to help support front line staff. Front line staff are in the process of completing the seven module Web-based Training on Family First as follows:

Module 1: Family First Overview
Module 2: Prevention Services Array Overview
Module 3: Evidence Based Practices and Prevention Services Referral
Module 4: In-Home Case Planning Process (Prevention Strategy Development)
Module 5: Out of Home Care Process
Module 6: Leveling and Placement
Module 7: Supervisory Module
Frontline staff receive both prevention services and QRTP relevant processes in the Web-Based Training to assist their understanding of Family First implications, expected changes to preventive case work practice, including content related to candidacy definition, risk assessment and related decision-making, child-specific prevention plan development, and identification, linkage, and monitoring receipt of evidence-based interventions. Frontline staff are trained on EBPs available for prevention services in Module 3. They are also trained within this module to identify EBPs for families, including what interventions are relevant to familial risk factors, based on the target population and outcomes of each intervention. Workers are provided an EBP selection document in SOP Chapter 6, which is specific to their region, to assist in their recommendation of relevant EBPs. Please see Appendix R for SOP Chapter 6. In Module 4 staff are trained in completion of the familial prevention strategy. Here staff achieve understanding of how the candidacy date documented in the referral for services is populated to the case plan for the child specific prevention strategy, along with the identified intervention. Staff are also trained within module 4 to incorporate the EBP intervention into case plan objectives, specific to the high risk behavior the intervention is addressing. Please see Appendix R SOP 3.4 for development of the prevention strategy. In addition to ensuring a qualified DCBS workforce, private in-home providers also have access the Family First Webbased Training.

To reinforce the Academy Training Material and the implementation of Family First Legislation, supervisor engagement strategies have been incorporated into the Training Academy. This allows new workers opportunities to practice skills learned in the classroom, enables new employees and their supervisors to gain a better understanding of the new employees’ abilities, and provide supervisors with a clear focus for continued coaching activities. During the Assessment Phase, new employees’ strengths and areas in need of further development are identified, Coaching Action Plans for development of those areas in need of improvement are created, the regional training coordinator facilitates a face-to-face meeting with the new worker and supervisor to discuss the Coaching Action Plan, and information gathered through the Assessment Phase is shared with designated regional staff and the DCBS Training Branch. Coaching Action Plans will be modified to reflect language around Family First and the EBP Models. This will be one way for supervisors to coach and mentor new staff around Family First Legislation.

A supervisory module, module 7, was also added to the Family First Web-based training, where the impact of Family First prevention services on frontline supervision is identified. Frontline Supervisors are trained to discuss potential candidates and preventative services during all cases consultations and all phases of assessment. They are trained of their responsibilities to review and approve the Prevention Services Referral in the state CCWIS system, along with ensuring appropriate risk determination and appropriate EBP selection.
The training branch also conducts the Advanced Supervisory Series, which is comprised of three credit-for-learning courses. The courses focus on the knowledge, skills and opportunities for application of critical supervisory skills. The training branch will make adjustments and modify training content to include Family First requirements along with material on how supervisors support their staff around the Family First implementation and oversight of ongoing casework.

Kentucky updated in home case SOP sections and added an entire Chapter to SOP to assist in guiding the state’s workforce in candidate eligibility, intervention selection, development of the child specific prevention plan, the ending of Family First candidacy eligibility and redetermination. Resources available to workers, supervisors, and regional staff include the Prevention Services Referral Form, an EBP Selection Document for each region of the state, and a Prevention Services Description and Eligibility Criteria document. Additional SOP was also developed to differentiate low risk in home services, from those appropriate for candidates of foster case. This, along with a separate low risk in home services referral form, were created to support Kentucky’s workforce in implementation. Please see Appendix R for SOP Chapter 6 Prevention Services.
Nebraska
Status: Approved
Section VII: Child Welfare Workforce Training and Support

Child Welfare Workforce Support

CFS has contractors providing the prevention services included in this Plan. The contracted providers are responsible for working with referred families to deliver the evidence-based program to fidelity. CFS staff will complete the Foster Care Prevention Plan (FCPP) as well as be responsible for monitoring safety and risk and documenting the corresponding SDM® Safety and Risk Assessments.

To ensure that contracted providers are qualified to provide one of Nebraska’s FFPSA services, DHHS will ensure the provision of services adhere to the standards of being a promising, supported or well-supported service.

For each evidence based intervention included in Nebraska’s Plan, the following administrative components will be reviewed as part of the continuous improvement/fidelity process:

- **Staff Credentials:** Validate the staff providing the evidence-based intervention meet the minimum education, training and certification requirements as required by the model developer, including verification of the workbook/manual being used. This will be conducted quarterly as part of the Contract Monitoring Team’s Personnel File Reviews.
- **Internal QA/CQI procedures:** Validate the provider has implemented and maintains a comprehensive internal quality management review and continuous improvement process (policies and procedure review). This will be conducted annually as part of the Contract Monitoring Team’s Personnel File Reviews.
- **Contractual requirements:** Validate any requirements specific to the evidence-based intervention being provided are complied with, in accordance with the current contractual agreement. This will be conducted annually and will be in collaboration with any Contract Management review efforts conducted by DHHS when appropriate and possible.

CFS partners with the University of Nebraska, Center for Children, Families and the Law (CCFL) to provide training for the CFS workforce. This training helps to ensure staff are competent, skilled, and professional when working within child welfare. CFS worked to ensure CCFL is knowledgeable and equipped to provide new worker training related to FFPSA.

Part of the requirements of being an evidenced based service, is that the service must be trauma informed. It is important that CFS staff receive trauma informed training. All new staff who attend CFS new worker training are provided with several different trauma-informed trainings. A description of these trainings are as follows:

**Training: Introduction to Trauma Informed Care**
*Topic Area:* Understanding, recognizing and responding to the effects of all types of trauma; trauma-informed care.
Description: Trainees learn the important concepts and practices related to trauma and trauma-informed care.
Topics include: Types of trauma in children, adolescents, and adults; typical trauma reactions in children; the five core principles of trauma-informed care; and the impact of trauma on the mind, body and behavior.

Training: Secondary Trauma
Topic Area: Understanding, recognizing and responding to the effects of all types of trauma; trauma-informed care.

Description: Trainees learn about secondary trauma and its possible impact on workers.

Topics include: What is secondary trauma, how to recognize it, and protective strategies for self and others.

Training: Trauma Review and Preparation
Topic Area: Trauma-informed care

Description: Trainees review the important concepts and practices related to trauma and trauma-informed care in preparation for application in the classroom.

Topics include: Review of core principles of trauma-informed care, awareness of impacts on traumatic stress, and what therapeutic services should be utilized for trauma.

Training: Trauma Capable
Topic Area: Addressing trauma’s consequences and facilitate healing.

Description: Trainees continue to explore the important concepts and practices related to trauma and trauma-informed care.

Topics include: Adverse Childhood Experiences (ACEs); resiliency; how trauma can affect safety, permanency, and well-being; core principles of trauma-informed care and how to respond effectively to traumatic reactions; what therapeutic services should be utilized for trauma; and referring to evidence-based, trauma-focused treatment services.

During both new worker training and continuous trainings each year, CFS will provide training regarding the implementation of FFPSA in the field:

Training: Family First Prevention and Services Act Overview
Topic Area: Understanding the provisions of FFPSA and the Implementation of FFPSA Services in the Field

Description: This course provides an overview of the provisions of the Family First Prevention and Services Act which will directly impact the work of Child and Family Services Specialists and Supervisors.

Topics Include: Information regarding the purpose and philosophy of FFPSA; details on Candidates for Foster Care; the Foster Care Prevention Plan; information on how placements are impacted by FFPSA; and step-by-step instructions for NFCOUS changes that will occur as a result of the implementation of FFPSA.
**Training: Family First Prevention and Services Question and Answer Webinar**

*Topic Area:* Additional information on how prevention services for Foster Care Prevention Services are managed and referred as well as to provide an opportunity for staff to gain clarification on the Foster Care Prevention Plan, Prevention Services, QRTP’s and placement of youth with their parents in a residential treatment facility.

*Description:* The purpose of this webinar is to provide information and clarification to Child and Family Services Specialists, Supervisors and Administrators regarding use and implementation of FFPSA services.

*Topics Include:* How prevention services for Foster Care Prevention Services are managed; how prevention services are referred; and provide an opportunity for staff to gain clarification on the Foster Care Prevention Plan, Prevention Services, QRTPs and Placement of youth with their parent(s) in a residential treatment facility.

**Training: Motivational Interviewing**

*Topic Area:* Understanding how to engage, focus, evoke change and plan with others.

*Description:* Participants learn about Motivational Interviewing as a collaborative conversation style, for strengthening a person’s own motivation and commitment to change.

*Topics Include:* How to help creating change conversations; how to actively listen; how to demonstrate reflective listening; asking open ended questions; how to provide affirmations; how to provide summaries; how to address/handle ambivalence; how to recognize change talk; how to address/handle resistance; how to help sustain change talk, and; how to address/handle discord.

CFS will assess the need for additional trainings each year as part of the required annual in-services training for staff. For additional CFS training details, please see the following section.

**Child Welfare Workforce Training**

CFS and Center of Children, Families and the Law (CCFL) provide new and current caseworkers with training related to assessing a family’s needs for prevention services and accessing identified trauma-informed and evidence-based services. CFS staff are trained in SDM® and SOP®, to enhance family engagement. CFS uses SDM® to help make case management decisions and SOP is a framework used to assist in gathering information. SOP® provides concepts and tools that help provide additional ways to engage and reach understanding with families. SOP® is a model designed to help child welfare staff use critical thinking and build good working relationships with families to improve child safety. The key features of SOP® is that it focuses on teamwork; builds and strengthens the partnership between the agency and family; it involves the family's informal supports and builds on their strengths; it uses strategies and techniques that the child and family as the main focus. Training is provided on an ongoing basis for specific trauma-informed and evidenced-based services as they become available to each community.

CFS created FFPSA specific on-line training for all staff. Key topics included the purpose and goals of FFPSA, defining candidacy, evidence-based practices, and creating the FCPP on the SACWIS system N-Focus. The goals for CFS are:
1. Ensure children are protected from abuse and neglect through timely contacts and safely maintained in their homes when appropriate with thorough risk and safety assessments throughout the life of the case.
2. Improve engagement with children, youth, parents and foster parents throughout the life of the case to ensure safety, well-being and achieve permanency.
3. Enhance current service array to ensure appropriate and individualized services are accessible
4. Fully implement all provisions of the Family First Prevention Services Act
5. Provide comprehensive, evidence based services to children and families in their homes.
6. Use of family voice/choice in the decision making process.
7. Fully implement Safety Organized Practice.
8. Continue with collaboration with community partners to prevent child abuse/neglect.

CFS has a very comprehensive training program for new Children and Family Services Trainees. Training consultants were utilized to develop a New Worker Training Model which was implemented in May 2017. Training was modified based on feedback of prior trainees, stakeholders, CQI, and needs of the field. Training is offered in an alternating pattern of multiple weeks of local office learning interspersed with single weeks of classroom application training. During the local office learning weeks, trainees acquire new knowledge and skills by completing self-paced online learning activities, participating in webinars, completing field tasks outlined in the Service Area Learning Team (SALT) binder, and by participating in field shadowing or observation opportunities supported by Field Training Specialist (FTS). Classroom weeks are face to face instructor led training in Lincoln, Nebraska that focuses on application, role play, and simulated experiences that give trainees an opportunity to apply what is learned during the previous local-office learning weeks. For a full description of New Worker Training refer to the Training Plan submitted for 2020. Changes and modifications are included in the Training Plan submitted for 2020. For the purposes of this systemic factor, Initial Training is defined as all of New Worker Training. CFS Trainees are assigned to work with 4 families and supervisors will assess the CFS Trainees knowledge, skills and abilities utilizing the Competency Development Tool (CDT) between weeks 16 and 20. Upon successfully passing the CDT, the CFS Trainee may be promoted to CFS Specialist on original probation. After promotion to a CFS Specialist, their caseload will gradually increase to a full caseload.

During New Worker Training with CCFL, new staff are provided with a “Case Management Desk Aide” to help guide them in decision making, when they begin to formally manage cases. Additional items added to this guide to assist in understanding FFPSA include the following:

1. Foster Care Prevention Plan SWI
2. QRTP Flowchart
3. QRTP SWI
4. Residential Treatment Facility SWI
5. Example of a documented Foster Care Prevention Plan

Children and Family Services is partnering with CCFL to provide an “In Service” training platform to agency staff on an annual basis to review the Family First Prevention Services Act. Prior to the agency staff participating in this training, they will be required to complete the FFPSA Overview pre-recorded webinar, Residential Substance Use Facilities Overview pre-recorded webinar and the FFPSA Overview-Bridge to Independence pre-recorded webinar. Once this pre-work is completed, the Child and Family Services Specialists, Child and Family Services Supervisors and Child and Family Services Administrators will attend two In Service webinar trainings. These webinars will provide additional training on the following:
1. Foster Care Prevention Plan
   a. Review of SWI
   b. Understanding candidacy and eligibility
   c. Referral process for services
   d. Documentation on NFOCUS
      i. How to document a quality FCPP

2. QRTP
   a. Clarification of what a QRTP is, when to use it, why to consider use of it
      i. Documentation in NFOCUS (Use of SWI)
   b. Referral for CAFAS assessment
      i. Review of flowchart that discusses steps taken after referral is made
   c. Documentation: where to document this information into N-FOCUS

3. Youth w/parent in residential substance abuse treatment facility
   a. Clarification of what this type of residential substance use treatment facility is
      i. Understand what the requirements are for this type of facility under FFPSA
   b. Documentation in NFOCUS
      i. Use of the SWI
   c. Understanding connection to Economic Assistance services (SNAP, Medicaid, etc.).
      i. Identify what kinds of things/requirements need to be in place that Economic Assistance is looking for to ensure continuity of their benefits

Effective October 1, 2020, CCFL will be contracted to provide “In Service” trainings to the contracted staff providing case management in the Eastern Service Area. CFS will continue to collaborate with St. Francis to have the recorded trainings available on the St. Francis website, for their staff to access and review. Further, St. Francis will train case management and utilization management staff regarding the fidelity and validity of each evidenced-based model utilized in the Eastern Service Area. St. Francis will utilize a referral matric to track the use of the evidence based programs with families, and evaluate the use of the assigned EBP’s to determine continued appropriateness.

In preparing for Family First Prevention Services Act, Saint Francis Ministries staff will receive training designed to educate staff on the evidence-based services available in the Eastern Service Area along with the referral process to each service to ensure families have access to the services outlined in Section 3. Saint Francis Ministries will work with their provider network to support and incorporate the purpose and benefit for utilizing each evidenced based practice intervention through in-services trainings. Saint Francis Ministries continues to move forward with the development of service navigator/locator tools as well as staff use of these tools with children and their families to support the referral process including child and family voice and choice to determine service provision.

CFS has a Professional Development Requirements procedure memo that requires all CFS Specialists, CFS Supervisors, CFS Administrators and CFS Program Specialists to complete 24 hours of in-service professional development per year. The 24 hour annual training requirement is based on a calendar year, January 1 through December 31 following the successful completion of New Worker Training.

Professional development is any training as approved by the employee’s supervisor that enhances the employee’s knowledge and skills of assessing child or adult safety, initial assessments of children and families, ongoing case management and the provision of services. Data is housed in the Department’s Employee Development Center data system and supervisors are to document completion in the employee’s
Annual Performance Evaluation by reviewing the employee’s transcript twice per year. St. Francis Ministries requires all Family Permanency Specialists and Family Permanency Supervisors complete 24 hours of ongoing training each year.

Tribal trainees are invited and recommended to come to New Worker Training however due to workload constraints completion of training by Tribal staff is limited. UNL-CCFL continues to provide one staff member to support field activities to Tribal Trainees and experienced Tribal staff in their local offices. Additionally, CFS holds monthly Tribal Operations and CQI meetings, in which the Tribes are able to voice any concerns or training needs to the CFS Program Specialist. A major support the Tribes requested was continued coordination between UNL-CCFL staff, Quality Assurance (QA) staff, and the Tribes to address missing data within the N-Focus data management system. Tribal workers do not have an ongoing training requirement.

CFS continues to enhance training to focus on the areas of need for case management practices. With the implementation of the Families First Prevention and Services Act (FFPSA), Professional Development training and New Worker Training curriculum and topic areas will be added or modified to meet the needs identified in the Plan.

Training will focus on three primary topics: SOP®, Supervisory Training and Advanced SDM® training.

- CFS has begun implementation of SOP®. Early Adopters began training in January 2019 and training has continued through 2020. CFS continues to utilize partners in San Diego for ongoing coaching and assistance through the implementation. SOP® is being integrated into new worker training to ensure that all CFS staff are trained upon hire. CFS and UNL-CCFL will partner to ensure that ongoing Module training is available to all experienced and new staff.
- CFS and the Department’s Learning and Development Unit modified the prior supervisory training to be used by supervisors in all divisions within the Department, therefore training is no longer specialized for CFS Supervisors. Specialized CFS Supervisor training continues to be a need and has been prioritized for the 2019-2020 training plan. UNL-CCFL has provided proposed outline for new supervisor training and curriculum development is in progress.
- Additionally CFS contracted with Burdick Consulting to provide Advanced SDM® Training to Supervisors in the fall of 2019. This training focused on improved assessment for improved outcomes.

Training related to the FFPSA will focus on 1) assessing child and family needs for prevention services; and 2) how to access and deliver the identified trauma informed and evidence-based services. In addition, training is provided on an on-going basis for specific trauma-informed and evidenced-based services as they become available in each community in the form of presentations from service providers, in-service trainings and webinars.

For comprehensive information regarding CFS child welfare workforce training, please see the *Nebraska Training Plan 2020-2024* submitted with the Nebraska CFSP 2020-2024. These plans have been submitted to the Children’s Bureau.
Child welfare workforce support and training Pre-print Section 5 and 6

DCYF is committed to supporting and enhancing a competent, skilled, professional and well-trained workforce and providing state agency supports to our staff throughout the state. Caseworkers receive intensive initial training when hired and ongoing training to enhance their skills. Caseworkers will also receive additional training focused on managing prevention cases.

This section outlines the training that DCYF currently offers and new training that will be required in the future to provide support to caseworkers and staff to: develop prevention plans, assess risk, identify needs and connect families with services to meet those needs, know how to access and deliver trauma-informed and evidence-based services and how to support families in their motivation for change.

New training modules and the expansion of existing training offerings across the state will likely require additional staff and potentially contractors, to ensure timely and effective training. Additional staffing requirements will be determined as DCYF begins implementation planning in the coming months.

Professional development for public child welfare workers, including tribal child welfare workers who choose to participate and those caring for children in out-of-home care, is primarily provided by the Alliance for Child Welfare Excellence. The Alliance also provides core training to foster, relative and adoptive caregivers. The Alliance brings together the University of Washington and Eastern Washington University to collaborate on improving the professional expertise of the state’s child welfare workers and the skills of those caring for adoptive and foster children.

Currently, new caseworkers complete an 8-week competency-based program, which utilizes a blended learning methodology that includes: eLearning activities, in-person classes, learning labs and field activities designed to equip caseworkers with the essential knowledge and skills needed to provide quality casework. Over 100 different in-service eLearning’s, classroom courses and coaching opportunities are offered to support skill development in child welfare case practice, trauma-informed care, staff supervision, and managing and leading child welfare programs (www.allianceforchildwelfare.org/course-catalog). DCYF closely monitors the Alliance training plan through the Annual Progress and Services Report that is submitted to the federal government at the beginning of the state fiscal year.
New employees must complete all classroom sessions and field-based learning in order to complete the regional core training (RCT) and be eligible to carry a full caseload. RCT consists of a cohesive developmental curriculum in which knowledge and skills are broadened and deepened. RCT provides participants with blended learning opportunities, including classroom instruction, transfer of learning activities in the field and 1:1 or small-group coaching.

The Alliance curriculum developers have integrated trauma-informed principles in several course curricula for child welfare workers and supervisors’ that focus on awareness, prevention, planning and wellness balance. Current and proposed trainings provide foundations for understanding the impacts of trauma, including Adverse Childhood Experiences (ACEs) and skill-building opportunities in our approach to working with staff, parents, children and caregivers. Below are a few references utilized in developing curricula:


In addition to the required training, as part of implementation, staff and supervisors who manage prevention cases will receive additional required training to cover the new requirements associated with FFPSA Prevention cases. DCYF will provide training and support for caseworkers in assessing needs, connecting to the families served, knowing how to access and deliver the needed trauma-informed and evidence-based services and overseeing and tracking the continuing appropriateness of the services. Additionally, training will be provided on how to develop the formal prevention plan, determine candidacy correctly, how to conduct prevention planning in a high-quality manner and how to use
prevention plans in conjunction with the case plan; how to determine which prevention services are needed to address the needs of the family and how all these pieces fit together to best support the families.

In addition to mandatory training, supporting materials to assist workers with managing the Prevention caseloads will also be developed. There is currently a tool which aids cases workers in learning about available services for our families, and we will develop and/or expand training and tools specific to the services available that meet FFPSA requirements.

Ongoing coaching is critical to making and sustaining the Prevention work. We will also work closely with our Continuous Quality Improvement (CQI) staff to ensure that they have the proper training needed to provide ongoing coaching and support.

As discussed in Section 1 of this document, DCYF will progressively train DCYF workers and Family First Prevention Community-based Service providers in Motivational Interviewing (MI) to develop child-specific Prevention plans. Family engagement is a key factor to facilitate successful connections and coordinate to provide services. Motivational Interviewing will be incorporated as a part of a comprehensive DCYF practice model in alignment with utilization of the Child and Adolescent Needs & Strengths – Family Screener (CANS-F Screener) and Child and Adolescent Needs & Strengths – Family (CANS-F). DCYF will employ a phased training approach initially focusing on the caseworkers managing FFPSA prevention cases. In consultation and collaboration with the University of Washington-Alliance for Child Welfare Excellence, DCYF will train its prevention workforce with MI with fidelity monitoring.

The principles of reflective supervision are embedded in child welfare worker and supervisor specific courses to help workers and supervisors build caseworkers’ capacities to interact with families in a trusting and psychologically safe manner (the parallel process).

Reflective supervision is based on relationship, reflection and support. Reflective supervision is defined as the “regular collaborative reflection between a service provider (clinical or other) and supervisor that builds on the supervisee’s use of her thoughts, feelings and values within a service encounter.” The key elements of reflective supervision are:

- Reflection: asking and reflecting on what staff observe, think and feel
- Collaboration: developing the partnership
- Regularity: scheduling meeting times on a regular basis.

In May 2019, the Alliance launched a pilot course for supervisors in Debriefing with Good Judgement, an approach to feedback grounded in reflective supervision. The course itself takes place across several months and includes four components (an eLearning, two classroom sessions and an interactive webinar). The design provides time to practice skills both in the classroom and on the job, to reflect on their experiences and try it again.

Washington recognizes the importance of an effective practice model that is grounded in the values, principles, relationships, approaches and techniques that support timely achievement of safety,
permanency and well-being outcomes and provides the foundation to develop a more competent and supported workforce. Our practice culture will be transforming over the next several years, and it will be critical that FFPSA and any changes to our practice model are aligned and supportive of the other.

Adoption of a consistent practice model that is trauma-informed, safety-focused, family-centered, culturally-competent and creates consistency and accountability in child welfare practice is foundational to our work. As part of the Child and Family Services Plan (CFSP) and Program Improvement Plan (PIP), DCYF is committed to strengthening support for the current model or identifying and implementing a new practice model. To achieve this, we are hiring a dedicated full-time position to lead the process of reviewing the current practice model and assessing for potential change.
CHILD WELFARE WORKFORCE SUPPORT

North Dakota is a state-supervised, human service zone administered child welfare system. All parties are committed to supporting and strengthening the competencies of the child welfare workforce, ensuring that quality, effective, and efficient services are provided to children and families throughout the state.

North Dakota’s eligibility for foster care candidacy is determined when “a child may be at serious risk of entering foster care based on circumstances and characteristics of the family as a whole and/or circumstances and characteristics of the child or the parent/kinship caregiver’s ability to safely care for and nurture their child.” This allows our state to serve children both in the child welfare system and to prevent children and families from entering the child welfare system. DHS and contracted providers will monitor and oversee the safety of children who receive prevention services under North Dakota’s Title IVE prevention plan.

The North Dakota Department of Human Services contracts with the University of North Dakota for the UND Children and Family Services Training Center. Established in 1984, the Training Center serves as the primary training agency for child welfare services in North Dakota including the Child Welfare Certification Training: a competency-based, trauma-informed curriculum. Training is designed to meet the child welfare initial training requirements for child welfare social workers in the state of North Dakota. Child welfare social workers are required to complete this training within their first year of employment in the State of North Dakota. Beyond the core training, the Training Center works closely throughout the year with Children and Family Services Division staff members, child welfare supervisors, and frontline staff to support development of competency and skills of the workforce which are centered on the systems overall practice model. As addressed in Section 3, the child welfare caseworkers, supervisors, and regional representatives will be trained on the safety framework practice model which clearly outlines requirements for safety and risk assessments to occur both initially and ongoing through the life of the case.

Competencies of the workforce are assessed continually by the supervisors and measured through the case review process. Adjustments to current training or new training curricula are developed to address the needs of the workers. When new programs are implemented, state/zone administrators work closely with the Training Center to implement corresponding training. By using quality improvement strategies,
adjustments are made when needed to enhance quality casework and focus caseworker time on critical case activities most important to help achieve positive outcomes for children and families.

Key to successful frontline staff is solid, competent supervision. It influences every aspect of the child welfare arena. Supervisors set the tone and expectations in the work environment; they ensure how policies are followed, and what practices are used. Effective supervision leads to be better outcomes for children and families.

The Training Center, along with the Children and Family Services Division, has developed a comprehensive foundation training for supervisors. The Child Welfare Supervisor Foundation Training consists of four sessions: Administrative supervision; Educational supervision; Leadership and supervision; and Basics of clinical supervision. As the prevention programs come online, adjustments will be made to ensure supervisors are able to provide the best support to achieve positive outcomes for children and families including the development of appropriate child and family prevention plans and conducting risk assessments for children receiving prevention services.

These activities will enhance implementation of the Title IV-E Prevention Plan, by ensuring that the workforce is qualified and receive the ongoing support needed to provide for positive outcome.

As indicated above, the child welfare caseworkers, supervisors, and regional representatives will be trained on the safety framework practice model which clearly outlines requirements for safety and risk assessments to occur both initially and ongoing through the life of the case. Children and families not involved with the child welfare system, will receive services from a DHS approved provider. In order for a provider to become approved, the provider will be required to submit an application that includes program information, certification/accreditation and other supporting documentation that ensures the provider is qualified to provide the approved service as outlined in the selected Title IV-E programs. The approved provider must follow minimum basic training requirement(s) per discipline of the evidenced-based program/service they will be providing and must have supporting documentation that their staff have competency in the recommended training areas through their degree or continuing education.

Children’s safety and protection from trauma is a priority and is vital to a child’s wellbeing. North Dakota understands that assessing safety and risk is an ongoing process throughout the entire time a child is receiving prevention services. Therefore, threats to safety will be evaluated during each contact with the child/family. These client contacts will be used to help monitor safety and ongoing assessment of risk. Regular and purposeful visiting with the child and family will enable the caseworker to assess how well the parents and other caregivers are meeting the children’s needs for safety and well-being, as well as the family’s progress towards case goal achievement.
DHS will require a Memorandum of Understanding (MOU) with all providers approved under the Title IV-E Prevention Plan. This MOU will require the approved provider to train their employees and certify that their staff have received training and/or are qualified to conduct risk assessments to ensure ongoing child safety and the development of prevention plans (treatment plans) to include goals/strategies to keep the child safely in the home and list the services being provided to ensure success of the goals/strategies. As part of the utilization review DHS may request employee training record to verify training. The provider will evaluate through the identified prevention plan whether the service is functioning as intended, addressing the needs that have been identified, and working toward the achievement of the prevention plan.

**CHILD WELFARE WORKFORCE TRAINING**

North Dakota is well poised to ensure that the child welfare workforce is well trained. The North Dakota Department of Human Services contracts with the University of North Dakota for the UND Children and Family Services Training Center. Established in 1984, the Training Center serves as the primary training agency for child welfare services in North Dakota. Its goals are to

- Design and provide training opportunities for child welfare practitioners and foster parents.
- Serve as a resource center for child welfare training activities.

Central to the Training Center’s work is the Child Welfare Certification Training: a competency-based, trauma-informed training curriculum. The Child Welfare Certification Training Program is a competency-based training curriculum developed to meet the child welfare initial training requirements for child welfare social workers in the state of North Dakota.

The training is delivered as a four-week curriculum (over 100 hours of training), one week per month, with sessions offered in both the spring and fall. During each of the training weeks, assignments and tests are completed by trainees that assess their level of knowledge and skill on several of the training topics. Successful completion of these tasks is required for certification. Child welfare case workers are required to complete this training within their first year of employment. During FFY 2018, 55 individuals completed Child Welfare Certification training in its entirety. Each week provides special emphases as follows:

- **Week 1:** Philosophical, ethical, and legal mandates of child welfare with a special emphasis on the assessment of child abuse and neglect.
- **Week 2:** Wraparound strength-based case management services (this week also fulfills the requirement for initial Wraparound Certification).
- **Week 3:** Knowledge and skills in working with the legal system, including understanding the role of the Indian Child Welfare Act and providing testimony in court.
Week 4: Understanding and working with children and families in out-of-home care with emphases on attachment and separation issues, concurrent and permanency planning, visitation, reunification and providing support to the foster family.

A key component of child welfare certification training is engaging with families in a culturally sensitive and developmentally appropriate manner, around key decisions involving safety, stability, and well-being for the child. Family engagement is necessary to measure and achieve case progress. Practice standards guide caseworkers to involve family members in decision-making and ensure full disclosure is maintained with families throughout the process. Manualized support is provided through policy and procedure to the field as well.

Attendance is required at all sessions. Trainees are also required to complete all assignments in order to become certified. Regardless of the specific duties in their individual job descriptions, all child protection, in-home services, and foster care caseworkers are required to complete all four weeks. In addition to the child welfare workforce, case managers with Nexus-PATH Family Healing and the Adults Adopting Special Kids (AASK) program are required to complete all four weeks of training. Tribal child welfare personnel are invited and encouraged to attend.

At the completion of each week of training, participants evaluate their specific competencies and skills. They rate themselves on their understanding of the concepts or their skill acquisition. Feedback is also elicited from the training group on any additional training needs they identify. For example, if a participant does not understand a concept or skill, CFSTC staff will work with the individual and their supervisor to help them attain the skill. CFS Program Administrators work closely with CFSTC as trainers and evaluators of the training, suggesting modifications when necessary, particularly when laws and policies charge.

Children and families in the child welfare system experience high rates of trauma and associated behavioral health problems. Unrecognized and untreated child traumatic stress can lead to the development of trauma-related symptoms. These symptoms can persist and worsen over time, making it critical to identify them early. It is important for the child welfare system to identify interventions that best meet the needs of those it serves and to adopt a trauma-informed approach. According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA), a trauma-informed approach is distinct from trauma-specific assessments and treatments. Rather, trauma-informed refers to creating an organizational culture or climate that realizes the widespread impact of trauma, recognizes the signs and symptoms of trauma in clients and staff, responds by integrating knowledge about trauma into policies and procedures, and seeks to actively resist re-traumatizing.
The Department of Human Services has embraced the concepts of trauma-informed and is actively working to increase its workforce’s knowledge of the impact of trauma on those served as well as bolstering trauma treatment services. Trauma screening in child-service systems, such as child welfare, is one way to identify children and adolescents with trauma symptoms and improve access to evidence-based treatments. Trauma screening by frontline workers helps identify youth who need further assessment and possible intervention, inform service planning, create structure to discuss a child’s welfare, and sustain trauma-informed systems. North Dakota has adopted the University of Minnesota’s Traumatic Stress Screen for Children and Adolescents (TSSCA). It is designed to provide clinicians, caseworkers, educators, and other staff with a tool for screening children, ages 5–18 years, that have or may have experienced a traumatic event and need services. Systems across North Dakota, including the child welfare system, are using the screening to identify those who may benefit from further assessment and treatment. In addition, there are over 100 clinicians statewide that are trained in trauma-specific and evidence-based treatments including Trauma-Focused Cognitive Behavioral Therapy, Alternatives for Families Cognitive Behavior Therapy, and Child and Family Traumatic Stress Intervention. As Title IV-E prevention services are brought online, the Children and Family Services Division will work closely with the Training Center and other training entities to design and implement additional trauma-focused prevention practice model training.

In addition to child welfare certification training ND is implementing a safety framework practice model that will provide caseworkers and supervisors with initial and ongoing training and coaching sessions that will assist in the comprehensive assessment of the child and family’s needs. For example, one of the tools that will be implemented is the protective capacities family assessment (PCFA). The PCFA is a collaborative process between the caseworker and the parent/caregiver to examine and understand the behaviors, conditions or circumstances that resulted in a child being unsafe. This collaborative process identifies enhanced protective capacities that can be employed to promote and reinforce change, and diminished protective capacities that must change for the parent/caregiver to regain full responsibility for the safety of the child. The case plan is developed based on information gathered during this assessment. Once trained on the model, the caseworkers and supervisors will be provided ongoing consultation support by regional representatives and others with expertise in the model as they apply this practice to their cases. The support to the workforce will be ongoing.

Through implementing the new safety framework practice model, North Dakota has redesigned how training is delivered. In the past training was offered through distinct events. It is envisioned that the new training process will be ongoing at local and regional levels by coaching supervisors and caseworkers as they apply the new practice to their cases. This will involve the training calls to begin after the cohort has completed their initial week of training on the safety framework practice model and will be ongoing. The regional representatives will be key in organizing and facilitating this effort.
Training on how to use the portal will be provided to the child welfare workforce. This training will include the state’s definition of Title IV-E candidacy, the current approved Title IV-E evidence-based services available in North Dakota including the descriptions, target populations, and expected outcomes as well as how to utilize the portal. Through the portal’s candidacy application process, a caseworker can refer the child for foster care candidacy determination for the ND Title IV-E prevention services. Once determined a candidate, the child and parent/caregiver can access the approved Title IV-E prevention services and/or programs. The caseworker will assist the family in accessing the most appropriate evidence-based service based on the identified needs. Determination of the most appropriate service occurs through discussing with the family the service descriptions, target populations, and expected outcomes. Caseworkers will be trained on the Protective Capacity Progress Assessment (PCPA.) The training, and the expectation for caseworkers will be to provide a systematic and periodic review/assessment of: the effectiveness of evidence-based service provision, behavioral progress towards enhancing caregiver protective capacity, the quality of agency engagement with the family, and the re-assessment of child safety. Caseworkers will be trained in identifying indicators of behavioral change, as well as assessing and facilitating the readiness of caregiver change. Additionally, the child and family team will determine whether the service is functioning as it is intended, address the needs that have been identified and work toward the achievement of the prevention plan goals. The caseworker will maintain contact with the service provider to ensure the recipient is progressing as expected. For cases outside the child welfare system served by an approved provider through the Memorandum of Understanding, the provider will determine the identified prevention plan strategies on whether the service is functioning as it is intended, addressing the needs that have been identified and working toward the achievement of the prevention plan goals/strategies. For cases outside the child welfare system served by an approved provider through the MOU, the provider will determine the identified prevention plan strategies on whether the service is functioning as it is intended, addressing the needs that have been identified and working toward the achievement of the prevention plan goals/strategies. This MOU is vital to ensure DHS oversight and will be used to ensure the collection and submission of outcomes to demonstrate that providers can meet positive outcomes for children and families.
Child Welfare Workforce Training & Support

The CDHS Division of Child Welfare (DCW)’s Training Unit was recently renamed the Learning and Development (L&D) team. This holds significance beyond a simple name change; it represents DCW’s philosophy and approach to developing a competent, skilled, and professional child welfare workforce with a priority focus on equity and inclusion. The L&D team’s goal is not just information sharing, but rather creating true learning opportunities that lead to long-term behavior change. Colorado has a robust workforce development infrastructure, and the L&D team is working with multiple stakeholders to integrate additional learning and development opportunities that will translate the values and vision of Colorado’s Family First model into day-to-day child welfare practice.

Colorado’s Workforce Development Infrastructure

DCW’s L&D team serves as the conduit of collaboration to ensure that needs throughout Colorado are consistently assessed and met. In addition to informal activities, such as meeting regularly with stakeholders and partners, the L&D team formally ensures consistency and collaboration by chairing the Training Steering Committee (TSC). This committee is composed of representatives from CDHS, county departments, county commissioners, foster parents, the judicial system, and other partners. The TSC will expand to include parents, kinship providers, and youth representation in 2019-2020. The TSC reviews and approves any major changes to rules and activities related to training.

The L&D team also oversees training and certification of caseworkers, casework supervisors, and hotline workers. Each type of certification has requirements for minimum education, initial training, and annual continuing education. The L&D team also provides training opportunities to both the Southern Ute Indian and Ute Mountain Ute Tribes. Finally, the L&D Team provides oversight and monitoring of the Child Welfare Training System (described below) and IV-E reimbursable training activities.

Colorado Child Welfare Stipend Program: Beginning in 1995, the DCW Training Unit (now the L&D team) contracted with established social work programs at Metropolitan State University of Denver and the University of Denver to offer Child Welfare Stipends to students interested in the child welfare field. This effort focused on recruiting well educated and trained child welfare workers who are working toward a degree in social work to then be employed in one of the 64 Colorado county departments of human services. In July 2016, two additional universities—Colorado State University at Ft. Collins and Colorado State University at Pueblo—joined the program. Currently, 60 to 70 stipends are awarded each state fiscal year amongst all four universities.
Beginning in 2019, DCW and Metropolitan State University of Denver are piloting a process of drawing down additional Title IV-E training dollars in an effort to maximize the number of stipends awarded to qualifying students. Colorado is also conducting research related to the effectiveness of this model in child welfare recruitment and retention. Current research shows that a higher percentage of BSW students stay longer in a child welfare position when employed by a county department of human services. Additionally, about 45% of the Colorado stipend awardees stay in a county department of human services for at least three years. Longer-term goals for Colorado will be identifying ways to support and build resilience within child welfare staff in an effort to retain them in the field and, in particular, in a Colorado county department of human services.

The Child Welfare Training System (CWTS): The CWTS was created by DCW in partnership with county departments to ensure consistent and comprehensive initial and ongoing training and professional development for child welfare workers in Colorado. In 2012 and again in 2017, the award to manage the CWTS was made through a competitive Request for Proposal (RFP) process managed by the Kempe Center for the Prevention and Treatment of Child Abuse and Neglect (Kempe) at the University of Colorado Denver. While the majority of CWTS activities are completed by Kempe, they also subcontract with partner agencies, such as Illuminate Colorado and the University of Denver. Kempe also maintains an extensive learning and development pool of training facilitators, mentors, and coaches who currently work in the child welfare field in Colorado.

CWTS provides training to over 8,000 child welfare professionals, service providers, and foster and kin families each year. Standardized training provided by CWTS includes:

- Pre-service training for new caseworkers and new supervisors; • Transfer of Learning (TOL) activities that new learners complete for caseworker and supervisor certification; • An online Learning Management System (LMS); • Practice and organizational coaching services; • Web-based training; • Non-traditional learning opportunities; and • An extensive selection of in-service training.

CWTS offers more than 140 courses in its in-service library and maintains four regional training centers. All training is reviewed using an established matrix to ensure that it is in alignment with trauma-informed practices, inclusive of sexual orientation, gender identity and gender expression language and best practices, and representative of diverse cultural perspectives.

CWTS is engaged in continuous quality improvement activities, including the following:

- Reviewing existing curricula whenever a rule or law is passed to determine what updates are needed and what new course(s) may need to be developed;
• Reviewing state-wide annual reports, such as the Child Fatality Review Team and the Child Fatality Prevention System annual reports, to identify opportunities to enhance existing courses; and/or
• Utilizing learner feedback and evaluation to explore possible enhancements and/or redesigns of existing courses.

**Family First-Related Training Plan and Strategy**

Colorado currently offers specific learning opportunities that are in alignment with Family First requirements. In addition, the L&D team is in the process of working with the Family First Implementation Team and Workgroups and with CWTS to both revise existing offerings and design new learning opportunities for those across the child welfare system, including mandatory reporters, those who screen referrals of child abuse and neglect, child welfare supervisors/managers/administrators, and those whose role will be primarily focused on prevention casework.

**Identifying candidates and developing child-specific prevention plans.** Colorado will be developing a learning activity for workers and supervisors to understand the purpose of prevention candidacy, how to identify candidates, and what is required for prevention candidacy. The learning may include a classroom-based learning event, a web-based training event, and/or Transfer-of-Learning activities.

Colorado is choosing to use its existing treatment plan as the format for the child-specific prevention plan. Therefore, existing training related to treatment planning will be updated to include information about prevention plans.

**Conducting risk and safety assessments.** Assessing family safety and risk is a fundamental component of Colorado’s child welfare system and will continue to be under Family First. Implementing Colorado’s standardized Family Safety and Risk Assessment tools is included in the Fundamentals (pre-service) classroom training for all caseworkers, and a web-based refresher course is available at any time for any caseworker or casework supervisor.

With the new documentation requirements outlined in the Family First legislation, the L&D team will enhance existing training to emphasize the following:

• How to use the Family Safety and Risk Assessment tools to inform and document a child-specific prevention plan;
• How and when to conduct ongoing safety and risk assessments for families receiving prevention services; and
• The process and documentation required for making updates or changes to a child’s prevention plan.
Engaging families in the assessment of strengths, needs, and the identification of appropriate services. Engaging children, youth, and families to comprehensively assess their unique strengths and needs is included in the Fundamentals (pre-service) classroom training for all caseworkers. The L&D team is looking at ways to enhance learning around how caseworkers can utilize the results from assessments and screening tools to effectively plan for and connect families with appropriate prevention services that meet the identified needs.

Linking families with appropriate, trauma-informed, evidence-based services to mitigate risk and promote family stability and well-being. These topics are included in the Fundamentals (pre-service) classroom training for all caseworkers. In addition, numerous in-service trainings are available that focus on supporting families when specific issues are present, such as substance use, housing insecurity, domestic violence, and sexual abuse. The L&D team is exploring ways to further bolster current training offerings to ensure effective family-centered prevention planning, appropriate referrals to evidence-based services, and coordination with other child and family services.

Oversight and evaluation of the continuing appropriateness of the services. This topic is included in the Fundamentals (preservice) classroom training for all caseworkers. The L&D team will build upon existing training to ensure caseworkers are evaluating the ongoing appropriateness of fit of the referral, assessing ongoing safety and risk, determining if modification to a child’s prevention plan are warranted to support child and caregiver well-being and determining if the child/youth/family are meeting the goals they identified and meeting their full potential.

Colorado’s training plan that was submitted in 2019 with Colorado’s Child and Family Services Plan included language that will allow Colorado to identify and draw-down federal reimbursement for prevention-related training.

Judicial and Court Partners: The Court Improvement Program (CIP) is working collaboratively with CDHS, assistant county/city attorneys, the Office of Respondent Parent Council, and the Office of the Child’s Representative to maintain alignment and consistent messaging with Family First requirements.

CIP is creating milestone videos to educate judicial officers, attorneys, and the multidisciplinary members who participate on a Best Practice Court Team. The first video released provided information on what Family First is, why it is important, and how to prepare for implementation in Colorado. In addition to these videos, CIP will be developing a training schedule and creating a curriculum that will train judicial officers on each facet of Family First.
Evidence-Based Practice (EBP) Provider Workforce

Colorado’s EBPs are provided by community-based agencies that receive their training either from the developer of the EBP or someone officially trained as a trainer. Although CDHS is not the direct purveyor of training to providers, Colorado nonetheless wants to ensure that all EBP providers for Family First have the skills and capacities necessary to deliver the selected EBPs as well as an understanding of the broader human services approach to serving children, youth, and families. Each EBP selected for this five-year plan has its own staff qualifications and training requirements specific to the intervention’s service delivery model. CDHS expects that all EBP providers working with Colorado families under Family First uphold the staffing and training requirements specified by each EBP model. Additionally, CDHS will provide guidance to county departments on how to hold all EBP service providers accountable through contracts to implement each intervention to fidelity, including requirements of staff training.

Ensuring the provider workforce is trauma-informed. As part of the procurement process, county departments will specify the requirement to incorporate trauma-informed service delivery into all Family First EBP services.
Section 7: Workforce Training and Support

Evidenced Based Provider Workforce

Through the FFPSA Evidenced Based Practices and Workforce Stakeholder Workgroups, a brief assessment of Maine’s existing capacity and needs related to implementation of new or expanding prevention services was completed. This included, but was not limited to, surveys, quarterly stakeholder meetings, sub-committee groups, and community forums. Common themes emerged from this assessment including workforce shortages, low wages, a lack of career ladder opportunities, and recruitment challenges. As a result, a behavioral health and supportive services workforce logic model (found in Appendix 4) was created by a subcommittee of stakeholders to outline the inputs, outputs, activities, and short- and long-term outcomes for how to address the behavioral health and in-home supportive services workforce needs in Maine. One of the most significant action steps identified will be the creation of a Behavioral Health and Supportive Services (BH/SS) Workforce Workgroup to include multiple workforce collaboratives across the state in an effort to identify strategies for improving Maine’s BH/SS workforce. Recruitment for this group will begin in January 2021 with the first meeting to occur in February 2021.

Evidenced Based Practice Workforce Training and Support:

As indicated in Section 3, Maine intends to expand the availability of Evidenced Based Practices (EBP) in Maine by leveraging Title IV-E dollars to fund training on EBP’s that have been recently approved to be funded by MaineCare for implementation (Triple P, Parent Child Interaction Therapy, and Incredible Years.) This will include specific training related to child welfare prevention and engagement with the goal of increased referrals to these programs for families involved in the child welfare system. The identification and analysis of existing service providers in the state along with population needs will help to determine what areas in Maine will be targeted to build a service array (through training) that will ensure coverage for all areas of the state. Through the State Agency Partnership for Prevention collaboration, and the leveraging of other state initiatives, this gap analysis will be completed. Active recruitment of providers for training on new EBPs will occur through scheduled education sessions about each EBP and an application process designed for providers to express interest in becoming an EBP prevention services provider. Upon approval of Maine’s FFPSA Prevention Plan, training with each EBP will be scheduled for providers in the Spring and Summer of 2021, with the initial implementation of services to begin October 1, 2021.

Other EBP Workforce Training Supports: OCFS’ Children’s Behavioral Health Services program supports providers by offering training to enhance the skills of staff in accessing the most appropriate services for the youth of Maine. A Provider Training Information Center website is a newly designed resource that assists providers in improving their awareness and understanding of the behavioral health services available to youth in Maine. Web based trainings focusing on services offered to youth with behavioral health needs can be found on this website as well as other resources including: Behavioral Health Professional Resources;
Children's Behavioral Health Service Trainings; Mandatory Provider Training; Provider Consultation Opportunities; and other Training Resources.

Through other state and federal funding initiatives, additional workforce resources will be leveraged including the Maine Behavioral Health Workforce Collaborative and Co-Occurring Collaborative Serving Maine. These resources provide training opportunities to the primary, secondary and tertiary prevention workforce including but not limited to adult substance use and mental health treatment and recovery. Members of these collaboratives have been, and will continue to be, involved in FFPSA workforce initiatives.

**Trauma Informed Behavioral Health Workforce:** As indicated in Section 3 of this State Plan a Trauma Informed Care resource guide will be created for providers to have access to a list of recommended resources for organizational trauma informed care practice. Through collaboration with the System of Care grant, each provider will also be required to complete a Trauma Informed Care Agency Assessment Tool annually to assess current practice and identify areas that can be strengthened. Please see Section 3 for more information on Maine’s plan for ensuring all prevention services are Trauma Informed.

**Child Welfare Workforce**

Through the efforts to evaluate and improve the child welfare system over the past few years a repeated theme has surfaced – the need for additional support within the child welfare workforce. This includes:

- The development of caseload and workload standards that reflect the unique challenges faced by child welfare staff in Maine.
- Securing additional staff to ensure the safety, well-being, and timely permanency of children.
- Reducing staff turnover.
- Improving training for child welfare staff.
- Developing additional tools and updating policies and procedures to support staff as they make difficult decisions related to cases, child safety, permanency, and the like.
- Developing the ability to cultivate prospective staff through internships and other types of engagement.

**Child Welfare Workforce Development Initiatives:** The Policy and Training Team within OCFS holds the responsibility for training new and existing child welfare staff on policy and practice including any new program initiatives. The team works closely with child welfare management to identify training needs and provides both Foundations (new worker trainings) and ongoing training support to Maine’s child welfare staff. More information about child welfare workforce training opportunities can be found on the OCFS training website.

Over the past year, OCFS has identified the need to improve training and support for both new and existing caseworkers and has partnered with the Muskie School of Public Service (Muskie) at the University of Southern Maine to conduct an evaluation of the training available to staff. They have examined baseline data, utilized research on effective training strategies, and developed plans along with the OCFS’ Policy and Training Team to expand the availability and accessibility of training for existing staff on a wide array of topics.
OCFS has also partnered with Muskie to modernize the Foundations training provided to all new caseworkers. Muskie developed a new framework for the training which was implemented in 2020. This includes virtual, online and in-person training provided by Muskie staff, and coaching support, provided through the OCFS Policy and Training Team and the child welfare supervisor, as they begin to implement the skills and concepts learned in Foundations. Feedback from new caseworkers and those providing support to the first cohort of new caseworkers has been positive.

Another initiative within OCFS to support child welfare staff is the utilization of a Learning Management System that will track required and other trainings available to staff. This system will allow individual tracking of completed trainings, including OCFS, Staff Education and Training Unit (SETU) trainings, and community-based trainings. It will also track social work licensure and renewal dates and serve as a place to store and print training certificates.

Workforce wellness teams are another identified system improvement strategy. Over the last year OCFS was able to procure clinical support services for each OCFS District office and is working with each District office to understand how best to begin building these workforce wellness teams, recognizing that the culture within each District is unique.

Child welfare leadership has benefitted significantly from the Caseworker and Supervisory Advisory Teams over the last year. The teams include one representative from each District, chosen by their management and peers. Regular consultation for their input on policy and procedural changes, training needs, and the development of new or updated tools, provides an invaluable communication loop with their co-workers in their respective District offices.

**Training Topics Provided to Child Welfare Staff:** The Policy and Training Team within OCFS provides a host of various trainings for child welfare staff. New child welfare staff are provided a Foundations course that includes twelve (12) days of training spread over four (4) weeks including topics such as the assessment of child abuse and neglect, impact of child abuse, family dynamics, interviewing skills, substance use, medical indicators of abuse, domestic violence, family team meetings, and permanency. Other trainings are provided on an ongoing basis to all staff on topics including but not limited to: Structured Decision Making, Forensic and Motivational Interviewing, human trafficking, cultural diversity, Indian Child Welfare Act, MACWIS training, Drug Identification, Impairment Recognition and Caseworker Safety, Goals and Action Steps Planning, and Medical Indicators of Abuse.

**FFPSA Planning Training:** OCFS management has been thoughtful on the education and rollout of new caseworker practice related to prevention services. Through bi-weekly management meetings with Regional Associate Directors and the Associate Director of Child Welfare, strategic approaches for educating child welfare staff on FFPSA planning for related casework procedures have been identified and implemented. The initial phase of education has included:

- Caseworker and Supervisor Advisory Groups presentations on the FFPSA in April 2020 to introduce the act and get feedback on planning and engagement of staff. With identification of several initiatives, it was determined the best approach would be to use these groups for feedback on Prevention State Plan development.
In October 2020, a presentation on the FFPSA and initial planning ideas was presented to the District Management Teams (Program Administrators of district offices) in order to get feedback and determine best approaches for introductions and training for staff.

Feedback on the initial planning ideas for FFPSA implementation was shared with Caseworker and Supervisor Advisory Groups in November 2020. This new initiative was well received with the biggest concern being the availability of prevention services statewide. Suggestions for training to take place closer to implementation were shared.

On October 28th/30th 2020, all casework and supervisory staff were introduced to the new Prevention Services Family Plan for which implementation began on November 2, 2020. At that time, information about FFPSA was shared with staff with the announcement of more information to come.

A short training video was produced for Program Administrators to introduce the FFPSA to all staff within the local offices and distributed to all District Management staff in November 2020. This included a list of websites and a FFPSA webinar and an update webinar recorded by the OCFS FFPSA Program Manager.

All staff were invited to a December 2020 webinar opportunity to learn about the proposed Maine Prevention Services State Plan.

**FFPSA Implementation Training:** OCFS intends to combine trainings on prevention services implementation with the new CCWIS system trainings which will take place in the Spring and Summer of 2021. An inventory of training needs related to prevention services is being drafted with a cross walk of existing policy trainings and trainings needed on the new CCWIS information system. Prevention services training elements will include but are not limited to:

- Candidacy determination,
- Development and review of the Prevention Services Family Plan,
- Identifying and monitoring risk and safety while utilizing Structured Decision Making,
- How to engage families in the assessment of strengths, needs, and the identification of appropriate services,
- Linking families with appropriate Prevention Services to reduce risk and promote family stability and well-being,
- Oversight and monitoring of the continuing appropriateness of the services.

OCFS will continue to utilize the Executive Management Team, District Management Team, and Caseworker and Supervisor Advisory Groups to provide input into the development and rollout of child welfare training on FFPSA implementation. In collaboration with the OCFS Policy and Training Team a training plan and timeline will be developed by February 1, 2021.

**Trauma Informed Practice in the Child Welfare Workforce:** The OCFS Policy and Training team provides a quarterly training for child welfare staff on Trauma Informed Practice utilizing the National Child Traumatic Stress Network (NCTSN) Child Welfare Trauma Training toolkit. Staff who have been employed by OCFS for at least 6 months are required to take this course which is also available to all veteran child welfare staff. The toolkit includes education on the 7 Essential Elements of a Trauma Informed Child Welfare System including:

1. Maximizing Physical and Psychological Safety for Children and Families
2. Identifying Trauma-Related Needs of Children and Families
3. Enhancing Child Well-Being and Resilience
4. Enhancing Family Well-Being and Resilience
5. Enhancing the Well-Being and Resilience of Those Working in the System
6. Partnering with Youth and Families
7. Partnering with Agencies and Systems That Interact with Children and Families

The availability of these trainings will continue with the ongoing assessment of attendance and needs for curriculum updates.

**Prevention Services Policy and Practice:** Through OCFS' partnership with Muskie to conduct an ongoing comprehensive review of child welfare policies, current policies will be revised, and new policies created to incorporate FFPSA with current child welfare policy. Upon approval of the Maine Prevention Services State Plan, modifications to existing policy will be completed to incorporate new policy related to prevention services. The attached Prevention Services preprint includes more information about policies and references where policy change will be needed associated with this plan. More information about child welfare policies for OCFS can be found here.
Section 7: Child Welfare Workforce Training and Support

EBP Provider Workforce

Oregon will partner with the Oregon Health Authority, the PAT and FFT affiliated Oregon programs and the purveyor organizations to ensure providers have the necessary skills and capacities to provide PCIT, FFT and PAT to fidelity, including ensuring the provider workforce is trauma-informed. For MI, Oregon will work with the Motivational Interviewing Network of Trainers (MINT) to provide certified trainings and will partner with Trauma-Informed Oregon to provide additional trainings and resources to ensure that the contracted provider workforce is trauma-informed.

Child Welfare Agency Workforce

Child Welfare, in partnership with Portland State University (PSU), provides caseworkers a 12-month training plan that includes pre-service, onboarding and intensive field follow-up training and support as well as additional classroom and regional trainings. Pre-service training includes Essential Elements of Child Welfare Practice (97.5 hours), and all caseworkers receive Trauma-Informed-Practice Strategies (TIPS) for Child Welfare Workers in the first year.

Newly hired caseworkers receive several weeks of training over the course of their first year. This includes e-learning and classroom instruction in theory and practice, simulation exercises, field experience and training on the use of OR-Kids. Prior to working with families, a two-week Essential Elements course is required. Trainings are focused on teaching the skills necessary to assess safety through Oregon’s Practice Model. To prepare for Family First, new training content will be created, and the current trainings offered by both Child Welfare and PSU will be enhanced and modified to incorporate training topics related to Family First.

New Family First Training Content

A Family First Overview: A generalized overview of Oregon’s Prevention Plan including a discussion of how practice will change, how we will think differently and how we will reframe our efforts to serve families. An introduction on the principles of implementation science will also be provided. All Child Welfare staff who interact with children and families will be required to complete this overview.

LIFE Values-Based Practice: A training will be provided to enhance staff understanding and utilization of the four essential practice values of the LIFE model: strength-based, trauma-informed, culturally responsive, parent-directed and youth-guided. Training topics that support putting values into action will include content regarding the ways in which child welfare practice has historically contributed to racial injustice and trauma as well as opportunities for staff to learn new ways to engage children and families through employing a non-defensive approach and engaging parents as partners. All Child Welfare staff who interact with children and families will be required to complete the training.
Individual Training Modules: All family preservation, CPS and permanency workers, meeting facilitators and their supervisors will further be required to complete the following training module topics:

- Identifying Candidates for Prevention Services
- Conducting Risk Assessments
- Assessing Child and Family Needs
- Developing the Child-Specific Prevention Plan
- Matching Families to the Appropriate Services
- Overseeing and Evaluating the Effectiveness of Services
- Facilitating Child and Family Team Meetings

In addition to learning new competencies and skills related to administering child-specific prevention plans, Child Welfare workers, their supervisors and meeting facilitators will learn how to integrate and align the practice of the Oregon Safety Model with the delivery of prevention services to children and families. All trainings will be offered with a traumainformed lens and have an equity focus.

Initially, Family First training will be provided to district managers, program managers and consultants, then, to supervisors and MAPs (district-level coaches/trainers) and, finally, to meeting facilitators and caseworkers to support successful implementation and transfer of learning.

**Current Training System Enhancements:**
Existing orientation, onboarding, training, transfer of learning and evaluation activities will be revised to ensure that new recruits are trained per the new practices included in the Oregon Prevention Plan.

- Self-Paced Computer-Based Trainings
- Child Welfare Staff Pre-Service Trainings including:
  - Essential Elements for Child Welfare Practice (caseworkers)
  - Social Service Assistant Pre-Service Training
  - MAPS Pre-Service Training
  - Supervisor Pre-Service Training
- New Child Welfare staff orientation
- On-Ramp activities for all classifications

**Workforce Support and Enhancements:**
The following activities and tools will be developed to ensure that Child Welfare staff who have already completed their pre-service training will be prepared for shifts in practice in developing child-specific prevention plans, conducting risk assessments, assessing child and family needs, connecting families to appropriate services and overseeing and evaluating the appropriateness of prevention services.

- Training on the Oregon Prevention Plan for MAPS, Supervisors, Program Managers and Consultants
- Developing a Desk Guide for family preservation workers, Facilitated Discussion Guide (MAPS), and Group Supervision Template (MAPS, Consultants, Supervisors & Program Managers) to support transfer of learning and continuous practice improvement
- Scheduling regular Group Supervision to include discussion of real cases and, through parallel process, facilitated in a way to encourage strength-based thinking and engagement with families
• Ongoing professional development focusing on knowledge, skills and behavior necessary to provide family preservation services including developing and overseeing child-specific prevention plans and conducting risk assessments
• Advanced training and learning experiences designed to develop internal expertise in assessing child and family needs and linking families to evidence-based prevention services.
• Ongoing consultant support and coaching to family preservation workers, supervisors and facilitators, including monthly district team meetings and quarterly trainings for facilitators to allow opportunities for peer-to-peer learning