

# Key Considerations for Prevention Plan Section VIII

**Last updated on 4/8/2021**

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 VIII: Prevention Caseloads		
Section Consideration Questions	Content Development	Next Steps for Information Gathering and Decision-Making with Stakeholders
Description of the plan for determining caseload size and type for prevention caseworkers		-
Description of how the execution of this plan will be managed and overseen		-

The below pages provide excerpts of other states’ submitted prevention plans that detail their approaches to section VIII (updates evolving quarterly as new plans are submitted, or submitted plans are revised and approved). For more information contact us at [FamilyFirstChapin@Chapinhall.org](mailto:FamilyFirstChapin@Chapinhall.org).

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# Arkansas

Status: Approved

Section VIII: Prevention Caseloads

## **Prevention Caseloads Pre-Print Section 7**

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DCFS does not have a set ratio of cases by type for frontline case workers. Arkansas is a very rural state, with 42% of its population residing in a rural county; this is a stark comparison to the national profile of only 15% of the population living in a rural area. In rural counties, there is a limited number of staff because positions are assigned based on the need (i.e., number of cases in a county). Due to these dynamics, the structure of each DCFS office varies by county. Some county offices have FSWs that work investigations, foster care, and in-home cases, where others have designated investigation units and units with mixed caseloads of foster care and in-home, while others still, have designated staff for each role.

DCFS' current goal is to maintain caseloads at 20 or under. In SFY2018, the statewide average has ranged from a low of 18.7 in June 2019 to a high of 23.4 in Oct. 2018. For the past two years, statewide average caseloads have peaked in October with somewhat steady decreases until a low during June, July, and August. While caseload averages are slightly skewed by graduated caseloads, and some areas struggle with caseload sizes much more (e.g., within SFY2018, Area 1 had an average high of 39 and an average low of 25.2, whereas Area 10 had a high of 17.3 and a low of 15), DCFS has still made great strides in lowering caseload sizes in the last three years. In 2016, the average statewide caseload was 28, with six counties averaging caseloads above 40 and three above 50. As of June 2019, the statewide average was 18.7, no county had an average caseload size above 40, and 80% of the state had average caseloads 25 and below.

Caseloads are monitored at the unit, county, area, and statewide level through reports generated from NCCD. In addition, the Community Services Unit monitors to ensure graduated case load guidelines are being followed.

DCFS has also partnered with NCCD (CRC) to implement SafeMeasures (see Arkansas's 2020-2024 Child and Family Services Plan (CFSP) Goal 4, Strategy 10). While SafeMeasures is a case management tool helping workers manage their workflow, it also allows real time data from the worker level to the statewide level. SafeMeasures allows supervisors and county supervisors to more easily monitor caseload sizes on a day to day basis.

Over the last three years, DCFS has implemented strategies to address caseload size and retention, and while great strides have been made, DCFS recognized that a more holistic approach was needed to help the agency achieve its goals in a sustainable manner. As part of this effort, DCFS applied for and received a grant from the National Child Welfare Workforce Institute (NCWWI) to be a NCWWI Workforce Excellence site in partnership with the University of Arkansas (UA) at Little Rock School of

Social Work (see Arkansas 2020-2024 CFSP Goal 4, Strategy 11). In addition, DCFS is exploring using SDM risk assessments to weight PS and SS cases to help supervisors make better decisions when assigning cases and to elevate the importance of in-home cases.

Along with monitoring DCFS caseloads, contracts with DCFS In-Home Parenting EBPs include limitations on case load sizes. SafeCare staff have a full caseload at 12 families and can have no more than 15 (note that for SafeCare each caregiver in the home is counted as a separate case to align with the other Home Visiting Programs). All Intensive In-Home Services (YVIntercept™ and Family Centered Treatment) may have no more than 5 cases per worker. Nurturing Families of Arkansas does not have a set number for a full-caseload, but rather use a work unit breakdown of direct service, time spent traveling to the family's homes, and the preparation work needed to determine when a worker has a full case load.



# Maryland

Status: Approved

Section VIII: Prevention Caseloads

## Prevention Caseloads

Caseload size is an important factor to ensure effective case management for families and children receiving preventive services. Maryland has determined the prevention caseload sizes can be maintained at their current rates given that the candidates for prevention services will initially be limited to the population of children who receive In-Home Services and pregnant and parenting foster youth. Table 5 indicates the approximate staff-to-case ratios across the variety of program staff who will manage prevention services cases.

Table 5. Staff-to-case ratio by child welfare program types

Child Welfare Program	Staff-to-Case Ratio*
Child Protective Services/Services to Families with Children-Intake	1:12 families
Family Preservation	1:12 families
Description of how the execution of this plan will be managed and overseen	1:15 children

\*Staff-to-case ratio is dependent on the level of services required to meet the assessed of each family/child.

Caseload ratios will be monitored and managed by local department child welfare supervisors and administrators. For families with higher needs, supervisors and case managers may determine a family could benefit from additional supportive services and assign a case associate to assist the case manager working with the family.



# Washington, DC

Status: Approved  
Section VIII: Prevention Caseloads

## Prevention Caseloads Pre-Print Section 7

As described in the Section 1, all CFSA social workers within CFSA’s case-carrying administrations may work with Family First prevention-eligible children and caregivers (as defined within Table 1). For the purposes of this five year plan, all CFSA social workers and Collaboratives caseworkers are considered Prevention Caseworkers. CFSA maintains strict case load standards for all CFSA social workers based on historic alignment with agency practice needs and legal oversight. The current caseloads ratios for all CFSA social workers are as follows:

CFSA Worker	Caseload Standard
In-home social workers	1:15 families (max 1:18)

All case load standards above apply to both CFSA and private agency staff providing these services on behalf of the agency (foster care providers). CFSA regularly oversees and monitors caseload standards through ongoing CQI practices as well as regular agency-wide performance monitoring activities using FACES reports. CFSA program managers and social work supervisors are responsible for ensuring compliance through ongoing review and monitoring of caseload size and distribution.

CFSA’s community-based prevention providers also include EBP services provided by the Collaboratives. Collaborative case load size and type are determined and monitored through contract agreements based CFSA’s assessed service needs with each Collaborative organization by CFSA’s Four Pillar (see Introduction) case-types follows:

Collaborative Case Type	Caseload Standard
Front Yard	1:15 families
Front Porch	1:15 families
Front Door	1:30 families

As noted in Section 5, CFSA expects all providers of all EBPs working with CFSA families as part of this five year plan to uphold the staffing and caseload requirements specified by each EBPs model. CFSA will hold all EBP service providers accountable to implementing each intervention to fidelity, including requirements of staff caseload sizes to ensure fidelity to the model. CFSA staff will monitor and provide oversight to all partnership agreements for EBP services provided by Collaborative, sister agency, and other private non-profit partners.



# Utah

Status: Approved

Section VIII: Prevention Caseloads

## Prevention Caseloads

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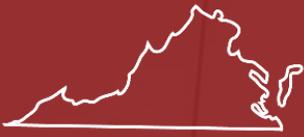
DCFS and DJJS have established processes to determine, manage, and oversee caseload size and type for prevention caseworkers.

In DCFS, prevention cases will be managed by region caseworkers with “ongoing services” caseloads. Ongoing services refer to both in-home cases and foster care cases. Prevention services are a component of in-home services. Whenever possible within existing region and office staff resources, specialization is encouraged. For example, in larger offices, some teams will specialize in managing in-home cases. Some smaller offices will have individual workers that specialize in managing in-home cases. In more rural, smaller offices, ongoing workers that manage combined in-home and foster care cases will be assigned prevention cases. Administrative costs related to mixed caseloads will be differentiated through the cost allocation process. The target caseload standard for caseworkers managing prevention cases is a ratio of 1:12 for DCFS.

Overseeing caseload size and type is essential. Manageable caseloads and workloads can make a significant difference in a caseworker’s ability to spend adequate time with children and families and on completing critical case activities, and ultimately having a positive impact on outcomes for children and families. One of our strategies to make caseloads and workloads more manageable is use of a workload report that is available to region staff. The formula used in the report converts “caseload” to “workload.” Caseload is defined as the number of cases (children or families) assigned to an individual worker in a given time period. Workload is defined as the amount of work required to successfully manage assigned cases and bring them to resolution. Supervisors and region administrators are able to consider both caseload and workload when new case assignments are given and in monitoring child and family progress and overall worker progress. Successfully managing caseworkers’ workload can help caseworkers be in a position to better serve the children and families on their caseload.

DCFS state administration and region administration will continue to provide oversight to the caseload size and case type for caseworkers. The state Data Administrator provides monthly data reports to state and region administrators. Reports include information about caseloads, and new and closed cases for CPS, foster care, and in-home services cases, which will include prevention candidates. Each of the state’s five regions has a practice improvement coordinator that monitors region and team specific caseload data, including overall number of cases and the different case types.

JJS has Youth Services Centers located at multiuse facilities throughout the state. Prevention cases will be managed by Youth Services administration and workers. JJS will be implementing a team approach to the prevention caseload. A team will consist of one Supervisor/Coach, two Youth Service workers/facilitators, and two or three Peer Support workers. One team can manage a caseload of up to twenty-five families. In rural areas, a team may have a reduced number of Youth Services workers and Peer Support workers based on the need of the community. Caseload oversight and targeted outcomes will be reviewed on a regular basis by the local facility Assistant Program Director and by the JJS Executive Management Team.



# Virginia

Status: Submitted

Section VIII: Prevention Caseloads

## **Prevention Caseloads**

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VDSS will follow recommended caseload guidelines from the Child Welfare League of America (CWLA). VDSS will pull prevention caseloads annually and for those LDSS who appear to exceed the CWLA caseload standards, VDSS will provide technical assistance to develop a plan to address exceeding the caseload.



# West Virginia

Status: Approved

Section VIII: Prevention Caseloads

## Prevention Caseloads

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Youth Services workers carry a mixed caseload of both prevention and court-involved families. The prevention cases are comprised of youth (and their families) who are working with the child welfare agency to remediate the issues that resulted in the youth committing a status or juvenile delinquency offense. These youth may have court oversight and receive Title IV-E prevention services to divert the need for placement or have been in a court-ordered placement and are returning home. The targeted mixed caseload for Youth Services workers is 1:12.

The Bureau for Children and Families uses a caseload ratio calculation when allocating Youth Services worker positions to the district offices. When one district's caseloads tip over the caseload standard, they become eligible for position allocations when vacancies arise in counties that do not have critical caseload overages.

Child Protective Services caseloads are separated into initial assessments/investigations and ongoing services. The on-going caseload is a mix between prevention and court-involved families. The prevention cases will be comprised of children who have come to the attention of the child welfare agency through an abuse/neglect referral and who have been identified as unsafe and at imminent risk of removal; children who are returning home from a court-ordered placement; and children who were adopted through the child welfare system and are experiencing risk to the stability of the adoptive relationship. The targeted in-home caseload for CPS workers is 1:10.

The Bureau for Children and Families uses a caseload ratio calculation when allocating Child Protective Services worker positions to the district offices. When one district's caseloads tip over the caseload standard, they become eligible for position allocations when vacancies arise in counties that do not have critical caseload overages



# Alaska

Status: Submitted

Section VIII: Prevention Caseloads

## Prevention Caseloads

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The FFPSA has allowed OCS to thoughtfully develop an in-home services program. In-home services have always been a preference, however, has not to this point been able to be sustained as a solid option to prevent removal whenever possible. Alaska will implement the in-home prevention services model beginning in Anchorage and Wasilla. Investigations and Assessment will transfer the case to a designated Prevention Services PSS that works within a Family Services Unit. Because the turnover rate continues to be high in the state, only a few workers will be able to be assigned to provide Prevention Services initially. It is anticipated as the Prevention Services model takes hold, more workers will be transferred from foster care cases and will grow to other regions in the state.

A PSS will be expected to carry no more than 13 prevention cases. While the bulk of the actual services included in the family's intervention will be provided by community providers, there will be an expectation that Prevention Services workers will be a genuine resource for the family and be involved in every aspect of the prevention plan. In-home prevention services requires a different type and level of engagement than in out of home cases. In order for the family to become and stay engaged, the worker needs to be a legitimate partner at the service table with the family. For this reason, the PSS needs to be allowed enough time in their schedule and workload to truly engage with the family and not just be a broker of services.



# Kansas

Status: Approved

## Section VIII: Prevention Caseloads

### Prevention Caseloads – Section 7 Pre-Print

As Kansas transitions toward a prevention focused agency and implementation of Family First, impact on PPS practitioners and their caseload is very much in the forefront of the agency’s planning for staff readiness. As such, it is also important to distinguish caseload size and type for PPS practitioners and the practitioners of the evidenced based programs for which DCF establishes and awards Family First prevention grants.

DCF staffing allocation across the four regions support a caseload ratio in assessments and investigation of one worker to 15 (1:15) new reports monthly. As DCF prepared for implementation this year, a campaign to “get to zero” vacancies in the child protection workforce gained momentum and was realized in several service centers. DCF Assessment and Investigation caseloads are monitored and reported monthly to demonstrate trends and complement weekly tracking of retained and vacant positions.

June data (Table 1) reflects statewide success meeting the caseload goal with only Kansas City slightly over the target range. Caseload management within standards supports effective decision making for the right service at the right time. DCF celebrates Wichita and West regions, who have been at or near 100% fully staffed for more than 9 weeks this summer. In addition to the worker-family ratio, DCF is pursuing increasing supervisor positions in SFY20 and SFY21 to achieve a 1:5 supervisor to worker ratio. A 1:5 ratio strengthens the current 1:7 supervisor: worker ratio.

Attributes of full staffing levels, maintenance of workload standards and increased supervisor ratios improves assessment decisions and the bridge for families to the appropriate dose and scope of service.

Region	# Assessment & Prevention Staff	Abuse/ Neglect	Pregnant Woman Using Substances	FINA	Independent Living	ICPC	Total # of Assigned Intakes*	Ratio of Assigned Intakes/ A&P Staff
East	53	532	8	132	2	11	685	12.9
Kansas City	48	564	6	167	0	7	744	15.5
West	70	573	9	133	3	11	729	10.4
Wichita	57	490	10	135	0	2	637	11.2
Statewide	228	2,159	33	567	5	31	2,795	12.3

Prevention grants awarded to evidenced based programs in October 2019 will take time to fully

implement depending on the provider readiness in a community. Programs established in the community may be able to receive new referrals immediately or may phase their implementation as additional practitioners are trained and ready to be case carrying. As such, a measurable volume of case referrals for an individual PPS practitioner may not occur for a few months in the first year of implementation.

DCF management and monitoring of the grant referral programs is a blend of two methods for the family's time limited period of 12 months. PPS practitioners may maintain a family within their assigned caseload for up to 45 working days as the assessment is completed or concluded. For families whose prevention service extends past the 45 workdays of assessment or conclusion date (whichever comes first), the family's prevention plan program will be monitored by either:

- A. A designated PPS practitioner or program consultant position within the region who has a dedicated liaison monitoring caseload of up to 25 referrals (families) of family first or family preservation; or,
- B. The family will be monitored by a contracted community service provider whose family first referral caseload is 15-18 families.

The family first program case monitor will perform such duties as receiving the Plan of Safe Care and other update or process documents related to the program emphasis, assure start end dates of service and other data elements are accurate in reporting systems, serve as connection for any changes in service status and may evolve to liaison with the prevention Grant Evaluator as needed or appropriate.

Over time, as the number of families receiving services from a Family First provider increases, DCF positions will shift as needed to adjust to the increase in Family First program referrals. For future state fiscal years beginning July 2020, DCF plans to request through the formal state budget process two additional positions for each DCF region to manage and monitor Family First program referrals.

Prevention caseload or workload size within prevention program providers is consistent with their evidence-based model program delivery, intensity and service setting. The grant agreement with DCF sets forth the provider's responsibility to manage caseload size in manner consistent with the model approach. Service providers coordinate with regional and administrative staff to determine frequency and pace of referrals based on family presenting situation, candidate for care determination and program intervention population focus and program capacity.



# Kentucky

Status: Approved

Section VIII: Prevention Caseloads

## Kentucky - Approved

### **Prevention Caseloads**

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When discussing prevention caseloads, it is important to distinguish between the caseloads maintained by the DCBS in-home workforce, and the caseloads maintained by the private providers administering the EBPs. Public agency caseworkers and private providers work in partnership to serve the family, keep children safe, and achieve case plan goals.

DCBS partners contractually with private providers to work with families through in-home prevention services. Additionally, DCBS is working on an internal hiring effort to meet caseload standards of 18:1. Decreasing caseloads is a primary Child Welfare Transformation goal, and there are a number of strategies underway to promote achievement of this goal. Regardless of current caseload size, DCBS case managers maintain at least monthly contact with families to assess safety and risk. In addition, the prevention service providers maintain more frequent and intensive contact with families.

Private contracted prevention services providers are able to regulate their caseloads at a more manageable level based on needs of the families they serve through the contract. Those caseloads vary based on composition of family risk level as well as worker experience. In-home services where children have been identified as being at imminent risk for removal require provider staff hold no more than four cases at a time due to the service intensity necessary. Inhome services for moderate risk cases extend provider staff caseloads to no more than six cases at a time. Kentucky's Title-IV E Waiver and substance abuse in-home services range from nine cases at a time for KSTEP and 15 cases at a time for START.

In-home service provider caseloads are determined, managed and overseen by contracted provider leadership for all programs, excluding START. START caseworkers are determined, managed and overseen by DCBS supervisors, regional staff, START leadership, and Kentucky's Personnel Cabinet.



# Nebraska

Status: Approved

Section VIII: Prevention Caseloads

## Prevention Caseloads

Caseload sizes for CFS staff with FFPSA eligible families will align with current caseload standards. The Department maintains strict case load standards for all CPS workers. CFS regularly oversees and monitors caseload standards through ongoing CQI practices. The below table contains operational definitions utilized for caseloads in accordance with Neb. Rev. Statute 68-1207. The current caseload ratio for all CPS workers are as follows:

Caseload Type	Caseload Standard
Initial Assessment Cases	1:12 families – urban 1:10 families – rural
Mixed – Initial Assessment Cases & On-Going Cases	1:4 families for Initial Assessment 1:7 children out-of-home 1:3 non-court-involved families <i>Total: 1:14</i>
On-Going – Court-Involved, <b>In-Home</b> Cases	1:17 families
On-Going – Court-Involved, <b>Out-of-Home</b> Cases	1:16 children
On-Going – Court-Involved, <b>Blended In-Home &amp; Out-of-Home</b>	1:10 Out-of-home wards 1:7 In-Home families <i>Total: 1:17</i>



# Washington State

Status: Approved

Section VIII: Prevention Caseloads

## Prevention Caseloads – Pre-Print Section 7

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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.

Currently, DCYF does not have a set ratio of cases by type for frontline caseworkers. Field office supervisors monitor caseloads to ensure that sizes are appropriate. The supervisors use a Workload FTE Summary Report and look at the workers' caseloads in FamLink. Agency policy requires that the supervisors review every case with the caseworkers monthly and provide supervision and guidance. This ensures they are very aware of caseload and can address any issues or concerns quickly.

Prevention caseloads require extensive case planning and on-going management throughout the life of the prevention case. For purposes of this five-year plan, DCYF has identified that all Family Voluntary Services (FVS) workers, and the identified pilot Family Assessment Response (FAR) workers, will have a prevention caseload standard of 1:15 children (max 1:18). As we implement the other candidacy groups, we will reassess the caseload standards and adjust based on appropriate size. For example, some case workers may be holding a mix of prevention and non-prevention cases; therefore, their prevention caseload size would be much smaller.

Starting in 2019, all Intake and Child Protective Service workers were added into the maintenance level forecast process. This forecast was established to maintain current funding levels to ensure adequate funding continues. The technical workgroup determined the stepping off point as a combination of historical averages and static caseload ratios. Intake workers had a historical average of 111 intake calls per intake worker and CPS workers had a historical average of 8.6 screened-in intakes per CPS FTE. This forecast was developed with the expectation that cases turn over at the same speed in the future as they have historically.

Expansion of service delivery would likely impact the forecast for CPS workers generally and FAR workers specifically. The current forecast would not adjust to extended case length, because the only changeable variables are measured in the incoming volume and not the currently held volume. Consequently, there is additional work that needs to occur in order to set a caseload standard for

prevention cases. We need to do additional analysis on the data to better understand the impacts on workloads and bargain with the union. We will continue to monitor and oversee caseload standards through ongoing CQI practices as well as regular agency-wide performance monitoring activities using reports and supervision.



# North Dakota

Status: Approved

Section VIII: Prevention Caseloads

## **Prevention Caseloads – Pre-Print Section 7**

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North Dakota has been incrementally absorbing social (human) service costs since the 1990s. Throughout the 2017-2019 biennium, the Department of Human Services, the North Dakota Association of Counties (NDACo) and human service zone leaders worked closely together with the support of the governor's office and state lawmakers to review and begin to redesign social services to better serve North Dakotans and deliver more effective services in a more efficient way. As part of this redesign effort, the Department of Human Services adopted the Theory of Constraints (TOC) as its CQI process departmentwide. TOC has been, and will continue to be, applied to all child welfare programs so that holistic change can occur in each area of service. An important system component analyzed during the Theory of Constraints work is caseload size. Manageable caseloads are vital to allowing caseworkers the ability to spend adequate time with children and families to complete critical case activities resulting in improved outcomes for them. The In-Home services redesign team has recommended a caseload standard of 7-9 families for frontline In-Home caseworkers. North Dakota will continue to monitor and oversee caseload standards through Theory of Constraints work and ongoing CQI practices.



# Colorado

Status: Submitted

Section VIII: Prevention Caseloads

## **Prevention Caseloads – Pre-Print Section 7**

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In August 2014, Colorado’s Office of the State Auditor (OSA) released the Colorado Child Welfare County Workload Study. The purpose of the study was “to establish a comprehensive picture of the state’s county child welfare workload, case management, and staffing levels and identify estimated workload and staffing levels to accomplish child welfare goals.” It focused on actual time spent by case aides, caseworkers, and supervisors on tasks to evaluate efficiencies, develop workload standards, and determine the need for additional resources. The study concluded that counties would need 610 additional child welfare staff to meet program goals and achieve outcomes. The Colorado legislature has worked to address this shortage of child welfare staff over the last five years. To date, 420 new full-time equivalent (FTE) county child welfare positions have been appropriated and funded.

In 2016, the state contracted with ICF International to conduct a study concerning the child welfare caseload by county, as opposed to the OSA workload study, which provided estimated hours per case by service for county child welfare caseworkers. The 2016 Child Welfare Caseload Study built upon the workload study results by further supporting the need for additional child welfare staff, creating a framework for requesting additional resources, and providing suggested caseload ratios. This study created the Colorado Division of Child Welfare Caseworker Allocation Tool (DCAT). The DCAT tool provides a framework for determining the allocation of appropriated funds to the counties and for county child welfare positions based upon allocation formula factors such as referrals, assessments, out-of-home placements, and in-home services.

The 2016 caseload study also recommended specific ratios of supervisor to caseworker (1:5) and caseworker to case (1:10). CDHS uses these ratios to justify funding requests and allocate new child welfare staff to counties. Colorado believes that these ratios will continue to support effective and engaging casework practice moving forward under Family First, and therefore intends to use this established caseload ratio for prevention cases unless otherwise specified by the evidenced-based service provider. Once Family First is fully implemented, it is likely that Colorado will update its workload and caseload studies to determine any significant shifts that would result in different ratios. For the purposes of this five-year plan, all caseworkers are considered prevention caseworkers and may work with Family First prevention-eligible children, youth, and caregivers.

In addition to monitoring caseloads at the county level, CDHS responds to a Request for Information (RFI) to the Joint Budget Committee every November 1 with this data. The data reported is derived from a survey sent to counties in the spring of each year. The survey asks for information relating to caseload ratios by county, actual staffing levels, new hires, workload and funding allocation

comparisons by county, and performance metrics concerning the training of, and support for, caseworkers.



# Maine

Status: Submitted

## Section VIII: Prevention Caseloads

### **Prevention Caseloads – Pre-Print Section 7**

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On May 21, 2019, Public Law 2019, Ch. 34 (LD 821) was passed that requires the Office of Child and Family Services “to review case load standards for child welfare caseworkers and develop standard case load recommendations with input from child welfare caseworkers and the Public Consulting Group (PCG) contracted by the Department.” It further requires that “the department shall submit an initial report with its findings and recommendations on staffing in the department’s child welfare program in relation to the standard case load recommendations no later than October 1, 2019 and subsequent annual reports by January 31st of each year beginning in 2020 and ending in 2030.”

Caseload vs. Workload: OCFS has established clear definitions of both caseload and workload in order to guide the Department’s work related to LD 821. OCFS utilized the expertise of the Child Welfare League of America (CWLA) in establishing the distinction between caseload and workload

- Caseload = Cases / Workers: The number of cases (children or families) assigned to an individual caseworker in a given time period. Caseload reflects a ratio of cases (or clients) to staff members and may be measured for an individual caseworker, all caseworkers assigned to a specific type of case, or all caseworkers in a specified area (e.g., agency or region).
- Workload = (Time required for cases + Non-casework responsibilities) / Workers: The development of reasonable workload standards helps to guide an organization towards the establishment of caseload expectations. In order to understand how many cases a caseworker can effectively manage, one must first understand the work inherent in each case and the time necessary to complete all parts of the work, as well as any expectations which do not directly serve children and families but are required when carrying cases.

The Child Welfare League of America (CWLA) has published a National Blueprint for Excellence in Child Welfare which includes standards for workforce development including the need to assure that each staff person’s workload is reasonable and allows the employee to perform the required duties. OCFS adopted their recommendations and recognized that staff are tasked with complex and difficult work each day as they seek to ensure child and family safety and wellbeing throughout the state.

### **Use of Data to Inform Child Welfare and Prevention Workload**

In 2019, OCFS contracted with Public Consulting Group to develop a workload analytic tool to determine OCFS’ need for additional staff. OCFS’ goal in establishing reasonable caseloads has been to improve effective staff engagement with families, ensure quality services statewide, and improve child welfare outcomes for children and families. The workload analytic tool is based on the specific workload of OCFS’ staff. This includes intake staff who receive reports of abuse and neglect, investigations staff who receive

reports deemed appropriate and complete an investigation into the allegations made in the report, permanency staff who support either in home service cases or the reunification process when children have been removed from their home, adoption staff who seek adoptive homes for children who cannot return to their biological parents, and licensing staff who provide critical support to foster parents and oversee the licensing process. Each group of staff has specific duties and functions guided by policy and procedures. Additionally, each group's fulfillment of the assigned duties and functions is influenced by numerous case-specific factors. A few examples include the number of children in a particular family, the geographical distances between case participants, and the complexity of the child's needs. The workload analytic tool is designed to consider assigned duties and functions, while also factoring in the impact of case-specific factors and the experience level of OCFS' child welfare staff.

Maine's Program Improvement Plan identifies the utilization of the workload analytic tool to inform staff resource allocations and case assignments as a strategy for improving child welfare workloads. OCFS continues to work on building additional workload factors into the workload analytic tool, for example intake activities, court vs. non court cases, prevention cases, and weighting reports based on risk factors in a family. The workload analytic tool assists in determining staffing changes needed within districts as well. When OCFS has been allocated additional child welfare staff through legislative processes, management has utilized the tool to determine where these positions should be housed based on district needs. The Associate Director of Child Welfare and Chief Operating Officer have continued to collaborate with PCG to study the impact of additional workload factors, such as household complexity.

Since the Department's 2019 and 2020 reports on caseload and workload, the Department has continued to work to refine the tool to ensure it considers a realistic cross-section of the common case-specific factors staff encounter in the field. The 2021 report will be available by 1/31/21 and will include information on efforts over the last year to continue to improve the workload analytic tool to ensure it reflects the current realities of casework in the State of Maine

*Prevention Caseload and Workload:* Implementation of the Federal Family First Prevention Services Act is likely to impact both caseload and workload as staff will play a primary role in the development of individualized prevention plans for families, referrals for services, as well as the monitoring, oversight, and documentation associated with a family's progress toward plan goals. It is anticipated that further adjustments to the workload analytic tool will continue as implementation of FFPSA is underway and changes to policy and practice are made to ensure the tool provides functional and accurate analysis based on ongoing changes to policy and practice. Permanency caseworkers have traditionally and will continue to hold prevention services cases as well as cases of children entering foster care. Caseloads for permanency workers will shift with FFPSA implementation given the goal to reduce the number of out of home placements and increase prevention services provided to families resulting in a more intense level of case monitoring. Monthly monitoring of the workforce analytic tool reports provided to child welfare management by PCG will ensure that caseloads are adequate for staff to manage both prevention and reunification cases. Adjustments to caseloads will be made as needed with the ongoing analysis.



# Oregon

Status: Submitted

## Section VIII: Prevention Caseloads

### **Section 8: Prevention Caseloads**

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Caseload size is a factor to consider in effective case management for families and children receiving preventive services. A manageable caseload allows Child Welfare workers to spend more time engaging and supporting families and leads to better outcomes for children and families. For the initial phase of implementation, Oregon has determined that family preservation caseloads can be covered by current capacity since the candidates for prevention services will initially be limited to the population of children who currently receive in-home services and pregnant and parenting foster youth.

The prevention caseload standard for all family preservation workers will be set at a ratio of 1:12 children or young adults. To manage and oversee the caseload for all Child Welfare staff, a state-wide caseload dashboard has been developed and will be implemented in March 2021. This dashboard allows program managers and supervisors to monitor current caseload for each of their case-carrying staff as it provides near real-time data to inform the management of caseload size. Once implemented, the expectation for program leaders, managers and supervisors is to incorporate the dashboard data into their daily work to inform their decisions with ongoing statewide support and oversight.

With the focused efforts and integration of in-home family service delivery, Oregon will continue to review current strategies and explore opportunities to improve the experience of children who are placed in foster care.