



Children's Defense Fund



**SUPPORTING AND IMPROVING THE CHILD WELFARE WORKFORCE:  
A REVIEW OF PROGRAM IMPROVEMENT PLANS (PIPs)  
AND  
RECOMMENDATIONS FOR STRENGTHENING  
THE CHILD AND FAMILY SERVICE REVIEWS (CFSRs)**

**Children's Defense Fund and Children's Rights, Inc.  
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## I. INTRODUCTION, MAJOR FINDINGS, AND RECOMMENDATIONS

A supported, skilled, and informed workforce is central to improving outcomes for children and families in the child welfare system. The Children's Defense Fund (CDF) and Children's Rights are engaged with a number of national partners to develop federal policy recommendations designed to improve the quality of the child welfare workforce, with the ultimate goal of improving outcomes for children and families that come in contact with the child welfare system.

As part of this work, CDF and Children's Rights reviewed the extent to which workforce issues were being identified and addressed by states as part of the federal Child and Family Service Reviews (CFSRs) and Program Improvements Plans (PIPs) that all states were required by federal law to complete. This paper provides the results of the review of the PIPs in 50 states, the District of Columbia, and Puerto Rico.

The Child and Family Service Reviews began in 2001 as part of an effort at the national level, within the Department of Health and Human Services, to standardize the evaluation of state child welfare programs. The goal was to ensure substantial conformity by states with the state plan requirements in Titles IV-B and IV-E of the Social Security Act and to examine state activities in terms of established outcome measures. The CFSRs assess states' child welfare programs based on seven specific outcomes for assessing safety, permanence and well-being, six national standards related to safety and permanency, and seven systems requirements, one of which addresses staff training (see Appendix A for details). The other six systems requirements relate to information systems, case record review systems, quality assurance systems, service array, agency responsiveness to the community, and foster and adoptive parent licensing, recruitment, and retention.

Based on the results of the CFSR, states are required to develop Program Improvement Plans (PIPs) to address areas of nonconformity. In their PIPs, states must outline goals and a plan of action over the subsequent two-year period. The first round of CFSRs for all 50 states, the District of Columbia and Puerto Rico<sup>1</sup> was completed in 2004. No state "passed" the CFSR, i.e., no state achieved substantial conformity in all of the outcomes and systems measured. PIPs then had to be developed in all of the states.

In the CFSR assessment tool itself, there is only one outcome or requirement in which workforce is addressed specifically. Staff training is one of the seven system requirements on which states are assessed. In addition, one of the well-being outcomes utilizes worker visits with children and with families as a measure of assessing whether families have enhanced capacity to provide for children's needs.

In its review of the findings from the CFSRs, the Government Accountability Office (GAO) noted that, in the majority of states, one or more workforce deficiencies (high caseloads, training deficiencies, and staffing shortages) were cited as affecting attainment of outcomes. For example, workforce challenges were said to delay the timeliness of investigations, limit the frequency of worker visits with children and families, negatively impact the achievement of permanency goals and inhibit the level of involvement of children and families in case planning.<sup>2</sup>

CDF and Children's Rights, therefore, were eager to examine the PIPs to see what workforce improvements were noted. They conducted a review of all 52 PIPs (50 states, the District of

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<sup>1</sup> For the purposes of this report, 'states' refers to the 50 states, Puerto Rico, and the District of Columbia.

<sup>2</sup> U.S. General Accounting Office, 2003, *GAO-03-357 - Child welfare: HHS could play a greater role in helping child welfare agencies recruit and retain staff* (Washington, DC: U.S. GAO).

Columbia, and Puerto Rico), using a standardized instrument, to assess the degree to which states focused on workforce issues in their PIPs. A copy of the instrument is provided in Appendix B.

The review of the PIPs focused on workforce activities in four areas:

1. Workload and Caseload

- establishing requirements/recommendations for worker and/or supervisor caseload/workload;
- improving hiring practices for new workers;
- conducting recruitment and retention activities (e.g., bonuses, salary increases, and/or improved benefits, competency-based approach to recruitment, realistic job previews, implementation or improvement of a career ladder, and/or mentorship programs);
- addressing violence and increasing worker safety (including the provision of cell phones, casework partners, partnerships with local police, and/or in-office safety mechanisms or procedures);
- providing better "tools" for workers to more effectively manage their caseload/workload (including the provision of cell phones, computers, personal digital assistants (PDAs), web-based programs, data management/information systems with feedback, and/or other office-based support; and
- improving the quality of supervision for workers.

2. Worker Time/Contact

- implementing strategies to improve worker contact and visits with children and/or families.

3. Skills and Training

- establishing goals and requirements for improving degree/certification level of workers and/or supervisors;
- providing incentives for improved educational attainment, including monetary rewards for increased education and state assistance in obtaining degrees; and
- improving training for incoming workers, current workers, and/or supervisors (i.e., overview of the topical areas to be covered, the structure of the training, the provider of the training, the specific time/hours/frequency requirements for the training, and the tracking of worker/supervisor fulfillment of training requirements).

4. Accreditation and Quality Assurance Systems

- Taking steps to become accredited and/or facilitate the establishment of quality assurance systems.

## **A. Highlights from the Review: Workforce Issues Identified in the PIPs**

It should be noted that this was not a comprehensive review of all workforce-related activities and initiatives in the states. Rather, it was a review of the frequency with which workforce issues were mentioned in the PIPs as a response to deficiencies cited in the Child and Family Service Reviews. It is possible that states did not document all of their workforce initiatives in their PIPs.

Nevertheless, this review of the states' PIPs offers a picture of numerous workforce challenges and strategies to address them that were underway in the states, reflecting the critical impact workforce issues have on outcomes for children.

- Workforce problems appear to be directly related to other problems identified through the CFSRs that created barriers to improved outcomes for children and families. For example, high caseloads often prevent child welfare workers from spending adequate time with families, therefore making it difficult to achieve the safety and well-being outcomes addressed in the CFSRs.
- One-third of the states identified the need to address workforce improvements in the introduction to their PIPs. They reinforced the importance of workforce improvements to their success in making other quality improvements in their system to benefit children.
- Training was the only workforce concern specifically mentioned in a significant way in the CFSRs. All 50 states, plus D.C. and Puerto Rico, indicated in their PIPs that they planned to improve or change training for current workers. Although training for new staff was not specifically identified as a CFSR requirement, 30 states offered plans in their PIPs for improvements in this area. There were also 49 states that noted in their PIPs that they planned to improve training provided to supervisors. Most of them identified training targeted at supervisory and management skills or the substantive content of the training. Other workforce concerns came up repeatedly in addressing areas for improvement identified through the reviews and addressed in the PIPs.
- A number of other links to workforce also were made even though states were not obligated to address them in the CFSRs or in the PIPs. These included references to caseloads and workloads, a variety of staff recruitment and retention efforts, worker contacts with children and families, staff education and relevant certification and licensing, and various quality assurance mechanisms, including agency accreditation in a few cases.

There might have been even more attention to workforce concerns in the PIPs if the CFSRs had a more explicit focus on workforce issues and if funding were available to implement strategies identified in the PIPs.

## **B. Recommendations for Promoting Workforce Improvements in the Child and Family Service Reviews**

To make the CFSR and PIP process more helpful in promoting workforce improvements to enhance outcomes for children, CDF and Children's Rights recommend that the CFSRs examine more specifically state performance and the steps states are taking to address the key components of an effective child welfare workforce. Such a focus would reinforce the

connections between improvements in the child welfare workforce and improvements in outcomes for children and families. Specific recommendations include:

- The system outcome that currently addresses only staff training should be expanded to include a range of child welfare workforce development concerns: staff preparation, training, and development; resources to support the workforce; and steps to connect to families and their communities.
- To ensure appropriate staff preparation, training, and development, the CFSR should assess:
  - the numbers of staff trained; the frequency and nature of the training and competencies sought; the effectiveness of the training, both pre-service and in-service; and how the training helps to improve outcomes for children; and
  - the educational qualifications of the child welfare workforce and how they are used in making staff assignments.
- To ensure resources to support the workforce, the CFSR should assess:
  - current actual caseloads in the various areas of child welfare practice;
  - the procedures the state uses for calculating caseloads and establishing caseload standards;
  - staff turnover at all levels;
  - how turnover is calculated;
  - the steps being taken to reduce turnover; and
  - the steps being taken to promote recruitment and retention of both workers and supervisors.
- To ensure steps to connect staff to families and their communities, the CFSRs should assess:
  - the procedures, practices, and policies that help staff engage with families and children and their communities; and
  - the impact of these activities on cultural competence and on outcomes for children from different racial and ethnic backgrounds, including disproportionality.

Part II provides detailed findings from the review of the states' Program Improvement Plans.

## II. DETAILED FINDINGS FROM THE REVIEW OF THE PROGRAM IMPROVEMENT PLANS

In the review of the Program Improvement Plans (PIPs), CDF and Children's Rights found different child welfare workforce challenges and concerns expressed in different ways. The survey findings, and illustrative examples, are described below.

### A. General Acknowledgement of Workforce Issues

One-third of the states (17) comment on workforce challenges in the narrative introductions of their PIPs, reflecting the significance of these issues:

- Alaska explains that “current social worker duties prevent the...frontline workers from responding to all reports of harm, are a significant factor in explaining high employee turnover, and bar social workers from meeting with all clients even one time per month. As a result social workers' relationships with families and children do not foster collaboration and success between workers, communities, and clients.”<sup>3</sup>
- According to California, the “key to improving child welfare outcomes is supporting the professionals who have chosen to practice social work. Therefore, the State should provide them with the support they need to continually refresh and improve their child welfare practices.”<sup>4</sup>
- The District of Columbia notes that “the success of many improvements relies upon CFSA's ability to remedy its shortage of social workers.”<sup>5</sup>
- Florida explains that it has identified four over-arching issues impacting practice and outcomes in the child welfare system: retention of experienced supervisory staff; reduction of caseloads; support of staff and decision-making practices; and substitute placement resources.<sup>6</sup>
- Georgia highlights the importance of the Governor's Task Force on Child Protective Services (CPS), which recommends increasing the number of caseworkers, pay, training and supervision, and providing caseworker tools to perform at high levels.<sup>7</sup>
- In Hawaii, “excessive workloads, staff turnover, insufficient training, and the lack of a quality assurance program effectively prevent Child Welfare Services (CWS) frontline workers from responding in a timely manner to all reports of abuse or neglect that are accepted for investigation by the Department and prevent them from meeting with all clients even one time per month. As a result CWS workers' relationships with birth families, foster families, and children are compromised, fostering resistance and skepticism that corrode the mutual trust necessary for a successful collaboration to achieve the desired outcomes for children.”<sup>8</sup>
- Iowa acknowledges that the Department of Human Services (DHS) would like to add child welfare case managers and frontline supervisors in order to reduce caseloads and increase capacity/time for workers to conduct meaningful face-to-face visits with children and parents, but has not received the funding to add more workers.<sup>9</sup>
- Louisiana highlights the comments of the workgroups charged with developing measurable goals for the PIPs: “While most action steps included within the Program Improvement Plan focus on practice and policy issues, the need for additional qualified staff and/or improved

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<sup>3</sup> Alaska Program Improvement Plan, 7/03

<sup>4</sup> California Program Improvement Plan, 7/1/03

<sup>5</sup> District of Columbia's Approach to the Program Improvement Plan, 11/9/02

<sup>6</sup> Florida Program Improvement Plan, 4/1/03

<sup>7</sup> Georgia Program Improvement Plan, 9/02

<sup>8</sup> Hawaii Program Improvement Plan, 6/18/04

<sup>9</sup> Iowa Program Improvement Plan, 7/22/04



resources arose in relation to each and every outcome. It is noteworthy to mention that each workgroup found these issues to be critical to the achievement of any sustainable degree of success.”<sup>10</sup>

- Maine’s child welfare principles of public service include “Our staff is our most important asset.”<sup>11</sup>
- Mississippi reports that in order “to improve the quality and consistency of practice, staff coverage and workloads will be addressed.”<sup>12</sup>
- In Oklahoma, “Staff retention is identified as a primary need affecting many of the statewide assessment outcomes and systemic factors. Fifty percent of Child Welfare staff has less than two years experience in the field with 23 percent having less than one year. Achieving greater worker longevity is a critical component of future service improvement activities.”<sup>13</sup>
- In South Carolina, the loss of “more than 1,100 positions or staff through attrition, retirement incentives, voluntary separations, the elimination of non-mandated programs, and a reduction in force has reduced our workforce.”<sup>14</sup>
- South Dakota notes that “it was not a question of whether staff was making efforts in many situations to achieve good outcomes, but a question of how to make the needed adjustments to increase efforts without being able to rely on additional resources,” given the ongoing issue of excessive caseloads.<sup>15</sup>
- Tennessee asserts that “maintaining consistency and continuity in the CPS workforce will certainly affect the quality of responses to child maltreatment.”<sup>16</sup>
- In Texas, turnover is identified as a problem area that impacted multiple outcomes: “Expertise for addressing specialized needs of children is underdeveloped, skill and knowledge for effectively engaging families in the planning process is inadequate, and lack of a tenured workforce from which to select leadership remains a critical problem.”<sup>17</sup>
- Utah notes that “committed, qualified, trained, and skilled staff, supported by an effectively structured organization, helps ensure positive outcomes for children and families.”
- West Virginia emphasizes its awareness that “our staff turnover rate and staffing numbers were directly impacting the quality of assessments being completed and the effectiveness of service planning.”<sup>18</sup>

## **B. Caseloads and Workloads**

About half the states’ (25) PIPs offer either recommendations or requirements for improvements in caseloads or workloads. These four examples highlight the variety of comments on this issue:

- One of Georgia’s main goals is to reduce their workers’ caseload size. They plan to continue annual requests for additional staff in order to satisfy that goal and caseloads will be incrementally reduced. Georgia considers the reduction of caseloads the “single most important step” towards improving the number and quality of visits and contacts with families and children.<sup>19</sup>

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<sup>10</sup> Louisiana Program Improvement Plan, 9/28/04

<sup>11</sup> Maine Program Improvement Plan, 7/12/04

<sup>12</sup> Mississippi Program Improvement Plan, 3/24/05

<sup>13</sup> Oklahoma Program Improvement Plan, 1/10/03

<sup>14</sup> South Carolina Program Improvement Plan, 6/4/04

<sup>15</sup> South Dakota Program Improvement Plan, 10/03

<sup>16</sup> Tennessee Program Improvement Plan, 7/1/03

<sup>17</sup> Texas Program Improvement Plan, 5/23/03

<sup>18</sup> West Virginia Program Improvement Plan, 5/29/03

<sup>19</sup> Georgia Program Improvement Plan, 9/02

- Puerto Rico will revise and redefine the criteria for case assignments, taking into account the complexity of the cases, the professional competencies of the workers and the expected outcomes, and set minimal requirements and issue policy<sup>20</sup>
- South Dakota seeks not to reduce workload, but instead to reduce: 1) the time it takes a worker to complete a quality intake; 2) the time the intake worker takes to submit the intake to the supervisor based on the safety issues presented in the intake; 3) the time the supervisor takes to screen the initial intake and make the assignment.<sup>21</sup>

Six of these 25 states (NH, NJ, RI, SD, TN, WY) specifically highlight caseload adjustments for supervisors. For example,

- The New Jersey plan commits additional worker resources to eventually achieve: 1 supervisor per 5 caseworkers plus 1 case aid for 80% of supervisors.<sup>22</sup>
- Wyoming plans to implement a family-centered service model and recognized that in order to do so caseload numbers for workers will have to be reduced. The state plans to hire 19 additional staff over the two-year period of the PIP review to achieve caseload ratios that reflect the national standards set by CWLA (15:1).<sup>23</sup>

A total of 15 states (AR, CO, KS, KY, ME, MN, NE, NY, NC, ND, PA, UT, VT, VA, WV) make no mention of “workload” or “caseload” within the context of their PIPs.

### **C. Staff Recruitment and Retention Efforts**

Twenty-three states have plans to hire new workers included in their PIPs. For example:

- Florida seeks to increase district and program flexibility in hiring and promoting staff, and other human resources activities. The state has also requested legislative appropriations to fund the hiring of more social workers. Specifically, Florida’s Department of Children and Families will increase their staff in the areas of child protection, investigations, quality assurance, and technical assistance.<sup>24</sup>
- Alaska will examine the feasibility of flexible shifts and weekend staffing.<sup>25</sup>
- Oklahoma plans to expand the number of workers and supervisors with significant experience and skills in Child Welfare practice, which will impact the quality and success of all services.<sup>26</sup>

Sixteen states’ PIPs detail plans to improve recruitment or retention activities. For example:

- Alaska believes that continuous and out-of-state recruitment, double-filling positions, and expediting the hiring process will assist in the recruitment of qualified child protection staff.<sup>27</sup>
- New Jersey will continue efforts to recruit bilingual caseworkers through media advertisements, Internet postings, and job fairs. They also plan to contract with a private

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<sup>20</sup> Puerto Rico Program Improvement Plan, 10/21/04

<sup>21</sup> South Dakota Program Improvement Plan, 10/10/03

<sup>22</sup> New Jersey Program Improvement Plan, 9/23/04

<sup>23</sup> Wyoming Program Improvement Plan, 1/1/04

<sup>24</sup> Florida Program Improvement Plan, 4/21/03

<sup>25</sup> Alaska Program Improvement Plan, 8/18/03

<sup>26</sup> Oklahoma Program Improvement Plan, 1/10/03

<sup>27</sup> Alaska Program Improvement Plan, 8/18/03

recruiting firm to improve their diversity recruitment efforts. The state is also working to recruit and hire deputy attorney generals, law guardians, and counsels for parents.<sup>28</sup>

- The District of Columbia plans to track and evaluate staff hiring and attrition patterns as recruitment and retention of social workers is one of the agency's seven strategic goals. Recruitment efforts include advertisements through key employment publications and professional organizations, job fairs, university partnerships, public relations outreach, and collaboration with the Mayor's office.<sup>29</sup>
- The Rhode Island Department of Children, Youth, and Families Child Welfare Institute is in the process of developing a new approach to more generically offer succession planning, career development, and to provide those desiring to become supervisors the initial preparation and training they need.<sup>30</sup>
- Florida will develop strategies for the establishment of "Career Paths for Family Safety" positions that will help people choose and move up in their chosen career paths more easily. Accelerated career paths will also be developed for those who show potential.<sup>31</sup>

Two states PIPs noted the challenges of maintaining adequate staffing:

- Massachusetts references recent state budget cuts, which have caused their Department of Social Services to lose almost 30% of its managerial and administrative staff. Many staff have switched departments or reassigned to different positions. DSS has "no plans to restore administrative employees at this time."<sup>32</sup>
- Connecticut openly acknowledges that the state budget has led to cuts in programs and staff at the DCF.<sup>33</sup>

Two states included a plan to increase worker salaries in their PIPs:

- Florida's Department of Children and Families has requested state funds to increase the base rate of pay of all frontline staff. A key component of in their overarching goal to stabilize their child welfare workforce.<sup>34</sup>
- The state legislature has advocated for the Texas child welfare system by appropriating: additional CPS staff; pay raises to state employees; additional targeted pay raises for specific staff; the right for counties to provide supplemental income for areas with very high turnover and available county resources; and increased purchased services.<sup>35</sup>

Thirty-six states' PIPs detail the provision of better tools for workers that will help them better manage caseloads. For example:

- Nevada is in the process of implementing a web-based information management system called SOAR (Solutions for Online Activity Reporting) to measure Nevada's performance on the six CFSR national standards on a monthly basis. AFCARS data is downloaded directly into the SOAR system and little data input is required. "From decision makers to case

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<sup>28</sup> New Jersey, Program Improvement Plan, 9/23/04

<sup>29</sup> District of Columbia's Approach to the Program Improvement Plan, 9/11/02

<sup>30</sup> Rhode Island Program Improvement and Child and Family Service Plan, 8/15/05

<sup>31</sup> Florida Program Improvement Plan Matrix, 4/21/03

<sup>32</sup> Massachusetts Program Improvement Plan, 11/18/02

<sup>33</sup> State of Connecticut Program Improvement Plan, 8/15/03

<sup>34</sup> Florida Program Improvement Plan Matrix, 4/21/03

<sup>35</sup> Texas Program Improvement Plan, 5/23/03

managers, SOAR implementation is intended to enable users to view how Nevada’s child welfare system’s work with families matched against national standards.”<sup>36</sup>

- Massachusetts will research, design, and implement a comprehensive intake and assessment process that is child-centered, family-focused and community-connected. This will enable staff to “identify kin and significant adults in each child’s life” and “address the particular needs of special populations, including high-risk adolescents.”<sup>37</sup>
- Pennsylvania plans to develop and provide case planning resources and tools consistent with the practice standards to facilitate caseworkers’ development of the family service plans with the family. They will make these case planning resources and tools available in both print and electronic media formats.<sup>38</sup>
- North Dakota will be using the computer application SPOC (Single Plan of Care) to keep track of the plans for care for each individual in the system. Authorized workers will be able to enter information regarding the child’s risks, needs, and strengths and create an individualized case plan accordingly.<sup>39</sup>
- Texas has tried to address the issue of worker turnover head-on through completion of a pilot program including technology support laptops, cell phones, and quick pads.<sup>40</sup>

#### **D. Worker Contact and Visits with Children and Families**

Forty-six states propose to improve worker contact with children and/or families in their PIPs.<sup>41</sup> The following five examples illustrate the variety of activities cited as helping to promote visits and enhance outcomes:

- Nebraska will “strengthen policy to mandate monthly worker visits at a minimum with children and families or more frequently based on identified needs to ensure safety of children.”<sup>42</sup>
- Washington will require social workers to make face-to-face contact with child victims within 24 hours of all referrals of child abuse and/or neglect. The state is also establishing guidelines for 30-day visits between social workers and parents, as well as the social worker and child.<sup>43</sup>
- In Colorado, the “Statewide Core and Ongoing training will provide opportunities to increase knowledge and understanding regarding familial contact, including developing visitation plans, assuring parent’s visitation plans, and maintaining family contact.”<sup>44</sup>
- Montana writes that “visitation opportunities will be increased by refocusing the Access and Visitation grant monies from child custody visitation to supervised visitation of parents and children in foster care.”<sup>45</sup>
- Alabama will issue reasonable minimal requirements and policy regarding the following issues: number of required face-to-face contacts by workers with children in out-of-home placements; number of required face-to-face contacts by workers with children living in their own homes in open CPS cases; number of required face-to-face contacts by workers with parents/relatives/foster parents/other caregivers in all open cases; determine what is to be

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<sup>36</sup> Nevada Program Improvement Plan, 2/05

<sup>37</sup> Commonwealth of Massachusetts Program Improvement Plan, 1/21/04

<sup>38</sup> Pennsylvania Program Improvement Plan, 2/10/06

<sup>39</sup> North Dakota Child Welfare Services Program Improvement Plan, 11/13/03

<sup>40</sup> Texas Program Improvement Plan, 5/23/03

<sup>41</sup> The CFRs ask specifically about worker visits with children and families.

<sup>42</sup> Nebraska Program Improvement Plan, 12/20/02

<sup>43</sup> Washington State Program Improvement Plan, 9/9/04

<sup>44</sup> Colorado Program Improvement Plan, 9/15/03

<sup>45</sup> Montana Program Improvement Plan, 1/8/03

included in face-to-face contact; where face-to-face contacts should occur; adequate documentation.<sup>46</sup>

## E. Staff Education/Certification/Licensing

PIPs in 11 states make mention of a goal for improving the degree and/or certification/licensing levels of their workers. For example:

- New Jersey has plans to work with higher education institutions and community colleges to evaluate and redesign tuition reimbursement and incentive programs for education building opportunities, including MSWs and BSWs for casework staff.<sup>47</sup>
- Texas is providing shortened classroom training; investment in leadership development and cultural diversity training; development of a certification program; stepped-up recruitment; and increased partnerships with Title IV-E funded Schools of Social Work in a variety of universities.<sup>48</sup>
- The District of Columbia set a goal to build a staff of at least 300 licensed social workers by the end of 2002 and 340 by the end of 2003. At the time of the PIP, D.C. already employed 260 MSWs and 16 BSWs. The city's new "BSW Utilization Plan" set forth a requirement of newly licensed individuals with a BSW to begin with no more than five low to moderate-risk cases and slowly build up to the maximum of 17.<sup>49</sup>
- It is the intent of Illinois that staff administering the screening protocols be licensed in either social work or clinical psychology, while staff who are involved in the early childhood screening process will hold a master's degree in early childhood.<sup>50</sup>

Eight states' PIPs highlight goals concerning degrees and/or certifications for supervisors. For example:

- Indiana plans to offer an MSW program to their child welfare supervisors, which is in the process of being developed and refined.<sup>51</sup>
- New Jersey will encourage and support supervisory and management staff to obtain a masters in social work, public policy, or administration.<sup>52</sup>

PIPs in two states (FL and TX) discuss compensation for workers who engage in further education for degree or certification, and one state PIP (NJ) offers information regarding state assistance for degree obtainment:

- Florida will partner with state schools of social work to implement the Title IV-E Stipend Program in which students will receive \$6,000 for BSWs and \$8,000 for MSWs with one year of employment payback per each stipend received.<sup>53</sup>
- A certification program for Texas workers and supervisors ensures that they are compensated for their experience and for taking advantage of available training and skills-building activities.<sup>54</sup>

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<sup>46</sup> Alabama Program Improvement Plan, 3/27/03

<sup>47</sup> New Jersey, Program Improvement Plan, 9/23/04

<sup>48</sup> Florida Program Improvement Plan Matrix, 4/21/03

<sup>49</sup> District of Columbia's Approach to the Program Improvement Plan, 9/11/02

<sup>50</sup> Illinois Program Improvement Plan, 11/30/04

<sup>51</sup> Indiana Division of Families and Children Program Improvement Plan, 2003

<sup>52</sup> State of New Jersey, Program Improvement Plan, 9/23/04

<sup>53</sup> Florida's Program Improvement Plan Matrix, 4/21/03

<sup>54</sup> Texas' Program Improvement Plan, 5/23/03

- New Jersey will work with higher education institutions and community colleges to evaluate and redesign tuition reimbursement and incentive programs for educational and skills-building opportunities for all staff.<sup>55</sup>

## **F. Worker Safety**

No states report explicit plans to address the issue of worker safety in their PIPs. No state offers a discussion of equipment (i.e., cell phones, metal detectors, panic buttons), teaming between caseworkers, collaborations with police, or other plans, procedures or protocols for improving worker safety. However, Maryland refers to a 2-day "Worker Safety Workplace Violence" staff training provided by the University of Maryland.<sup>56</sup>

## **G. Supervision**

More than half (29) of the states' PIPs address issues of supervision for child welfare workers. The variety of states' comments are illustrated by the following five examples:

- Texas points out that high supervisory turnover and a consequent decline in average tenure for supervisors has had two effects. First, less experienced supervisors are less likely to support and compensate for the lack of tenure in the caseworker workforce. Second, promoting less experienced supervisors may have contributed to the high turnover rate. Caseworkers need support and professional guidance from their supervisors. Existing caseworkers cite lack of supervisory support as one of the primary reasons for leaving the agency.<sup>57</sup>
- In West Virginia, supervisors will monitor and document casework practice monthly through supervisory conference logs. Supervisors will develop an individualized professional development plan with workers found to be deficient in their effort to identify and assess absent parents and relatives as potential placements.<sup>58</sup>
- Kentucky is using its "Coaching, Mentoring, and Monitoring" program to help "coach, mentor, monitor for effective social work intervention related to worker visits with child and worker visits with parents."<sup>59</sup>
- South Carolina will perform a Supervisory Case Review process to ensure consistent compliance with policies and standards.<sup>60</sup>
- In Delaware, their directed case conference is "designed to improve the quality of supervisory conferences on cases, moving from administrative conferencing to a more clinical intervention."<sup>61</sup>

As noted previously in Section B, 6 states (NH, NJ, RI, SD, TN, WY) also explicitly mention caseload adjustments for supervisors.

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<sup>55</sup> State of New Jersey, Program Improvement Plan, 9/23/04

<sup>56</sup> Putting Children First: Program Improvement Plan for Maryland, 2002

<sup>57</sup> Texas Program Improvement Plan, 5/23/03

<sup>58</sup> Program Improvement Plan for West Virginia, 11/1/04

<sup>59</sup> Kentucky Program Improvement Plan, 10/27/03

<sup>60</sup> South Carolina Program Improvement Plan, 6/9/04

<sup>61</sup> Delaware Program Improvement Plan, 8/3/04

## H. Supervisor Training

The PIPs in 49 states plan to improve the training provided to supervisors.<sup>62</sup> In 38 of these states, training targeting supervisory and management skills is addressed. For example:

- Oregon is providing a training that includes clinical supervision, management, and using data as a supervisory and management tool.<sup>63</sup>
- Supervisors in Vermont will be targeted for training involving implementing the decision-making protocol for identifying and reviewing permanency goals.<sup>64</sup>
- In Arizona, the Child Welfare Training Institute will collaborate with the Office of Organization and Management Development to present a training on policy, procedure, and other practical information and skills.<sup>65</sup>
- Iowa will train supervisors on data usage, teambuilding, skills to coach and mentor for family team meeting practice, and the use of guidelines as a supervisory tool.<sup>66</sup>
- Nevada seeks to promote supervisory skills through: training in strength-based, solution-focused child welfare practice; the use of state reports to coach/guide case management staff toward improved outcomes; basic management practices such as evaluating case manager performance; and strategies to effectively support and retain case managers.<sup>67</sup>

In 42 of these states, the substantive content of supervisory training will be improved. For example:

- New York will implement a statewide knowledge enhancement and skill development training. It will address the protocol for the Structured Decision Making Model for assessing risk of future abuse or maltreatment; Concurrent Planning; Child Specific Assessment for behavioral and mental health issues.<sup>68</sup>
- Arkansas will train 90% of existing supervisors on Risk and Family Needs Assessment.<sup>69</sup>
- Training will be provided to all Washington supervisors on how to complete effective safety plans with steps to monitor plans to assess their effectiveness. The state will furthermore provide training to implement the caregiver initial assessment policy to support immediate relative placement as well as training regarding when and how service plans are written and updated and the involvement of children and parents.<sup>70</sup>
- Virginia will train supervisors in the knowledge and skills needed to effectively engage families.<sup>71</sup>

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<sup>62</sup> In three states' PIPs (LA, MA, MS), there is no discussion of the quality of supervision for workers or documentation of plans to improve the knowledge or skills of supervisors through training.

<sup>63</sup> Oregon Program Improvement Plan, 2001

<sup>64</sup> Vermont Program Improvement Plan, 3/12/02

<sup>65</sup> Arizona Program Improvement Plan, 11/23/02

<sup>66</sup> Iowa Program Improvement Plan, 7/21/04

<sup>67</sup> Nevada Program Improvement Plan, 2/05

<sup>68</sup> New York State Child Welfare Program Improvement Plan, 4/14/03

<sup>69</sup> Arkansas Program Improvement Plan, 7/2/2003

<sup>70</sup> Washington State Program Improvement Plan, 9/9/04

<sup>71</sup> Program Improvement Plan for West Virginia, 11/1/04

## I. Current Worker Training

All the states, D.C. and Puerto Rico, indicated they plan to improve or change training for current workers.<sup>72</sup> For example:

- California will conduct focused training regarding the Indian Child Welfare Act (ICWA) requirements and cultural considerations of Native American children for both county staff and tribal ICWA workers.<sup>73</sup>
- Illinois has created a Fatherhood Initiative Planning Committee, which will develop a curriculum and plan to train staff on how to better engage fathers in case planning for their children.<sup>74</sup>
- Kansas' training will be presented in the Institute model with core competencies in the following areas: General Child Welfare, Family Development, Interviewing and Intake, Assessing the Family, Legal Framework, Permanency Services, Continuous Quality Improvement and Special Issues Areas (mental health, safety awareness, substance abuse, domestic violence, health and medical, sexual abuse, and "other topics").<sup>75</sup>
- Rhode Island will train current workers to more effectively address issues of death, grief, and traumatic loss.<sup>76</sup>
- Mississippi will provide ongoing training for current workers in such areas as intake screening, initiating investigations, family engagement in decision making, assessments and case planning, safety and risk assessment, substance abuse, domestic violence, mental health, youth in transitional living and independent living services, improving visitation between parents and siblings, development of visitation plans, the Indian Child Welfare Act, searching for relatives, family and community engagement.<sup>77</sup>
- In New Mexico, changes will be made to staff training and development to address burnout and turnover in the Protective Services Division, in order to develop a well-trained workforce.<sup>78</sup>

## J. Incoming Worker Training

Thirty states' PIPs offer improvements or changes in training for incoming workers.<sup>79</sup> For example:

- Indiana will establish an initial training program that integrates policy, practice, and social work theory and prepares workers to begin work with the necessary knowledge and skills.<sup>80</sup>
- Iowa will enhance new worker policy training with 90% of new child welfare workers to receive initial training in policy, skills, and automated systems within 12 months of employment.<sup>81</sup>

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<sup>72</sup> The CFSTRs ask specifically about the provision of ongoing training for staff.

<sup>73</sup> California Program Improvement Plan, 7/1/2003

<sup>74</sup> State of Illinois Program Improvement Plan, 11/30/04

<sup>75</sup> Kansas Program Improvement Plan, 12/14/01

<sup>76</sup> Rhode Island Program Improvement Plan, 8/15/05

<sup>77</sup> Mississippi Program Improvement Plan, 3/24/05

<sup>78</sup> New Mexico Program Improvement Plan, 4/15/03

<sup>79</sup> The CFSTRs ask specifically about the provision of initial training for all staff who provide child welfare services.

<sup>80</sup> Indiana Division of Families and Children Program Improvement Plan, 2003

<sup>81</sup> Iowa Program Improvement Plan, 7/21/04



Of the 11 states' PIPs that provide substantive details regarding the provision of in-service training for new workers, the District of Columbia, Florida and Idaho discuss decreased caseload assignments for those incoming workers during the course of their training.

## **K. Agency Accreditation**

Four states' PIPs discuss accreditation by the Council on Accreditation (COA):

- Ohio is working toward Children's Services accreditation by the Council on Accreditation (COA) in all 88 counties and the ODJFS, Office for Children and Families. While COA has accredited nine public children's service agencies in Ohio, the state hopes to increase the number of agencies seeking COA accreditation by eight more and will reimburse agencies for a portion of cost incurred for accreditation.<sup>82</sup>
- Arizona will institute a statewide Continuous Quality Improvement process that meets Council on Accreditation standards.<sup>83</sup>
- West Virginia is undertaking major initiatives to retrain current staff and develop new worker training that is more comprehensive and consistent with the Council on Accreditation standards.<sup>84</sup>
- During preparation for accreditation by COA, Louisiana has developed a comprehensive peer case review system comprised of on-site peer reviews, which include case record review, focus groups, and data reviews.<sup>85</sup>

## **L. Quality Assurance Systems**

Twenty-nine states' PIPs highlight quality assurance activities aimed at improving the quality and supervision of the workforce.<sup>86</sup> The variety of detail that states provided is reflected in the following five examples:

- Minnesota says that "quality assurance staff promote and support quality practices in supervision by 1) educating county supervisors regarding the CFSR process, 2) providing supervisors with outcome-based quality assurance tools and information, and 3) sharing useful and specific outcomes and performance item methods of measurements."<sup>87</sup>
- Michigan developed a unit dedicated to the development and monitoring of the PIP and CFSR process, and it will continue to operate as a child welfare quality assurance unit within the agency. The state also developed operational constructs around outcomes for the CFSR, which are to be used as local office templates for use as management tools that better focus attention on key issues. This unit will then orient the staff on the CFSR, PIP, and federal review tools. The child welfare agency's Purchased Care Division will provide self-assessment measures that use the same tool that will be used by the PIP unit to monitor performance for outcome areas and assess need for additional training and technical assistance. The unit will also develop a questionnaire for use with parents and children to address the quality, frequency, and length of visits with their caseworker, and a questionnaire to use with caseworkers to have them identify the barriers that negatively impact their ability to engage families.<sup>88</sup>

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<sup>82</sup> Ohio Program Improvement Plan, 10/23/03

<sup>83</sup> Arizona Program Improvement Plan, 11/23/02

<sup>84</sup> Program Improvement Plan for West Virginia, 11/1/04

<sup>85</sup> State of Louisiana Program Improvement Plan, 9/28/04

<sup>86</sup> The CFSRs ask specifically about state operation of an identifiable quality assurance system.

<sup>87</sup> Minnesota Program Improvement Plan, 5/7/04

<sup>88</sup> Michigan Program Improvement Plan, 2004

- Delaware has a Quality Assurance System emphasizing safety and permanency that performs 420 random case reviews per year (of open and closed cases), reviews all aspects of cases including workforce issues, and implements new trainings depending on the results of these reviews.<sup>89</sup>
- Hawaii will be developing and implementing a systematic monitoring and management process of gathering, reviewing, and using case practice information from supervisory case reviews and from CFJR-modeled, comprehensive quality case reviews, to achieve a culture of continuous quality improvement integral to a "learning organization" and to measure progress in attaining the improvement goals described in this 2-Year Program Improvement Plan."<sup>90</sup>
- Iowa's workers are "encouraged to take risks to improve results. This involves trusting staff to know their jobs and empower them to act and respond as needed. To achieve good results, staff need flexibility, support, and to work in an environment where quality assurance (QA) and the results from QA are not used in a punitive or threatening process. Fear of failure when trying new approaches to services and achieving results will stifle creativity. In the past, well-intentioned systems have tried to create through rulemaking what we should do through supervision. This has resulted in a highly structured system with a focus on monitoring compliance rather than the achievement of results. Staff need the flexibility to succeed, try new approaches, and achieve results within a risk-free work relationship. This requires development of what have been referred to as Rules for Failure:
  - a. Fail fairly: Selected strategies for a case should have a reasonable chance of success and techniques (services) must be implemented properly.
  - b. Fail quickly: If a technique or approach doesn't work we need to have data to know this and then change techniques quickly. This requires being on top of case practice and data.
  - c. Fail smart: Learn from experience and don't make the same mistake twice in the same case and share this information across the system."<sup>91</sup>

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<sup>89</sup> Delaware Program Improvement Plan, 8/3/04

<sup>90</sup> Hawaii Program Improvement Plan, 6/21/04

<sup>91</sup> Iowa Program Improvement Plan, 6/22/04

## **APPENDIX A**

### **The Child and Family Service Review Assessment Criteria**

In 1994, Congress adopted amendments to the Social Security Act that required the U.S. Department of Health and Human Services (DHHS) to review state child welfare programs to ensure substantial conformity with state plan requirements in Titles IV-B and Title V-E of the Act. The Child and Family Service Reviews (CFSRs) began in 2001 from this effort to standardize the evaluation procedure for all state child welfare programs based on established outcome measures.

These reviews assess states' child welfare programs on:

- Seven specific outcomes:
  - Safety Outcome 1 – Children are first and foremost protected from abuse and neglect
  - Safety Outcome 2 – Children are safely maintained in their homes when possible
  - Permanency Outcome 1 – Children have permanency and stability in their living situations
  - Permanency Outcome 2 – The continuity of family relationships and connections is preserved
  - Well Being Outcome 1 – Families have enhanced capacity to provide for children's needs
  - Well Being Outcome 2 – Children receive services to meet their educational needs
  - Well Being Outcome 3 – Children receive services to meet their physical and mental health needs
  - Safety Outcome 1 – Children are first and foremost protected from abuse and neglect
- Six national standards related to two of the outcome measures:
  - Maltreatment recurrence (Safety Outcome 1)
  - Incidence of child abuse and/or neglect of children in foster care (Safety Outcome 1)
  - Exits from foster care to reunification (Permanency Outcome 1).
  - Incidence of re-entry into foster care (Permanency Outcome 1)
  - Exits from foster care to a finalized adoption (Permanency Outcome 1)
  - Placement stability within 12 months of entry into foster care (Permanency Outcome 1)
- And, seven systems requirements:
  - Statewide information system
  - Case record review system
  - Quality assurance system
  - Staff training
  - Service Array
  - Agency responsiveness to the community
  - Foster and adoptive parent licensing, recruitment and retention

## APPENDIX B PIP Review Excel Instrument

### (A) Basic Data

State – Dropdown: List of states--

Period Under Review: Start Date – Format: MM/DD/YYYY--

Period Under Review: End Date – Format: MM/DD/YYYY--

Name of Reviewer

PIP Due Date – Format: MM/DD/YYYY--

Date of Approval by HHS – Format: MM/DD/YYYY--

### (B) Workload/Caseload

1: New requirements/recommendations for work/caseload? --Dropdown:

Requirement/Recommendation/Both--

Is the state planning to institute new requirements or recommendations for workload/caseload?

1a: Are the requirements general, specific, or both? --Dropdown: General/Specific/Both--

1b: Are the requirements/recommendations for...

--Dropdown: Workers/Supervisors/Both/Other(capture in details)--

1c: Details

Mention other important details regarding the state's plan for improving work/caseload and whether the state is planning to institute new requirements/recommendations for particular types of workers, such as child protective services, adoption workers, etc.

1d: Connected to which (if any mentioned) outcomes, and how?

Please explain what outcome(s) the state is trying to improve by taking this step and how they expect that this step will help. Ex: Permanency, Safety, Well-Being, etc.

1e: Does the PIP refer to "caseload" or "workload"? --Dropdown: Caseload/Workload/Both/Other--

1e1: Details

Mention other important details regarding what the state says about caseload/workload, including a definition.

2: Does the state's plan include hiring new workers? --Dropdown: Yes/No--

2a: If yes, does the state plan to hire new workers or fill vacancies?

--Dropdown: Hire new workers/Fill vacancies/Both/Other--

2b: What kinds of workers is the state planning to hire?

Mention what particular types of workers the state is planning to hire, such as child protective services, adoption workers, foster care workers, etc.

2c: Details

Mention other important details regarding the state's plan to hire new workers, including how the state plans to incorporate new workers into the workforce.

2d: Connected to which (if any mentioned) outcomes, and how?

Please explain what outcome(s) the state is trying to improve by taking this step and how they expect that this step will help. Ex: Permanency, Safety, Well-Being, etc.

3: Does the state have a plan/policy to increase recruitment and/or retention? --Dropdown: Yes/No--

3a1: Does the plan include...bonuses? --Dropdown: Yes/No--

3a2: Increased salary? --Dropdown: Yes/No--

3a3: Improved benefits? --Dropdown: Yes/No--

3a4: Taking a competency-based approach to recruitment? --Dropdown: Yes/No--

Ex: Competency-based interviews, competency-based job descriptions

3a5: Realistic job previews? --Dropdown: Yes/No--

3a6: Implementation or improvement of a career ladder? --Dropdown: Yes/No--

3a7: Mentorship program? --Dropdown: Yes/No--

3b: Details

Mention other important details regarding the state's plan to increase recruitment/retention, including any specific devices that the state may use, such as bonuses, increased salary, etc.

3c: Connected to which (if any mentioned) outcomes, and how?

Please explain what outcome(s) the state is trying to improve by taking this step and how they expect that this step will help. Ex: Permanency, Safety, Well-Being, etc.

4: Does the state have a plan/policy to increase worker safety? --Dropdown: Yes/No--

4a1: Does the plan include...cell phones? --Dropdown: Yes/No--

4a2: Casework partners? --Dropdown: Yes/No--

4a3: Closer work with the local police force? --Dropdown: Yes/No--

4a4: In-office safety mechanisms? --Dropdown: Yes/No—

Ex: Metal detectors, panic buttons

4a5: In office-safety procedures/protocols? --Dropdown: Yes/No--

4b: Details

Mention other important details regarding the state's plan to improve worker safety, including any specific devices that the state may use, such as cell phones, casework partners, etc.

4c: Connected to which (if any mentioned) outcomes, and how?

Please explain what outcome(s) the state is trying to improve by taking this step and how they expect that this step will help. Ex: Permanency, Safety, Well-Being, etc.

4d: Does the state mention reports of violence against workers? --Dropdown: Yes/No--

4d1: If so, what are the details? (Statistics/numbers/descriptions)

5: Does the state plan to provide better "tools" for workers to more effectively manage their caseload or workload? --Dropdown: Yes/No--

5a1: Does the plan include...cell phones? --Dropdown: Yes/No--

5a2: Desktop computers? --Dropdown: Yes/No--

5a3: Laptop computers? --Dropdown: Yes/No--

5a4: Personal digital assistants (PDAs)? --Dropdown: Yes/No--

5a5: Web-based programs? --Dropdown: Yes/No--

5a6: Data management/information systems with feedback? --Dropdown: Yes/No--

5a7: Office-based support? --Dropdown: Yes/No—

Ex: Case aides, administrative assistants

5b: Details

Mention other important details regarding the state's plan to provide better "tools" such as cell phones, computers, etc. Also mention any other "tools" that the state is providing.

5c: Connected to which (if any mentioned) outcomes, and how?

Please explain what outcome(s) the state is trying to improve by taking this step and how they expect that this step will help. Ex: Permanency, Safety, Well-Being, etc.

6: Does the state plan to improve the quality of supervision for workers? --Dropdown: Yes/No--

6a: Details

Mention other important details regarding the state's plan to improve the quality of supervision for workers. Include any mention of enhancing the quality or frequency of supervision.

6b: Connected to which (if any mentioned) outcomes, and how?

Please explain what outcome(s) the state is trying to improve by taking this step and how they expect that this step will help. Ex: Permanency, Safety, Well-Being, etc.

7: Summarize other important details regarding the state's plan to improve workload

Please summarize any other important details regarding the state's plan to improve workload.

(C) Worker Time/Contact Data

8: Is the state planning to improve worker contact/visits with children and/or families?

"Families" includes birth families, foster families, adoptive families, etc.

8a: If yes, what are the details?

Mention other important details regarding the state's plan to improve worker contact with children/families, including numbers, whether there are new assessment tools/ways of documenting, mentions of location, length of time, etc.

8b: Connected to which (if any mentioned) outcomes, and how?

Please explain what outcome(s) the state is trying to improve by taking this step and how they expect that this step will help. Ex: Permanency, Safety, Well-Being, etc.

9: Summarize other important details regarding the state's worker time data.

Please summarize any other important details regarding the state's worker time data.

(D) Skills and Training

- 10: Does the state have a goal for worker degree/certification level?  
 --Dropdown: Yes, college degree/Yes, BSW/Yes, MSW/Yes, other/No--
- 10a: If other - explain.
- 10b: Does the state plan to require a certain degree/certification level for workers?  
 --Dropdown: Yes, college degree/Yes, BSW/Yes, MSW/Yes, other/No--
- 10b1: If other - explain.
- 10c: Is there a time frame for the requirements to be met? --Dropdown: Yes/No--
- 10c1: If yes, what are the details?  
 For instance, is there a time frame for new workers to meet the requirements, a time frame for existing workers, grandfathering, etc.
- 10d: Are there monetary rewards for increased education? --Dropdown: Yes/No--
- 10d1: If yes, what are the details?
- 10e: Will the state offer assistance in obtaining the degree? --Dropdown: Yes/No—  
 Ex: Tuition assistance, paid time off work, etc.
- 10e1: If yes, what are the details?
- 10f: Other details  
 Mention other important details regarding the state's plan for degree requirements for caseworkers.
- 10g: Connected to which (if any mentioned) outcomes, and how?  
 Please explain what outcome(s) the state is trying to improve by taking this step and how they expect that this step will help. Ex: Permanency, Safety, Well-Being, etc.
- 11: Does the state have a goal for supervisor degree/certification level?  
 --Dropdown: Yes, college degree/Yes, BSW/Yes, MSW/Yes, other/No--
- 11a: If other - explain.
- 11b: Does the state plan to require a certain degree/certification level for supervisors?  
 --Dropdown: Yes, college degree/Yes, BSW/Yes, MSW/Yes, other/No--
- 11b1: If other - explain.
- 11c: Is there a time frame for the requirements to be met? --Dropdown: Yes/No—
- 11c1: If yes, what are the details?  
 For instance, is there a time frame for new supervisors to meet the requirements, a time frame for existing supervisors, grandfathering, etc.
- 11d: Are there monetary rewards for increased education? --Dropdown: Yes/No--
- 11d1: If yes, what are the details?
- 11e: Will the state offer assistance in obtaining the degree? --Dropdown: Yes/No—  
 Ex: Tuition assistance, paid time off work, etc.
- 11e1: If yes, what are the details?
- 11f: Other details  
 Mention other important details regarding the state's plan for degree requirements for caseworkers.
- 11g: Connected to which (if any mentioned) outcomes, and how?  
 Please explain what outcome(s) the state is trying to improve by taking this step and how they expect that this step will help. Ex: Permanency, Safety, Well-Being, etc.
- 12: Is the state planning to improve/change training for current workers? --Dropdown: Yes/No—
- 12a: What topical areas will be covered?  
 Ex: Cultural competency (racial/ethnic diversity training), skills for investigating reports, domestic violence, mental health, substance abuse, adoption, working with birth families
- 12b: What will the structure of the training be?  
 Ex: Ongoing training, annual assessments, core competencies model, skill development, knowledge enhancement.
- 12c: What entity is going to provide the training?
- 12d: If any, what are the specific time/hours/frequency requirements for training?
- 12e: If mentioned, how is the state planning to track the training?
- 12f: Other details  
 Mention other important details regarding the state's plan for worker training.
- 12g: Connected to which (if any mentioned) outcomes, and how?  
 Please explain what outcome(s) the state is trying to improve by taking this step and how they expect that this step will help. Ex: Permanency, Safety, Well-Being, etc.

- 13: Is the state planning to improve/change training for supervisors? --Dropdown: Yes/No--
- 13a: Will the substance of the training include...  
 --Dropdown: Supervisory or management skills/Substantive content/Both--
- 13b: What topical areas will be covered?  
 Ex: Cultural competency (racial/ethnic diversity training), skills for investigating reports, domestic violence, mental health, substance abuse, adoption, working with birth families
- 13c: What will the structure of the training be?  
 Ex: Ongoing training, annual assessments, core competencies model, skill development, knowledge enhancement
- 13d: What entity is going to provide the training?
- 13e: If any, what are the specific time/hours/frequency requirements for training?
- 13f: If mentioned, how is the state planning to track the training?  
 For instance, will the state track hours or attendance? Will there be testing to see if workers are benefiting?
- 13g: Other details  
 Mention other important details regarding the state's plan for supervisors' training.
- 13h: Connected to which (if any mentioned) outcomes, and how?  
 Please explain what outcome(s) the state is trying to improve by taking this step and how they expect that this step will help. Ex: Permanency, Safety, Well-Being, etc.
- 14: Is the state planning to improve/change training for incoming workers? --Dropdown: Yes/No--
- 14a: If yes, will the training occur before worker is given a caseload (pre-service) or while the worker has a caseload (in-service)? --Dropdown: Pre-service/In-service/Both
- 14a1: If in-service, will the incoming worker be given a smaller caseload? --Dropdown: Yes/No--
- 14b: What topical areas will be covered?  
 Ex: Cultural competency (racial/ethnic diversity training), skills for investigating reports, domestic violence, mental health, substance abuse, adoption, working with birth families, supervisory management skills
- 14c: What will the structure of the training be?  
 Ex: On the job training, shadowing, university instruction, ongoing training, annual assessments, core competencies model, skill development, knowledge enhancement.
- 14d: What entity is going to provide the training?
- 14e: If any, what are the specific time/hours/frequency requirements for training?
- 14f: If mentioned, how is the state planning to track the training?  
 For instance, will the state track hours or attendance? Will there be testing to see if workers are benefiting?
- 14g: Other details  
 Please summarize any other details regarding training for incoming, new workers.
- 14h: Connected to which (if any mentioned) outcomes, and how?  
 Please explain what outcome(s) the state is trying to improve by taking this step and how they expect that this step will help. Ex: Permanency, Safety, Well-Being, etc.
- 15: Summarize other important details regarding the state's plan to improve worker skills and training.  
 (E) Other
- 16: Does the state mention a plan to become accredited? --Dropdown: Yes/No--
- 16a: Details  
 Mention any important details regarding the state's accreditation plan.
- 17: What, if anything, does the state say about quality assurance systems (for the workforce)?  
 Summarize what the state says about a system-wide level for monitoring the quality of the workforce. Include any mention of a data system that will be used, such as "Safe Measures."
18. Please note anything else of interest or importance not covered in another question.