

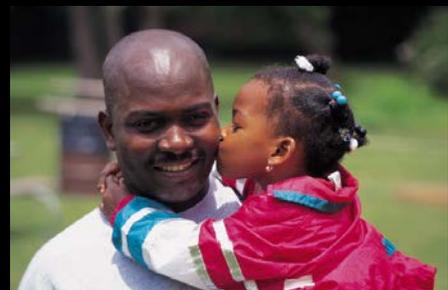
Nebraska DHHS | DCFS

Child Protection & Safety Training

NEW WORKER

Child and Family Services
(CFS) Specialist

2016



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Overview



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“Children are safe and healthy and have strong, permanent connections to their families.”

Vision Statement– NDHHS Division of Children and Family Services, May 2014

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I. INTRODUCTION | DCFS CHILD PROTECTION & SAFETY TRAINING | NEW WORKER

DCFS Child Protection & Safety (CP&S) New Worker Training prepares Child and Family Services (CFS) Specialists to serve as case managers to Nebraska's children and their families identified as in need of child welfare intervention because of abuse or neglect. This population includes children who lack proper parental care, either due to the actions of parents or through no fault of parents; children whose parents give up their rights to the child to the State; and children who are wards of another state agency, and for which placement is requested.¹

Training supports DCFS's identified purpose of keeping those served safe from harm or maltreatment; in a permanent, healthy, nurturing, and caring environment; and with a stable family. Case managers are trained on resources necessary to help children and families heal from the harmful effects on their lives as well as on the importance of promoting community safety as families are served. Training supports DCFS's mission to provide services that are least disruptive, timely, and sufficient to give children and adolescents the opportunity to succeed as adults; to help those disabled to live with dignity and respect; and to help families care for themselves—resulting in healthier families and safer, more prosperous communities.²

CP&S New Worker Training is developed in collaboration with the Nebraska Department of Health and Human Services (NDHHS)-Division of Child and Family Services (DCFS) and administered by the University of Nebraska–Lincoln, Center on Children, Families, and the Law (CCFL) under a sub-grant administered by NDHHS–DCFS.

A. Goal, Focus, and Key Features of Training

CP&S New Worker Training has the purpose of preparing case managers to intervene as authorized to provide safety for Nebraska's children, families, and communities and to consistently move the children in the Department's care toward permanency and well-being.

This model places a strong focus on:

- respecting the individuality of each child and family served
- advocating for each child's safety, permanency, and well-being
- respecting each child's family and culture
- implementing Family Centered Practice principles into case management to ensure the inclusion of children and families in the decision-making processes that impact their lives
- promoting normalcy in the lives of children in care
- adhering to the principles and procedures of Structured Decision Making for making decisions that will support keeping children and families safe
- understanding the benefits of utilizing evidence-based and promising casework practices
- committing to evidence-based and promising family-centered casework practices that utilize a least-restrictive approach for children and families.

¹ Adapted from the Nebraska Department of Health & Human Services website, 1/2016, http://dhhs.ne.gov/children_family_services/Pages/jus_jusindex.aspx

² Adapted from the Nebraska Department of Health & Human Services website, 1/2016, http://dhhs.ne.gov/children_family_services/Pages/jus_jusindex.aspx

- understanding the additional importance of service providers' fidelity to evidence-based and promising casework practices
- helping each worker develop the knowledge, skills, and abilities that are needed to successfully carry out his/her job

The key training features of this model include:

- six weeks of intensive training that includes instructor-led, self-study, and field training
- four weeks of working with up to four families under supervision while taking approximately 10 hours of instructor-led or self-study training per week
- specialization training in the areas of intake and adoption
- approximately 75 hours of additional training throughout year one of employment that includes both instructor-led and self-study learning experiences
- promotion of transfer of learning from the classroom to the field through quality field-training experiences supported by Field Training Specialists (FTSs)
- timely provision of accurate feedback to assigned supervisors
- a team of expert trainers/developers with education and experience in social work, family systems, child maltreatment, child welfare, juvenile services, and family and juvenile law
- utilization of adult learning principles and an emphasis on active learning and diverse methods
- delivery of training at a variety of locations throughout the state, making the training more family-friendly for the trainees
- a positive learning environment supported by regular communication among trainers, trainees, supervisors, FTSs, and training associates
- collaboration between DHHS-DCFS and UNL-CCFL to identify and meet training needs
- access to the training curriculum via Department and university-sponsored websites
- registration and records management via DHHS's learning management system, LINK-Employee Development Center (EDC)

B. CP&S New Worker Training Model

CP&S New Worker Training is a three-phase model. Training days typically are six hours in length, allowing two hours per day for trainees to attend to home-office business and travel. During the first year of training, transfer of learning from the classroom to the field is supported by FTSs located in the Department's five Service Areas. Training is offered at various sites throughout Nebraska.

2016 ONE YEAR CP&S NWT Model

Home-Office Orientation Period (includes initial SALT Meeting ¹)	INITIAL TRAINING PHASES ONE & TWO			PHASE THREE	
	Phase One Foundation Weeks 1-6	Phase Two Early Required In-Services Weeks 7-10	Competency Assessment/CDT	Phase Two Intake Specialization Adoption Specialization	Required In-Services
	<ul style="list-style-type: none"> • required for all trainees • complete prior to working with families 	<ul style="list-style-type: none"> • required for all trainees² • assigned as CFSS Trainee – Additional Worker on N-FOCUS • working with up to 4 families under supervision 		<ul style="list-style-type: none"> • required prior to working in specialization • assigned as CFSS – Primary Worker on N-FOCUS 	<ul style="list-style-type: none"> • required for CFS Specialists • assigned as CFSS – Primary Worker on N-FOCUS • participation requires case load coverage • complete within one year from date of hire

¹SALT Meeting indicates a planning session that involves the trainee, the trainee's supervisor, the Field Training Specialist (FTS), and mentor (if available)

It is recommended that a trainee begin work at least one week prior to the start of training. This allows trainees to become oriented to their work environment and meet with their Service Area Learning Team

(SALT), which includes the trainee, his or her supervisor, FTS, and mentor (as available). Other activities that may occur during this period of time include: becoming acquainted with local office personnel and protocol, completing assignments required by Human Resources, scheduling/attending the first SALT Meeting, shadowing and observing CFS Specialists, and completing initial field activities outlined in the *Field Training Resource Book*. Experience suggests there are substantial benefits to new workers who are afforded at least one week to orient themselves to their work environment prior to beginning training.

In the initial SALT meeting the concept of a Training Completion Plan (TCP) is introduced to trainees. The SALT uses this document to outline the trainee's learning experiences. The TCP is created with the trainee and informs the training records that are maintained by the FTS and the training agency.

Initial Training

Initial Training is a period in which the trainee's time is devoted to learning and developing identified case management knowledge and essential skills necessary before assuming case management responsibilities. During Initial Training the observations and feedback from the SALT inform decisions about the new worker's competence to assume responsibilities as a case manager and identify any additional training needs. Initial Training includes Foundation, Early Required In-Services, and Specializations and is required for all case managers.

Initial Training | Phase One | Foundation

Phase One | Foundation Training is six weeks long and is completed prior to any assigned work with families. During this time, trainees spend time either in face-to-face instruction or in field training. Field training consists of completing structured home-office activities and observation supported by FTSs assigned to the Service Areas. Training is offered in an alternating pattern where each week of classroom training is followed by a week of field training for a total of three weeks in the classroom or computer lab and three weeks in the trainee's home office.

Initial Training | Phase Two | Early Required In-Services

Phase Two | Early Required In-Services training includes four weeks of working with up to four families under supervision while taking approximately 10 hours of instructor-led and self-study training per week. Working with the families provides practical application of the information previously learned.

In this phase trainees:

- begin to observe and participate in the practical application of case management.
- will be assigned as Additional Worker on N-FOCUS for up to 4 families/children, as defined by DHHS.³
- may work with more than one family as skills develop, but may have no more than 4 families or children.⁴
- must be directly monitored by one of their SALT members when meeting or working with a family.
- will always have their supervisor, CFS mentor, or administrator with them when representing DHHS in court.

³ DHHS Definitions for Caseload/Workload LB 961of May 4, 2012

⁴ AM #4 2004, revised 2/4/05

After completing Foundation training and Early Required In-Service training, the Competency Development Tool (CDT) is administered no later than week 16 of training. After successfully passing the CDT, the CFS Trainee may be promoted to CFS Specialist on original probation. After promotion, the CFS Specialist is identified as the Primary Worker on N-FOCUS and the caseload may gradually increase to a full caseload.

Initial Training | Phase Two | Specializations

Additional specialized training is also available for CFS Specialists who plan to work with families needing intake or adoption services. These units must be completed prior to working within specializations.

Phase Three | Required In-Services Training

Throughout the remainder of the first year of employment, the CFS Specialist combines case management with acquiring additional knowledge and skills through participation in Required In-Services training. Case coverage is required when CFS Specialists return for RIS trainings. CFS Specialists will always have their supervisor, CFS mentor, or administrator with them when representing DHHS in court during the first 6 months of hire.⁵

During the first year of employment, the SALT determines the timing for the completion of training units based on each trainee's caseload and as identified by the Training Completion Plan (TCP). Activities in the Field Training Resources Book are also reviewed and completed based on the needs and schedule of the new worker.

C. Training Staff

The CCFL multidisciplinary team of experts includes trainers and FTSs who are located throughout the state. The training team maintains certification as trainers for Department-initiated or mandated procedures including Structured Decision Making (SDM), The Mandt® System, and Motivational Interviewing–Wyoming Protocol. The staff also has acquired an advanced level of knowledge not only about the Department's vision, mission statements, policies and procedures, but also about how to apply these guidelines in the daily work of the CFS Specialist. A significant number of the trainers and all FTSs have previously worked for the Nebraska Department of Health and Human Services in roles such as Protection and Safety Worker, Supervisor, and Quality Assurance Specialist, Juvenile Service Officer, and Youth Rehabilitation and Treatment Center (YRTC) staff. The remaining staff members have extensive experience in the legal arena and/or areas that support family well-being and the understanding of the complexity of the issues surrounding maltreatment, neglect, dependency, delinquency, and permanency. Their work experiences include case manager, social worker, forensic interviewer, therapist, psychologist, sociologist, lawyer, and police officer.

The FTSs are training facilitators assigned to work with trainees in their local areas as they move through training. FTSs are positioned throughout the state; at least one FTS is assigned to every Service Area. Their job is to support transfer of learning as they work very closely with trainees, their supervisors, and mentors as trainees practice and apply in the field the knowledge learned in the classroom or lab.

⁵ Lindy Bryceson, Field Operations Administrator, DHHS - Children & Family Services, 12/1/14

To meet the extensive training-related responsibilities, CCFL draws not only on its expert trainers and FTSs but also on a bank of specialists in the areas of education, curriculum development, competency assessment, training and program evaluation, administrative coordination, technology, and production.

II. TRAINING DELIVERY AND METHODOLOGY

Training units are delivered using a variety of methods including instructor-led (face-to-face and webinar), self-study, and field training.

A. Face-to-Face Training

Face-to-face training includes training delivered in a classroom-style environment, a simulation space, or a computer lab. Training may include a videotaped practice/simulation experience. These trainings can be anywhere from three hours to several days in length.

The purpose of classroom training is to help trainees acquire new knowledge and skills in a group setting, facilitated by a trainer. Representative types of classroom training include acquisition of information presented through lecture, brief reading, or video; question and answer sessions; group discussions; role play; and large- and small-group activities.

The purpose of computer lab training activities is to allow trainees to become familiar with entering and using information on the Department's computer system (N-FOCUS). Computer lab training also typically involves a great deal of one-on-one instruction and feedback from the facilitators of the training.

The purpose of videotaped practice and simulation is for trainees to develop skills and demonstrate competence in applied work using hypothetical case information. It allows trainees to practice specific job-related skills in a safe environment and entails a great deal of one-on-one support and feedback from the facilitators of the training. Activities like these typically require significant planning and preparation on the part of the trainer (e.g., creating a simulated environment, setting up video equipment). Typically, they are best conducted in a small-group situation and require the direct facilitation of a trainer or FTS.

B. Webinar Training

Webinar training is delivered via Adobe Connect. Trainees join the training from their home offices and participate in a virtual classroom with a trainer and other trainees across the state. Learners typically listen to a trainer, watch slides or videos, participate in polling activities, complete small-group work, and ask or respond to questions by typing messages to the trainer or the whole group. Webinars are usually one to three hours long.

C. Self-Study Training

Self-study training includes participation in online trainings as well as completion of structured learning activities. Trainees may do assignments to prepare for upcoming classroom training, learn new information and skills not covered elsewhere, or perform activities that reinforce concepts recently learned in classroom training. These activities typically occur in the trainee's home office and include things like reading written materials; searching web sites; working through hypothetical case scenarios or case files; becoming familiar with job aids; practicing N-FOCUS navigation and documentation; and watching prerecorded, web-based training videos. These trainings can be anywhere from two to six hours in length. Online trainings can be viewed in segments across multiple days and as the trainee's schedule permits.

D. Field Training–Service Area Learning Team (SALT) Meetings

The purpose of a SALT meeting is to guide the trainees' field learning. In general, activities during SALT Meetings include: clarifying the responsibilities and expectations for each person (trainee, supervisor, FTS, and mentor); planning and coordinating all training activities; and reviewing the trainee's behavior, attitude, and performance during training. SALT Meetings may occur as often as needed but are required for CFS Specialists at the following times: prior to training, during week two, during week six which is at the end of Phase One | Foundation, at the completion of Phase Two | Early Required In-Services training, during the 5th month from date-of-hire, and during the 11th month from date-of-hire.

E. Field Training

FTSs support their assigned trainees as they complete all required training and prepare to take on full responsibility for family case management. The FTSs coordinate meetings with the supervisors and trainees throughout training. They assist the trainees with learning to document case information, attend family interviews, and facilitate completion of field training tasks. The FTSs track training received by trainees and then follow up to ensure completion of training requirements within one year from the date of hire.

Field training includes activities to help trainees refine their knowledge and skills through applied field experiences. Before trainees are assigned to work with families, field training is guided primarily by the *Field Training Resource Book*, which includes over 200 tasks that fall into 5 types of activities: 1) talking with or observing a supervisor; 2) talking with or observing another CFS Specialist; 3) meeting specific staff, and identifying and becoming familiar with providers or other partners; 4) looking up and reviewing specific information (e.g., case file forms, assessments, plans, narratives, reports); and 5) performing a case management task. FTSs provide support by responding to questions or concerns related to field training tasks and by helping to arrange shadowing opportunities. The *Field Training Resource Book* activities are not assigned to a specific day on the training calendar but rather can be flexibly scheduled around other training and shadowing opportunities.

After trainees are assigned a limited caseload, field training is focused on applying the knowledge and skills learned with their assigned families. During this time, trainees must be accompanied by a Primary Worker, supervisor, mentor, or FTS whenever they meet with families. FTSs spend a significant amount of time providing coaching, observing performance, and giving feedback. If there are any outstanding *Field Training Resource Book* tasks that need to be completed, trainees also work on those during this period.

III. TRAINING SUPPLEMENTS AND ACTIVITIES

A. Supplemental Training Information

To support training, supplemental materials are identified, developed, or updated by training curriculum development staff on an ongoing basis. New worker training resources include: 1) a syllabus that includes descriptions and learning objectives of individual training units, assignments, and class requirements; 2) a booklet that includes descriptions of training staff backgrounds and training responsibilities; 3) a booklet of over 200 field training tasks (known as the *Field Training Resource Book*); 4) a manual for supervisors, FTSs, and mentors to use in overseeing individual trainees and their progress (known as the *Service Area Learning Team (SALT) Book*); 5) a Child Welfare Services Glossary; and 6) a compilation of selected Nebraska statutes pertaining to child welfare, juvenile justice, and vulnerable adults (known as the *Red Book*). Specific resources include: *Case Management Desk Aid*, *Transitioning Youth to Independent Living and Self-Sufficiency Desk Aid*, *Be Effective in Juvenile Court: Guide to Practice and*

Process; Indian Child Welfare Act: A Case Management Guide; Development, Behavior, and Mental Health Needs: A Job Aid for Working with Children and Families; Services and Providers packet; Education Policy Reference Book; Disability Services Guide; Managing Psychotropic Medication Guide; and Medical Services Handbook.

B. Curriculum Distribution

The Child Protection & Safety Training materials for new workers are made available in paper and electronic versions to both trainers and trainees. Electronic access to training materials is available through the password-protected CCFL Training website (<http://ccfl.unl.edu/services/training/>) and through the CCFL server, which serves as an archive. These resources allow identified individuals access to the training materials, calendars, records, and group management information, as well as links to DHHS policy and memos on an as-needed basis.

C. Training Scheduling and Registration

Child Protection & Safety Training is offered eight to nine times a year depending upon demand. A new training group typically begins during the second week of the month. The specific location for training is determined by DHHS.

CCFL loads training information on LINK-EDC and creates a unique training calendar for each group of trainees and also loads training information and initially registers groups of trainees on the LINK-EDC learning management system. Trainees receive their calendars at their initial SALT meeting with their supervisor and FTS. The FTSs then assist the trainees in creating a Training Completion Plan that outlines the schedule for the remainder of the training in accordance with each trainee's needs. Trainees and their supervisors complete the registration utilizing LINK-EDC. Trainee transcripts are available through LINK-EDC.

D. Make-up Training

Trainees are occasionally absent from training for a variety of reasons (work-related activities, personal or family illness, important life events, etc.). When such absences are unavoidable, make-up trainings must be approved by DHHS prior to being offered. If the amount of time missed is relatively small, the trainer may be instructed to meet with the trainee one-on-one. Make-up trainings may be completed in a one-on-one session with the trainer or by the trainee attending the missed unit the next time the unit is offered.

IV. TRAINING EVALUATION

An important part of ensuring effective training is training evaluation. The goals of the Child Protection & Safety Training evaluation system are to collect information to: a) provide to supervisors, trainees, and trainers feedback about individual trainee performance, including strengths and areas for improvement and b) inform decisions about the future use of various instructional activities and their delivery.

A. Evaluation of Training by Trainees and Supervisors

1. Unit Evaluations

Trainees provide ratings to indicate their level of agreement (1 = *Strongly Disagree*, 5 = *Strongly Agree*) with statements regarding the trainer and training. Although specific questions vary by training method (e.g., instructor-led, self-study), generally they target trainer behavior (e.g., clarity, preparedness, respectfulness), training content and delivery, perceived utility, and motivation to transfer. Trainees may also provide written comments about these or any other aspect of training on which they choose to comment. The evaluation staff summarizes and distributes responses to DHHS, the CCFL Assistant Director, Training Administrator, and Director of Curriculum Development; the DHHS Staff Development Administrator and Resource Coordinator; and the appropriate trainer(s). Ratings and comments are carefully and continually monitored to identify areas of strength and weakness. When lower ratings are noted—even with a single training session—the assigned trainer(s) are consulted and plans for remediation are developed.

2. Field and Post-Training Evaluations

Trainees and supervisors provide ratings and written feedback regarding their perceptions of the field phases of training by completing online surveys. These surveys supplement individual unit evaluations during the field phases of training and evaluate perceptions of the delivery and value of field-based training and, in some cases, other aspects of the training model. There are two surveys, to measure perceptions of: 1) the foundation field training and 2) field training while doing case management with a limited caseload. Trainees and supervisors also provide ratings and written feedback about their overall perceptions of the training model by completing an online evaluation survey at the end of training.

If trainees or supervisors have any additional feedback at any time, they may go to the online training suggestion box at <http://go.unl.edu/suggestionbox>.

B. Evaluation of Trainee Attitude & Behavior

Following each unit of face-to-face Foundation and Early RIS training, trainers provide a written evaluation of trainee attitude and behavior. Trainers rate a total of nine dimensions including alertness, attitude, participation, communication, preparedness, respectfulness, open-mindedness /acceptance of feedback, sensitivity to race/culture/gender/religion, and punctuality. Trainers may also provide written comments about these dimensions or about any other aspect of trainee attitude and behavior they wish to evaluate. Feedback from these evaluations is shared with the assigned FTS and the supervisor through routine progress reports. If trainers have immediate concerns about trainee attitude and behavior, they may flag the evaluation for immediate review. In these cases, the assigned FTS is contacted as soon as possible, and the FTS contacts the appropriate supervisor and Service Area Administrator.

C. Trainee Knowledge and Skills Assessments

A variety of knowledge and skills assessments are conducted throughout training. Trainees submit answers to application questions for *Practice Principles for PSJS* and *N-FOCUS Overview* home office activities. Multiple-choice knowledge assessments are included in *Case Management 1* and *2*, *Interviewing Pre-Work*, *Testifying Techniques*, *Gathering and Corroborating Information*, *Car Seat Safety*, *ADHD*, and *Managing Psychotropic Medication*. Structured skills assessments are included in *Introduction to Maltreatment*, *Case Management 2*, *Interviewing*, *Initial Assessment N-FOCUS*, *Ongoing N-FOCUS*, *Testifying in Juvenile Court: Part One*, *Testifying in Juvenile Court: Part Two*, and *Engaging*

Families: Initial Safety and Risk Assessment. Informal knowledge and skill evaluation occurs routinely in all training units and during field training.

When knowledge tests are administered, correct answers are reviewed, and trainees know immediately how they performed. For some skill assessments (e.g., interviewing and testifying), trainees receive immediate trainer feedback in training. For other skills assessments and application questions, trainees must wait for their performance to be scored outside of class. All assessment scores are shared by the FTS through Trainee Progress Reports.

D. Trainee Progress Reports

For new worker training, a summary of trainee 1) attitude and behavior and 2) knowledge and skills assessment results are compiled numerous times during training. These reports are prepared by the CCFL assessment team and are forwarded to the assigned FTSs who share the results with supervisors.

V. TRAINING SITES

Facilities and Rooms

Based on the Department's decision on the training location, CCFL coordinates each group's training. Trainees and supervisors are notified about the location of training facilities and rooms via the training calendar. Notification of change in location of training sessions is provided via e-mail.

CCFL provides three locations equipped with furnished training facilities. There are two large training rooms, one simulation space, and three medium-sized conference rooms for small group trainings or breakout sessions in Lincoln, two training rooms in Grand Island, and a training room and two conference rooms in Kearney. CCFL has access through the University system to facilities throughout the state through its Extension offices, as well as to on-campus facilities in both Kearney and Lincoln.

VI. TRAINING RECORDS MANAGEMENT

Training Records and Reports

A complete archive of training materials by training group is maintained by CCFL. CCFL also maintains training records using the DHHS LINK-EDC learning management system. Reports generated include information on training sessions and enrollment in and completion of training units. Reports also include training dates, number of training units offered, trainer(s), topics, number of training hours, names of trainees, and locations of training. These reports are available as requested by DHHS-DCFS

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Vision Statement– NDHHS Division of Children and Family Services, May 2014



Department of Health & Human Services



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