Final Report

Colorado Department of Human Services

Division of Child Welfare Caseload Study and Staff Allocation Tool

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Chapter 1: Overview of Child Welfare Work in Colorado and the Current Caseload Study

1.1 – Background on Child Welfare Work in Colorado and the Need for this Study

In 2014, the Colorado Office of the State Auditor (OSA) contracted with ICF to complete a workload study for child welfare staff across the state. This study focused on the amount of time spent by staff on case-related services, understanding various operations in counties across the state, and examining differences in cases and services provided. The first step in developing the workload model was to construct workload standards. A workload standard is the estimated amount of time necessary to perform a service for a case in a month, if all federal and state law, policy, and good practices are met. The results from the workload model indicated that the time required to complete mandated child welfare activities exceeded the time available from the current number of Colorado caseworkers. In total, the 2014 study estimated that 574 additional caseworker FTE positions were needed to handle the caseloads. This equated to a 49 percent increase in existing caseworker FTE hours for those workers participating in the time study. Through the workload study, it was also evident that the increased workload experienced by child welfare workers negatively impacts employee morale and job satisfaction, as well as staff retention and turnover.

Based on the 2014 findings, the state legislature allocated additional funds to child welfare to provide 100 new county child welfare caseworker positions. These positions were allocated to counties by the Child Welfare Allocation Committee. The allocation was based on a survey submitted by counties regarding their needs; using county responses to the surveys, they were allocated a specific number of FTE. Allocation costs for a full FTE, 0.5 FTE, and 0.25 FTE were determined by equally dividing the available sum of money ($6,034,925) by 100 FTE. Additionally, since the 2014 study, many counties have increased their number of caseworkers and other case management staff by authorizing additional positions out of their county funding. These efforts have helped to close the staffing gaps identified in 2014.

However, there are still staffing needs in counties across Colorado. Thus, the State would like to have a staffing allocation tool moving forward that can be used to distribute additional child welfare staff. This study focused on developing this tool and identifying recommendations regarding the number of caseworkers needed based on the caseload of each county. The goal was to develop a mathematical formula that would allow the State to best allocate potential new staff members in a planned and appropriate manner.

1.2 – Purpose and Scope of the Current Study

Understanding the work of child welfare across jurisdictions and case types is a challenging task. The responsibilities of caseworkers and the requirements stipulated in law and practice and guided by best practice are many, varied, and integral to the safety and well-being of children and their families. Given the nature of the work faced by child welfare workers, it is critical to

ensure the proper number of caseworkers, processes, and business practices are in place to support their clients' safety and welfare. Caseworkers must possess a level of skill and responsibility that allows them to deliver quality and timely services, but must also have adequate time to properly deliver these services. A goal of this study is to help DCW better manage caseload assignments to meet these objectives.

Among the end products of this work are detailed findings and recommendations related to the allocation of child welfare staff based on caseloads. The final products of this project also include a staffing tool, the DCW Caseworker Allocation Tool (D-CAT), which can be used to understand the number of staff needed based on number of cases and case types in each county. The D-CAT can be extremely valuable, particularly during periods characterized by additional staffing allocations, staffing reductions, changes to work processes, and highly variable workloads. The D-CAT incorporates the number of cases of varying types within a county (e.g., Referrals/Screenings, Assessments, Out of Home Cases) and the number of current caseworker full time equivalents (FTE) within the county to identify the best ways in which to allocate a specific number of new FTE positions. For example, if funding is available for 50 extra positions, the D-CAT can be used to identify the best way to distribute those positions.

Before reviewing the methodology used to develop the D-CAT and related results (Chapter 3), it is important to understand the various services provided by DCW caseworkers and the important differences between the terms 'caseload' and 'workload.' Both are further described in the next two sections.

1.3 – Services Provided by Child Welfare Workers

The previous workload study conducted by ICF in 2014 identified 11 basic types of services provided by child welfare caseworkers. Each service can require different amounts of time by the caseworker. Using the time study results, we analyzed the amount of time participants spent on cases for each of the major services. When developing the D-CAT, analyses did not include Personal Time because this service is not part of the time spent on cases. Exhibit 1 provides an overview of the identified services provided by caseworkers as well as a description of each.

Exhibit 1: Overview of Major Services Provided on Cases by Child Welfare Caseworkers	
Services	**Description**
Screening/Intake/ Hotline	Begins with receipt of a referral of an allegation and ends with either closing the referral or passing it on to the next level of decision making.
Family Meetings	Meeting with a family for planning and intervention purposes (e.g., Family Group Decision Making, Team Decision Making, Family Group Conference). Begins with receipt of request for meeting and ends with conclusion of documentation of meeting.

Services	Description
Exhibit 1: Overview of Major Services Provided on Cases by Child Welfare Caseworkers	
Assessment	Begins with a referral either being determined as (1) an allegation with a possible victim and perpetrator that requires further investigation or (2) appropriate for voluntary services as determined by county departments participating in the differential response pilot program. Ends with either allegation determined to be Substantiated, Unsubstantiated or Undetermined, or for differential response cases, with formal closure and/or referral to services.
Ongoing, In-home Services	Begins with voluntary or involuntary services to individuals or a case with all the children living in the home and ends with case closure or referral to another service.
Ongoing, Out-of-home Services	Begins with services to individuals or a case with at least one child living in substitute care and ends with case closure or referral to another service.
Visitation	Supervised meeting of parents or other case members and a child in the care, custody, and supervision of the State. Begins with the referral of a case for visitation events and ends with the child leaving foster care.
Adoption	Begins with a child being eligible for adoption or a family requesting consideration as an adoptive placement. Ends with a child reaching the age of majority.
Licensing	Recruitment, certification and monitoring of substitute care placement settings. Begins with a request to be qualified as a setting and ends with the setting terminated as a resource.
Prevention (not client specific)	Safe Care, Community Response, Program Area 3 (prevention program). Begins with planning and delivery of service activity to non-enrolled clients with no specific problem focus. Ends with conclusion of activity.
Case Support	Any task that does not benefit a specifically identified individual or case.
Personal Time	Paid or unpaid time spent on personal, non-work-related tasks. This includes leave, breaks, and other personal time taken and recorded in the TDC.
Source: Major service areas identified through focus groups held with county child welfare workers and through ICF International's design of the time study Time Data Collector tool for the February 2014 time study.	

1.4 – Distinction between Caseload and Workload and the Impact on Staffing Allocations

While similar in that they both describe the work done by child welfare workers, there is a distinction to be made between caseload and workload. Given that these topics are different, but related, it is necessary to understand their difference in order to understand service delivery recommendations.

- *Caseload* is the number of cases workers are assigned in a given time period. Caseloads may be measured for individual workers assigned a specific type of case, or all workers in a particular office or region.

- ▪ ***Workload*** is the amount of work required to address assigned cases. Measuring workload requires assessment of (1) the factors that impact the time it takes to work cases and (2) the time workers spend on activities not directly related to their case responsibilities.

For child welfare programs, the client-oriented workload approach is typically the preferred method because it aligns with the client-focused business model used by child welfare programs and it accounts for differences in cases and services, such as case complexities and the lengths of time needed to provide different services. The workload focus was used in the current study for this purpose.

The workload approach recognizes that there are case characteristics that can change the amount of effort or staff time involved in the workload for certain children or families. The workload focus also accounts for the team approach to practice used throughout the state where often various staff have responsibility for different parts of the process.

In summary, by knowing the number of cases to be served and the amount of time it takes staff to deliver related services, a workforce calculation can be performed.

Chapter 2: Development of DCW Caseworker Allocation Tool (D-CAT) and Related Results

This chapter provides a description of the methodology used to develop the formulas that serve as the foundation for the D-CAT, associated assumptions, and results regarding the best way to allocate additional child welfare staff across counties in Colorado. As a first step in this process, the data gathered in the 2014 Colorado Child Welfare time study are used to identify the number of caseworkers and supervisors needed in each participating county based on the caseload in 2014. This serves as a general benchmark of the estimated number of full time equivalent (FTE) caseworkers needed, using data gathered regarding the time required for all cases in 2014. A comparison of the number of casework FTE needed to the number that have already been allocated is also provided, with an estimate of the number of caseworkers still needed explained.

Next, a methodology, analysis, and findings are presented regarding D-CAT staffing allocations. This section includes the analyses and findings based on newly gathered data, with a focus on identifying counties that are most understaffed or in need of additional casework support.

The use of FTE is important to understand. It is distinct from simply counting the number of caseworkers on a county's staffing roster. An FTE is equal to a full time employee that is currently working. Therefore, employees who work part time or are currently on leave (e.g., medical leave) but are still on the county's roster would not be considered as contributing to FTE available in the county. Additionally, some counties may use contractors or staff from other counties to assist with casework; these individuals are likely not on the county's roster but do contribute to the FTE available to do casework in the county. As such, careful consideration of staff is important to ensure that an accurate number of FTE is estimated.

2.1 – County Staffing Estimates based on 2014 Time Study

In 2014, the ICF team completed a workload study for the state of Colorado child welfare staff that included a month-long time study to identify time spent providing services for cases and to develop recommended workload levels. Of the 64 counties in Colorado, 10 chose not to have their employees participate or did not have staff to participate in the study. As such, the associated county staffing estimates were not available for those counties.

As a result of the time study, staffing estimates were developed by examining the potential required extra staff based on service-based increases needed to meet the recommendations of subject matter experts (SMEs) that participated in focus groups. Specifically, time spent per service area per case was discussed with child welfare staff in focus groups to identify how much more time would be needed to provide effective service to clients. The reason for this is that, while child welfare staff indicated that they were reaching a certain number of cases, because of work overload they often felt that enough time was not dedicated to those cases. As such, the staffing estimates from this study are based on the time that would be needed to effectively serve all cases.

Exhibit 2 provides an overview of the 2014 workload study findings regarding estimated casework FTE needed in each participating county. This table shows the average number of

hours per case that was measured during the time study (i.e., actual hours) as well as the number of hours that SMEs indicated are needed per case (i.e., estimated hours). Note that as county caseloads change, these estimates will change as well. However, these data serve as a point-in-time estimate to demonstrate needed staffing in each county.

Exhibit 2: Caseworker Staffing Model and FTE Projections from 2014 Workload Study							
Service	Monthly Caseload	Measured Actual Monthly Hours per Case	Measured Actual Case-related FTE[1]	Estimated Monthly Hours per Case	Estimated Case-related FTE[1]	Difference Measured Actual to Estimated FTE	Percentage Increase
Screening/ Intake/ Hotline	6,851	2.8	177	3.3	209	+32	18%
Family Meetings	1,464	4.1	56	9.5	129	+73	133%
Assessment	2,929	5.3	143	8.3	222	+79	55%
Ongoing In-Home	2,077	5.5	105	8.1	155	+50	47%
Ongoing Out-of-Home	2,768	7.2	184	14.3	366	+182	99%
Visitation	740	6.1	42	13.9	95	+53	126%
Adoption	951	4.9	43	12.6	110	+67	156%
Licensing/ Licensure	639	5.1	30	11.6	68	+38	127%
Prevention [2]	N/A	N/A	54	N/A	54	N/A	N/A
Case-related support time, not captured in Services [3]	N/A	N/A	335	N/A	335	N/A	N/A
Total			1,169		1,743	+574	49%

Source: ICF International's analysis of 2014 time study case data, time study measured actual monthly hours per case data, and subject matter expert review to determine recommended hours data.
[1] Caseworker FTE were calculated based upon 108.3 hours (68 percent of total time) dedicated to casework across all time study participants.
[2] Prevention time is based upon the hours indicated in the time study, including on-call time. There is not an estimated increase in prevention case-related FTE.
[3] This was time charged to specific cases, but attributed to case support and therefore not included in service times.

Again, while these casework FTE estimates will change over time, these serve as a starting point to understand needed casework staffing levels in each participating county, at a specific point in time (i.e., February 2014).

For this study, it was necessary to approximate the number of caseworker FTE that would be needed in the counties that did not participate in the time study in order to determine the needed level of child welfare casework FTE across the state. To optimally allocate required additional staff to all Colorado counties which need staff, we first needed to determine the total potential number of staff needed in the State. This is necessary because adding staff to a county changes

the "equilibrium" of the casework to caseworker ratios and once counties with the greatest need receive additional staff other counties in need should then be candidates for more staff. In the 2014 Workload, study it was determined that there were 1,169 casework FTE currently working in the State in the 54 counties participating in the study. This study then determined that the "target" number of staff needed across all counties to provide necessary child welfare services should be 1,743 caseworkers (See Exhibit 3-2 of the 2014 Workload Study Final Report). This represented an increase of 49.1% over the existing caseworker FTE. However, this target number was for the 54 counties participating in the study and excluded the 10 counties that did not participate. Therefore, we needed to adjust the target number upwards to account for the potential needed staff in these 10 counties. To do this, we examined the overall percentage increase in child welfare caseworkers for the included counties (49.1%) and used this percentage to adjust the 2015 caseworker counts from the missing counties (minus any caseworkers indicated as added to those counties) to derive a new total target caseworker count of 1,889 across the state. Exhibit 3 provides the adjustments for those counties missing from the 2014 casework study.

Exhibit 3: Estimated FTE Determination for Counties not in 2014 Time Study		
County	2015 Staffing (Prior to New Staff Allocations)	Adjusted Required Casework FTE based on 2014 Staffing Recommendations
Custer	2	3
Delores	0	0
Grand	4	6
Hinsdale	.42	.63
Jackson	1	1.5
Mineral	0	0
Montrose	13	19.4
Ouray	1.5	2.2
San Juan	0	0
Weld	76	113
Total	**97.92**	**146**

2.2 – Current Casework FTE Staffing Compared to Need Determined in 2014 Workload Study

In the 2014 Workload Study, it was determined that an additional 574 casework FTE and 122 supervisors were needed to effectively serve the child welfare cases in the state. This resulted in an estimate of 1,743. Because efforts have been made by both the State and counties to address this gap, an assessment of where the state currently stands in terms of this progress can be beneficial.

As an update to the estimated number of FTE needed, it is important to also address the counties that did not participate in the workload study. As described in the previous section, 10 counties did not participate in the workload study. Based on the number of casework FTE in these

counties and the estimated increase in FTE as identified in the study (i.e., 49.1%), it was found that 146 additional casework FTE should be added to the original estimate. This creates a new required casework FTE estimate of 1,889 FTE. It should be noted that the total remaining need is only for casework FTE (i.e., time attributed directly to case management services). Additional FTE may be required for supervisor work or other support services not dedicated directly to services. For example, with 1,889 caseworkers a total of approximately 402 supervisors are needed across the state based on the 1:4.7 supervisor to caseworker ratio determined in the 2014 Workload Study. Exhibit 4 displays the number of required casework FTE, the estimated need for Child Welfare supervisors, current statewide staff, and the remaining need for case management staff across the State.

Exhibit 4: Estimated Casework FTE Need, New Allocations, and Remaining Casework FTE Deficit	
Estimated Statewide Need for Casework FTE	1,889
Estimated Statewide Need for Supervisors	402
Statewide Total Case Management Staff Need (Casework FTE + Supervisors)	**2,291**
Total Current Staff	1680.9
Remaining Case Management Staff Needed	**610.1**

It is important to remember that as the number of child welfare cases across the State increases, the need for casework FTE will also increase. As such, if more cases are added within the State, a greater number of casework FTE, as well as supervisors, will be required.

2.3 – Methodology for Determining Child Welfare Staffing Allocation for Colorado

For purposes of the current study, the research team developed a formula and DCW Caseworker Allocation Tool (D-CAT) to assist the State in distributing new casework FTE in the future. This involved an assessment of the current Colorado county level staffing levels and caseloads to provide recommendations for allocation of additional staff. The method for allocating casework FTE is first described along with the assumptions and caveats related to the method. Detailed information about the method and results are provided in the D-CAT; this tool also contains more extensive data and analyses and can be used to estimate future staffing based on caseload input. The relevant worksheets for the analysis method and the associated results are also identified in this report.

Data for the Caseload Study analyses came from a variety of sources. Data for this study are based the information provided to the Joint Budget Committee (JBC) in October 2015 for RFI #44. Additionally, data regarding the number of referrals, assessments, and cases came from Trails data provided in response to a request from ICF. The Trails data for Referrals/Screenings is from the period of October 2014 through September 2015 and the case data (all cases, including Assessments, Out of Home, and Other than Out of home) are also from the period October 2014 through September 2015. Additionally, time required for Prevention services, Case Support services, and case service processing times from the 2014 Time Study of Colorado

child welfare workers, conducted as part of the previous Workload Study, are used as a data source.

As a first step in the analyses, background information on county casework FTE staffing (i.e., case management staff), caseloads, and the relative rankings of each were examined. This information for each county is provided in the Appendix as well as in the D-CAT. Understanding the number of caseworker FTE as well as the average monthly number of cases in each county is important for conducting study analyses and identifying gaps between the recommended and current number of caseworkers, which impacts allocation strategies.

2.4 – Analysis and Findings for Child Welfare Staffing Allocation across the State

When there are a specific number of child welfare casework FTE (i.e., case-related FTE or case management FTE) to allocate across the state, it is beneficial to have a strategy in place to find the best way to distribute those positions. The following sections describe the method employed to provide recommendations for allocating additional casework FTE across Colorado counties based on their known casework to caseworker ratios. We describe this method in terms of a staffing allocation method for adding casework staff to counties most in need of additional staffing; the method establishes relative ratios of caseworkers to casework for each county in the state. However, it should be noted that this method will only determine the optimal allocation strategy for each county when accurate caseloads and caseworker staffing levels are consistently applied across all counties. In other words, to ensure that this method is accurate, casework staffing levels (i.e., FTE) and the number of cases need to be counted the same way in each county.

The value of this method it allows the State to make accurate "relative" staffing decisions in terms of how casework FTE should be properly allocated across counties based on areas of highest need. This staffing allocation method is based on calculating processing times for various types of case work. In the current study, this consisted of Referrals/Screenings, Assessments, Out of Home case actions, and Other than Out of Home cases as well as Prevention Services and Case Support Services provided by case management staff. Case processing times were determined during a February 2014 time study of Colorado county Child Welfare caseworkers. [1] To provide estimates of the optimal staffing distribution based on current caseloads (in 2015), the research team requested case and referral counts from Trails for the

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[1] This method assumes the following, based on the data available to the research team:
1. Data on case and referrals counts obtained from the State are accurate in terms of the overall distribution of cases and counts by county.
2. Staff data provided are accurate and reflect the relative amount of time spent in child welfare casework.
3. Staff time to complete referrals is the same across all counties and is best estimated using the 2014 time study referral processing times.
4. Staff time to complete cases (Out of Home and Other than Out of Home) is the same across all counties and is best estimated using the 2014 time study case service processing times
5. Referrals/screenings and case counts from TRAILS data are accurate or any errors are equally distributed among all counties.

previous 12 months. This request included case service types based on the following designations:

- Family meetings
- In-home cases
- Out of home cases
- Visitation cases
- Adoption cases
- Licensing cases.

The data requested also included the number of referrals/screenings and assessments conducted in each county during the previous 12 months.

These designations were requested based on the methodology used during the 2014 study of Colorado child welfare workload and indicated by subject matter experts (SMEs) to represent the most accurate categories for estimating staffing requirements. Data returned from Trails on caseloads (excluding Referrals/Screenings) included county level data from September 2014 through October 2015. The month of November 2015 was not included in the dataset, due to the month not being completed as of the data pull.

The data provided from Trails did not include designations by the case service types due to these services not being explicitly recorded in Trails. Rather, the included indications were:

- Out of home services provided by case by county by month of service
- Cases receiving other than Out of Home service, by case.

It should be noted that cases, within the provided Trails dataset, receiving other than Out of Home services not only could have consisted of one any of the five other service types listed above but also could not be designated as to what month the service occurred in. This created an additional challenge for establishing precisely how many services were delivered in those cases and moreover, what the monthly caseloads would be at the county level.

Following the derivation of Referrals/Screenings, Out of Home cases, and "Other" cases, we established estimates of required processing time for each of these categories of cases and Referrals/Screenings. This is the amount of time that SMEs determined would be required to provide services for cases. Referrals/Screenings, Assessment, and Out of Home case processing times were taken directly from the 2014 Workload Study. To determine the processing time estimate for Other than Out of Home cases, we used an average processing time for the remaining case services from the 2014 study, which include services related to Family Meetings, Adoptions, In Home cases, Visitation cases, and Licensing. A mean value was used as there was no reliable way to weight the average by the number of cases and the mean values of the different case types were not that dissimilar. The mean processing times for these cases is shown in Exhibit 5, along with the mean values we used for the Referrals/Screening, Assessments, and Out of Home cases. This table is also included in the D-CAT under the worksheet labeled "Case Processing Times."

Exhibit 5: Mean Processing Times used for Each Category of Cases	
Category of Cases	Time to Process Case (in hours per month)
Referrals/Screenings	3.3
Assessments	8.3
Out of Home	14.3
Family Meetings	*9.5*
Adoptions	*12.6*
In Home Cases	*8.1*
Visitation Cases	*13.9*
Licensing	*11.6*
Mean for Cases Other than Out of Home	**11.14**

Once the case processing times were established, we multiplied the case processing times by the caseloads of the relevant type identified in the Trails data. The full results of these analyses are provided in the Staffing Allocation Tool under the worksheet labeled "Statewide Staffing Allocation". Results specific to these analyses can be seen in column S through X of this worksheet for the results described below.

In addition to the time spent on these case-related services, caseworkers and those doing case management work for child welfare also provide Prevention services and Other Case Support services. Data for these services are not available in Trails, but they are an important contributor to the time required of casework staff. As such, hours for these services were gathered from the 2014 Workload Study to incorporate into the model. For counties that did not participate in the Workload Study, hours for Prevention and Other Case Support services were estimated by examining their percentage of the total number of FTE required and distributing hours for these services accordingly.

Exhibit 6 presents county data related to the average monthly Referrals/Screenings, Assessments, Out of Home case actions, Other than Out of Home cases, hours for Prevention and Case Support Services, and the total hours of casework based on the processing times described above.

Exhibit 6: Average Monthly Cases and Total Hours of Casework per Month, by County						
County	Average Monthly Referrals/ Screenings	Average Monthly Assessments	Average Monthly Out-of-Home (OOH) Actions	Average Monthly Other than OOH Cases	Average Monthly Hours for Prevention and Case Support Services [a]	Total Hours of Casework per Month Based on 2015 Case Processing Times
Adams	741	422	662	209	4,944	22,680
Alamosa	42	37	76	21	491	2,254
Arapahoe	831	463	574	234	4,850	22,249
Archuleta	22	9	9	7	100	457
Baca	7	4	5	2	39	181

County	Average Monthly Referrals/ Screenings	Average Monthly Assessments	Average Monthly Out-of-Home (OOH) Actions	Average Monthly Other than OOH Cases	Average Monthly Hours for Prevention and Case Support Services [a]	Total Hours of Casework per Month Based on 2015 Case Processing Times
Bent	7	6	9	3	64	294
Boulder	389	199	123	73	1,533	7,034
Broomfield	53	25	22	9	224	1,029
Chaffee	19	9	14	6	115	526
Cheyenne	2	1	1	1	10	46
Clear Creek	12	8	0	4	42	191
Conejos	10	6	27	6	150	689
Costilla	6	6	8	2	58	266
Crowley	4	3	15	2	75	343
Custer	1	1	0	1	8	26
Delta	24	17	60	10	330	1,514
Denver	711	352	844	233	5,555	25,485
Dolores	2	1	2	0	24	79
Douglas	285	122	68	39	938	4,301
Eagle	48	22	6	8	145	664
El Paso	1,175	590	742	252	6,188	28,386
Elbert	18	11	14	5	115	527
Fremont	85	61	94	56	767	3,519
Garfield	76	53	32	13	360	1,651
Gilpin	6	3	12	1	66	301
Grand	10	4	6	3	74	248
Gunnison	17	10	5	5	73	334
Hinsdale	1	1	0	1	6	21
Huerfano	16	18	19	7	154	707
Jackson	0	0	0	0	4	13
Jefferson	631	421	582	151	4,341	19,913
Kiowa	2	2	6	0	31	140
Kit Carson	14	5	3	2	44	200
La Plata	77	39	22	25	325	1,492
Lake	14	6	8	2	65	297
Larimer	556	193	246	242	2,691	12,343
Las Animas	23	16	42	7	248	1,139
Lincoln	7	7	17	6	107	493
Logan	44	24	40	12	289	1,327
Mesa	294	185	305	77	2,154	9,882
Mineral	1	0	0	0	3	11
Moffat	35	17	11	11	151	692
Montezuma	31	29	25	12	230	1,055
Montrose	57	33	64	22	688	2,307
Morgan	43	23	71	14	417	1,912
Otero	31	19	51	8	300	1,376

County	Average Monthly Referrals/ Screenings	Average Monthly Assessments	Average Monthly Out-of-Home (OOH) Actions	Average Monthly Other than OOH Cases	Average Monthly Hours for Prevention and Case Support Services [a]	Total Hours of Casework per Month Based on 2015 Case Processing Times
Ouray	3	1	1	1	17	58
Park	14	7	10	3	79	364
Phillips	7	3	6	1	39	180
Pitkin	12	6	3	2	42	194
Prowers	18	16	7	8	105	481
Pueblo	174	113	310	71	1,880	8,623
Rio Blanco	9	12	8	4	79	363
Rio Grande	19	14	13	9	127	583
Routt	18	12	2	4	63	291
Saguache	11	10	4	4	63	289
San Juan	0	0	0	0	1	2
San Miguel	5	2	3	0	23	105
Sedgwick	5	2	0	1	12	56
Summit	16	9	5	2	59	269
Teller	35	23	21	9	196	901
Washington	5	3	6	2	40	197
Weld	438	206	279	79	2,696	10,728
Yuma	18	14	7	7	544	899
Total	**7,283**	**3,933**	**5,627**	**2,009**	**45,648**	**205,174**

Exhibit 6: Average Monthly Cases and Total Hours of Casework per Month, by County

[a] These times were based on findings from the 2014 Workload Study because this information is not available in Trails but impacts the amount of time spent on cases per month. For counties that did not participate in the 2014 Workload Study, these times were estimated based on their percentage of total cases gathered from Trails.

Following the calculation of the estimated caseworker hours required, we then generated calculations of the percentage of total state child welfare casework being performed within each county as well as the percentage of total state casework FTE within each county, based on the staffing data provided. Current staffing levels were based on the number of case-carrying FTE per county, as reported to the JBC in October 2015, which includes the total number of staff allocated by the state and the counties in 2015 (i.e., allocated based on additional funding from the state or through county funds).

Exhibit 6 presents the calculations of the relative casework and casework FTE staffing represented by each county. The relative amount of casework is calculated by dividing the casework in each county by the total State casework. The relative amount of casework FTE is calculated by dividing the county caseworkers in each county by the total number of casework FTE required in the State. These figures are critical in that they allow for a comparison of caseloads (defined as the hours required to process Referrals/Screenings, Assessments, Out of Home cases, and Other than Out of Home cases) to casework FTE across each county in the State. By then calculating the difference between a county's casework to State total and

casework FTE to State total, a determination can be made as to which counties are most in need of additional staff and to what extent those counties should receive additional staff.

The final column of Exhibit 7 indicates those counties showing a positive difference between their casework and caseworker ratios. Where this difference is positive, a county is determined to be in need of additional staff to bring their caseload to caseworker ratios into balance with the rest of the State. Large differences indicate greater need. The State can use this information to then work with directly with these counties to establish the number of additional casework FTE needed in the county by identifying the existing casework FTE in the county and the current number of cases in the county. It should also be noted that this does not necessarily mean that other counties do no need additional caseworkers. The tool simply identifies the greatest need by comparing the counties.

County	Total Hours of Casework per Month Based on Case Processing Times	Current # of Casework FTE	Relative Amount of Casework To State Total	Relative Amount of Casework FTE to State Total	Difference between Casework and Casework FTE Ratios
Adams	22,680	127	11.05%	6.72%	4.33%
Alamosa	2,254	17	1.10%	0.90%	0.20%
Arapahoe	22,249	152	10.84%	8.05%	2.80%
Archuleta	457	5	0.22%	0.26%	
Baca	181	3	0.09%	0.16%	
Bent	294	5	0.14%	0.26%	
Boulder	7,034	94.75	3.43%	5.02%	
Broomfield	1,029	16	0.50%	0.85%	
Chaffee	526	6	0.26%	0.32%	
Cheyenne	46	1	0.02%	0.05%	
Clear Creek	191	4	0.09%	0.21%	
Conejos	689	4	0.34%	0.21%	0.12%
Costilla	266	3	0.13%	0.16%	
Crowley	343	2.25	0.17%	0.12%	0.05%
Custer	26	3	0.01%	0.16%	
Delta	1,514	10	0.74%	0.53%	0.21%
Denver	25,485	207	12.42%	10.96%	1.46%
Dolores	79	1	0.04%	0.05%	
Douglas	4,301	27	2.10%	1.43%	0.67%
Eagle	664	9	0.32%	0.48%	
El Paso	28,386	191	13.83%	10.11%	3.72%
Elbert	527	7	0.26%	0.37%	
Fremont	3,519	38	1.72%	2.01%	
Garfield	1,651	27	0.80%	1.43%	
Gilpin	301	3	0.15%	0.16%	
Grand	248	4	0.12%	0.21%	
Gunnison	334	5.58	0.16%	0.30%	
Hinsdale	21	0.42	0.01%	0.02%	

Exhibit 7: Relative Casework and Casework FTE Staffing and Additional Staff Allocation Percentages

County	Total Hours of Casework per Month Based on Case Processing Times	Current # of Casework FTE	Relative Amount of Casework To State Total	Relative Amount of Casework FTE to State Total	Difference between Casework and Casework FTE Ratios
Huerfano	707	7	0.34%	0.37%	
Jackson	13	1	0.01%	0.05%	
Jefferson	19,913	150.5	9.71%	7.97%	1.74%
Kiowa	140	2	0.07%	0.11%	
Kit Carson	200	3.6	0.10%	0.19%	
La Plata	1,492	21.33	0.73%	1.13%	
Lake	297	5	0.14%	0.26%	
Larimer	12,343	114	6.02%	6.03%	
Las Animas	1,139	9	0.56%	0.48%	0.08%
Lincoln	493	6	0.24%	0.32%	
Logan	1,327	20	0.65%	1.06%	
Mesa	9,882	57	4.82%	3.02%	1.80%
Mineral	11	1	0.01%	0.05%	
Moffat	692	8	0.34%	0.42%	
Montezuma	1,055	12	0.51%	0.64%	
Montrose	2,307	14	1.12%	0.74%	0.38%
Morgan	1,912	16	0.93%	0.85%	0.08%
Otero	1,376	11	0.67%	0.58%	0.09%
Ouray	58	1.5	0.03%	0.08%	
Park	364	6	0.18%	0.32%	
Phillips	180	2	0.09%	0.11%	
Pitkin	194	4	0.09%	0.21%	
Prowers	481	11	0.23%	0.58%	
Pueblo	8,623	87	4.20%	4.61%	
Rio Blanco	363	4	0.18%	0.21%	
Rio Grande	583	7.5	0.28%	0.40%	
Routt	291	4	0.14%	0.21%	
Saguache	289	6	0.14%	0.32%	
San Juan	2	0	0.00%	0.00%	
San Miguel	105	1.5	0.05%	0.08%	
Sedgwick	56	2	0.03%	0.11%	
Summit	269	6	0.13%	0.32%	
Teller	901	10	0.44%	0.53%	
Washington	197	5	0.10%	0.26%	
Weld	10,728	92	5.23%	4.87%	0.36%
Yuma	899	5	0.44%	0.26%	0.17%
Total	**205,174**	**1,685.93**	**--**	**--**	**--**

Using the positive difference between casework and caseworkers ratios, staff can then be allocated. Specifically, for those counties with the largest ratios (i.e., those that have the greatest

need in comparison with the other counties) staff are allocated according to these percentages. To do this, the difference ratio (% of State Casework Total - % of State Casework FTE Total) is divided by the total difference ratio for all of the positive differences. Then, staff are assigned based on this ratio (County difference ratio / Total positive difference ratio). This calculation can be done automatically in the D-CAT.

The State will still need to determine how many supervisory positions may need to be added based on the caseworker staffing recommendations. The 2014 Study established a supervisor to caseworker ratio of 1:4.7, which can be used to determine supervisory staffing based on additional caseworker staff. However, best practice recommendations suggest a 1:5 ratio which can be used as a standard in identifying the ideal number of supervisors to employ.

This study, and the 2014 study, have attempted to measure workload in the most reliable and valid ways available given existing data from Trails. Examining only the number of cases only will result in additional error being introduced into the staffing estimation process and we continue to recommend against this approach. However, the final recommendations section provides additional information on how this information can be considered in terms of caseload.

For future staffing estimation, the worksheet labeled "Statewide Staffing Allocation" in the D-CAT can be used to update staffing and caseload data to better estimate allocation of additional county staff available. In the tool, current casework FTE (staffing), caseloads based on type, and the number of FTE available to allocate can be entered into columns G, U-X, and cell A2, respectively to produce updated estimates of the allocation of the additional staffing. When using this tool to identify staffing recommendations and needs, it is important to remember that the tool is based on FTE, which may be different than the number of caseworkers within a county. For example, a part time employee does not count as an FTE due to the reduced schedule that they work. As another example, if a caseworker is out on maternity or medical leave, they would not be counted as filling an FTE position in these calculations because they are not currently providing case services.

Chapter 3: Conclusions and Recommendations

This chapter provides findings, conclusions, and recommendations related to caseloads for Child Welfare caseworkers. First, a review of national and state caseload standards is presented. Additionally, recommendations from the 2014 time study of Colorado Child Welfare staff in terms of caseload by case type are compared with available national standards. One aspect that impacts caseloads is the assignment process used; this is also discussed in this chapter. Finally, the chapter provides ideas for process improvements and assigning cases to improve child welfare outcomes and staffing levels.

3.1 – Review of National and State Caseload Standards

The research team reviewed available documentation regarding state and national caseload and workload standards. This included results of previously conducted workload studies as well as published national standards, such as those from the Child Welfare League of America (CWLA) and the U.S. Department of Health and Human Services (HHS) Administration for Children & Families (ACF) Council on Accreditation (COA). The research team reviewed publications and contacted CWLA to determine if any recommendations had changed since our last study. The data and recommendations appear to remain unchanged. Sources for caseload standards included:

- Child Welfare League of America (CWLA) Standards of Excellence for Child Welfare Services
- Child Welfare League of America Standards of Excellence for Services to Abused or Neglected Children and their Families
- US Department of Health and Human Services (HHS) Administration for Children & Families (ACF) Council on Accreditation (COA)
- Child Welfare Information Gateway; Caseload and Workload Standards, Issue Brief; April 2010
- ICF International and Walter R. McDonald Workload Study Reports from other states

Exhibit 8 provides a chart of relevant caseload standards from the Child Welfare League of America (CWLA) and the U.S. Department of Health and Human Services (HHS) Administration for Children & Families (ACF) Council on Accreditation (COA). The standards represent the time required for caseworkers to complete mandated child welfare activities and to meet child welfare outcomes related to child safety, permanency, and well-being. CWLA notes that the caseload standard is based on both new and active cases per month. This means that new cases should not be added in a new month unless a comparable number of cases have been closed.

Exhibit 8: Selected CWLA and COA Caseload Standards		
Service Area	**CWLA Standard**	**COA Standard**
Child Protective Services	Child protection workers should: • Have no more than 12 actively worked risk assessments per month. • Not be providing ongoing services to families opened for services and support for more than 17 active families assuming the rate of new families assigned is no more than 1 for every 6 cases open. • Not have more than 10 active ongoing families when the caseload is combined initial assessments and ongoing services to families and no more than 4 active initial assessments. • Have one supervisor per 5 workers.	Generally, caseloads should not exceed 15 investigations or 15-30 open cases. New personnel should not carry independent caseloads prior to the completion of training Cases should be assigned according to a standardized system that takes into consideration: • The qualifications and competencies of the worker and the supervisor; • The complexity and status of the case; • Services provided by other professionals and team members; and • Other organizational responsibilities.
Preventive Services	• For family-centered casework services, the caseload should not exceed 12 families per worker. • For intensive, family-centered crisis services, the caseload should be not more than 2-4 families per worker or 6 families per worker team.	Generally, caseloads should not exceed**:** • 12- 18 families in programs providing family preservation and stabilization services. • 2-6 families in programs providing intensive family preservation and stabilization services. • When services are provide through a home visiting model, caseload should not generally exceed 15 families if providing weekly home visits or 25 families if working with less intensive cases.
Foster Care & Kinship Care Services	• The caseload size for family foster care social workers should be between 12 and 15 children per worker, depending upon the level of service required to meet the assessed needs of each child.	• Caseloads for family foster care and kinship workers should not exceed 18 children or 8 children with special therapeutic needs.

Exhibit 8: Selected CWLA and COA Caseload Standards		
Service Area	**CWLA Standard**	**COA Standard**
Adoption	A full-time caseload for: • A worker conducting counseling with birth families, preparing and assessing adoptive applicants for infant placements, and supporting these families following placement should be 20-25 families per worker. • A worker preparing children for adoption who are older or who have special needs should be 10-12 children per worker. • A worker assessing and preparing adoptive applicants for the placement of children who are older or have special needs and proving support to these families following placement should be 12-15 families per worker.	• Generally, caseloads should not exceed 12-25 families taking into account case complexity including the intensity of child and family needs and size of the family.
After Care Services (former foster children who are still receiving independent living supports or financial assistance)	• Between 4 and 10 cases for each worker providing direct independent living services as part of a team. • Between 15 and 20 cases for each worker providing care/case management and coordination services.	• Generally, between 12 and 20 as a maximum. The number of cases carried should be smaller when the youth receive counseling and other intensive services than when a worker is providing primarily follow-up services or less intensive services.

Sources: Council on Accreditation 8th Edition Standards Beta Version, 2005; CWLA Standards of Excellence for Service for Abused or Neglected Children and Their Families, 5.9 (1999), Washington, DC: Child Welfare League of America; CWLA Standards of Excellence for Services to Strengthen and Preserve Families with Children (2003), 5.11 Washington, DC: Child Welfare League of America; CWLA Standards of Excellence for Family Foster Care Services, 3.48, 3.49 (1995),Washington, DC: Child Welfare League of America; CWLA Standards of Excellence for Adoption Services (2000), Washington, DC: Child Welfare League of America.; CWLA Standards of Excellence for Transition, Independent Living, and Self-Sufficiency Services (2005), Washington, DC: Child Welfare League of America.

3.2 – Workload and Related Caseload Recommendations

When considering caseload recommendations, it is necessary to look at staffing as a caseload practice model. A caseload practice model has a caseworker focus and is only appropriate for a generalist model, in which one caseworker completes all work necessary to meet requirements and achieve outcomes for a particular case. A generalist model is more commonly found in smaller rural counties than in larger urban counties. As mentioned earlier, this is not the preferred method for analysis when considering staffing because all cases are not equal. For example, a case with a family that has one child will be very different from a case in which a family has many children. Similarly, the types of services being provided in a case will differ, meaning that a specific number of cases for one caseworker is not always the same load as the

same number of cases for another caseworker. However, some national child welfare organizations have developed standards based on caseloads that can provide a general guideline for measuring caseload.

During the 2014 Workload Study, the ICF team determined caseload recommendations for the various service areas included in child welfare work. From the 2014 time study results, we determined workloads and caseloads per FTE for eight service areas. Using information provided by child welfare workers during focus groups, we then adjusted these caseloads to reflect the level needed to successfully meet program objectives.

For purposes of contextual understanding, we compared the recommended caseloads from this study with national standards from the Child Welfare League of America (CWLA) and the Council on Accreditation (COA) within the U.S. Department of Health and Human Services' Administration for Children & Families (ACF). These national standards take into consideration various data and circumstances such as other states' caseload standards, the time required for caseworkers and other frontline staff to complete mandated child welfare activities and to meet child welfare outcomes, and the maximum number of cases each type of child welfare worker should be assigned monthly to ensure mandated services are provided and outcomes are met.

Exhibit 9 shows the actual measured caseloads in the 2014 time study, our recommended caseloads based on SME input, and national caseload standards. As the exhibit shows, for most services, the actual measured caseloads are higher than the recommended caseloads and the national caseload standards. For most services, the recommended caseloads are consistent with national standards.

Exhibit 9: Caseload Recommendations and National Standards by Service Type				
Service Type	**Colorado Caseloads per Worker [1]**		**National Caseload Standards per Worker [2]**	
	2014 Time Study Results	**Recommended per SMEs**	**CWLA Standards**	**COA Standards**
Screening	42	36	No national standards available.	
Family Meetings	28	12	➤ Not to exceed 12 families for family-centered casework ➤ Not to exceed 2-4 families or 6 families per worker team for intensive , family-centered crisis services	Generally not to exceed: ➤ 12-18 families in family preservation and stabilization services programs ➤ 2-6 families in intensive family preservation & stabilization services programs ➤ For services provided through a home visiting model, 15 cases if providing weekly home visits or 25 families if working with less intensive cases
High Risk Assessment	22	15		
Family Assessment Response	29	13		
Ongoing, In-Home	21	14		

Exhibit 9: Caseload Recommendations and National Standards by Service Type				
Service Type	**Colorado Caseloads per Worker [1]**		**National Caseload Standards per Worker [2]**	
	2014 Time Study Results	**Recommended per SMEs**	**CWLA Standards**	**COA Standards**
Ongoing, Out-of-Home	16	8	➤ For foster care and kinship care, 12-15 children per worker, depending on level of service required ➤ 4-10 cases for provision of direct independent living services as part of a team ➤ 15-20 cases for provision of after care services care/case management	➤ For foster care and kinship care, not to exceed 18 children or 8 children with special therapeutic needs ➤ For after care services, 12 to 20 cases; smaller caseloads for youth receiving counseling and other intensive services.
Visitation	19	8		
Adoption	24	9	➤ 20-25 families for infant adoptions ➤ 10 – 12 children for older children or those with special needs	Not to exceed 12-25 families, taking into account case complexity.
Licensing	23	10	No national standards available.	
Sources: [1] *ICF International's analysis of February 2014 Colorado county child welfare workers time study results and information obtained from focus groups with child welfare workers from 40 Colorado counties, the Child Welfare League of America's and the Council on Accreditation's standards and reports.* [2] *The two primary sources of child welfare national caseload standards are the Child Welfare League of America (CWLA) and the Council on Accreditation (COA) within the US Department of Health and Human Services, Administration of Children & Families.* *Note: The national standards do not align exactly with the service areas used in Colorado, but this Exhibit aligns the Colorado service areas with the national standards in the most appropriate manner.*				

The methodology described in the Caseload Study Methodology and Findings Section (Chapter 2 of this report) provides a means by which to translate caseloads into workload. This is accomplished by multiplying the process times by the number of Referrals/Screenings, Assessments, Out of Home cases, and Other than Out of Home cases. Inputting cases into this model provides recommendations for staffing in terms of workload (i.e., types of cases).

As a further note on caseload standards and recommendations, special case characteristics such as large number of family members, multiple legal/court issues, special needs of client or family, and geographic location should be taken into consideration when assigning cases and determining maximum number of cases per worker.

Regarding the ratio of supervisors to caseworkers, the 2014 time study found an average of 1 supervisor for each 4.7 caseworkers across Colorado. It may be beneficial to use a 1:5 supervisor to caseworker ratio as guidance for staffing to ensure optimal staffing in the counties. However, this should take into account and also consider county variations such as directors and supervisors that cover multiple roles, complex service areas, and differing geographic areas.

3.3 – Recommended Case to Caseworker FTE Ratio

Using data gathered during the 2014 Workload Study and from the state in this study, the research team calculated a recommended case to caseworker FTE ratio for child welfare casework in the state of Colorado. As such, this ratio is based on the current average number and mix of child welfare cases per month in Colorado. Using these data, the identified recommendation for the number of casework FTE to meet the needs of DCW cases is a ratio of 10 cases per casework FTE. This ratio was determined as follows: the current average number of cases per month (including Screenings) was divided by the current total number of caseworkers needed in the state (18,846 cases per month on average / 1,889 casework FTE needed = 10:1 Ratio). These data are available in the Appendix.

Although this case to casework FTE ratio is being provided, there are several caveats that need to be considered when using the ratio. These caveats are as follows:

1. This ratio is based on the current number and mix of cases across Colorado. However, the mix of cases can change based on different practices or approaches to child welfare work that are adapted or new legislation that may be enacted. Because different types of cases require different amounts of time to adequately meet case needs, a change in the distribution of the types of cases worked may change this ratio. The mix of cases in the state impacts the appropriate case to casework FTE ratio; as such this ratio may change and it is recommended that the ratio be reviewed every three to five years to ensure that an accurate ratio is used in assigning cases to caseworkers.
2. All cases included in the 10 cases per casework FTE are active cases, meaning that they require work/services each month.
3. Based on data gathered in the 2014 Workload Study, a casework FTE equates to 108.3 hours of case-related work per month. As such, on average, a case should take 10.8 hours per month for a caseworker to work. This research also shows that different types of cases will require different amounts of time (see Exhibit 5 in this Caseload Study Final Report).
   a. If actual case times differ from this average, a supervisor may need to adjust caseworker workload accordingly.
4. Because cases can require different amounts of work and effort each month, it may be helpful for caseworkers to log the time that they spend monthly on each case to determine if this matches expectations. Communicative caseworker-supervisor relationships will be important so that adjustments to caseload can be made as needed, whether to increase or decrease the number of cases assigned to a caseworker or to assign new cases of a certain type that will require more or less time.

3.4 – Assigning Cases to Child Welfare Caseworkers

It is complex to assign cases to Child Welfare caseworkers. Case assignments are based on many factors including county size. Large counties often have specialized adoption, licensing, and intake units and workers while small counties rely on a generalist model. There is also a

delicate balancing act between workload and assigning cases. These different ways of assigning cases are needed in the varying situations that counties experience.

The methods used by county child welfare supervisors to assign cases to caseworkers can affect workload. As such, it is important to understand the ways in which caseloads are assigned because this can impact worker efficiency, and may need to be a consideration when thinking about evolving management needs in child welfare. In most county offices, cases are assigned based on caseworkers' current workloads, an assignment rotation, caseworker experience, or specialized skills. Supervisor discretion also plays a large role in most counties where there are several possible caseworkers to take on a case. When considering special case characteristics in case assignment, county departments typically assign cases based on worker strengths and abilities, with specific focus on sexual abuse cases (which require more specialized expertise), Spanish language skills, and number and age of children in the household. In the 2014 Workload study, the ICF team asked focus group participants about the methods used to assign cases to caseworkers within their counties. Exhibit 10 provides example responses from counties when asked about assigning cases to caseworkers.

Exhibit10: County Case Assignment Methods Collected through County Staff Interviews in 2014 Workload Study
Sample Responses: What methods do county departments use to assign caseloads and workloads to child welfare workers?
"Supervisors use unit-level assignment reports and rotation systems to determine assignment."
"We have implemented a process called Red Team to discuss cases. From there cases are assigned based on who had the last cases assigned and availability."
"Caseworkers are specialized by age and issue. For example, some workers carry expedited permanency planning (EPP) cases, while others carry youth in conflict. Caseloads, travel time, etc. are also considered."
"Case assignment is alternated between staff for fairness but staffed for intensity to assure assignment is accurate."
"Case assignment is determined by the supervisor taking into consideration the workload of the caseworkers and needs of the family."
Sample Responses: How do county departments account for special case characteristics, pilot programs, and/or best practice models when assigning caseloads and workloads?
"Cases are matched according to need of family and caseworker experience such as DV [domestic violence] or drug abuse."
"The casework supervisor and team decide together on assigning cases. It usually is whoever is up next to take a case and how many cases they already have. If it is a case that a worker had worked on before and it was a positive relationship, the old caseworker may get the reopened case. If the relationship did not go so well, a different caseworker is assigned the case."

Exhibit10: County Case Assignment Methods Collected through County Staff Interviews in 2014 Workload Study
"We have a few caseworkers that are fluent in a secondary language, such as Spanish or Vietnamese, and we try to assign the appropriate assessments and cases to them. Lead caseworkers in intake are often assigned the assessments involving fatalities, serious bodily injuries, and institutional abuse, etc. We do try to match caseworker skill sets (i.e., expertise in domestic violence) with assessments and cases when workloads allow. We have a specialized sex abuse unit that works with both victims and offenders including juvenile sexual offenders; these cases are assigned to this team. A delinquency services team primarily works with youth and families who committed juvenile crimes and need services and out-of-home placements."
"Gender, age, and personality are used in a common sense approach to case assignment."
"Sexual abuse cases may go to caseworkers who have more experience in sexual abuse, but this is not always the case, as all workers should have experience in all types of cases."

There is not a single method for assigning cases that will be best in all counties. The best case assignment strategy will depend on management style within the county as well as the types of cases that are being served in the county. Further, all counties are unique which also contributes to the need for varying case assignment strategies across counties. For example, urban counties with a larger population are more likely to have specialists who can be assigned to specific types of cases whereas in rural or smaller counties the caseworkers are more likely to be generalists who are equally well suited to many types of cases. The main recommendation in assigning cases is to make sure to consider employee workload so that certain employees are not overburdened while others do not receive as many case assignments.

In combination with recommended hours per case, caseload data and standards can be valuable tools for child welfare supervisors in assigning caseloads to their workers, potentially minimizing, when possible, heavy workloads that can negatively affect the quality of services provided as well as caseworker morale.

3.5 – Utilizing External Professionals to Supplement Caseworker Case Management Work

When considering ways to reduce the load of caseworkers, therefore allowing them to have more time available to support their cases, some counties utilize external professionals such as nurses, educational liaisons, or other specialized individuals to conduct case activities. For example, a nurse may be able to document medical and dental exams of a child while an educational liaison could update educational plans and file report cards. Each of these activities would help to reduce the number of tasks that caseworkers would need to perform for their cases. Additionally, it is thought that these external professionals can help to provide improved services to cases without increasing the number of FTE required in each county or provide services that the caseworkers are unable to provide (e.g., legal, medical).

However, there is a challenge in determining the exact impact that these professionals can have on reducing the caseload of child welfare caseworkers. The specific tasks that these

professionals would take on for child welfare caseworkers have not been documented in available studies. As previously noted, for the Colorado Child Welfare 2014 Time Study staffing estimates (i.e., the number of casework FTE required in each county) were determined by examining the time spent per case on various service areas such as Screening/Intake, Assessment, Family Meetings, and others. The data gathered regarding work done by caseworkers is not available at the individual task level. As such, there is no data to indicate how much time is spent documenting medical records or updating educational plans. To determine the reduction in casework FTE required when using external professionals, it would be necessary to document the number of hours they spend doing case management tasks and convert that to FTE, using the value of 108.3 hours per FTE for child welfare caseworkers.

To better understand the impact of using external professionals on the workload of child welfare caseworkers' workload or improvement in services provided, information was gathered from practices occurring in other states across the nation.

Practices Regarding the Use of External Professionals in Other States

Many state child welfare agencies use nurses, mental health specialists, domestic violence specialists, and educational liaisons for subject matter expertise. For example, some states are using nurses to review medical status and give exams to children entering the child welfare system. However, even with the use of these professionals in place, it is uncertain if they are helping with workload and case management or if their effort reduces the work effort of case workers because this impact has not been specifically examined. This determination would require additional research.

There are many examples of the use of external professional to support child welfare activities. Some *Families for Kids* project sites implemented the use of health passports as a way to speed up the adoption process for children. Once again, the impact of this on casework is not known. As another example, in the past Nevada had a Public Health partner that created a plan and visited some families and children like preemies or those experiencing shaken baby syndrome. Because this partner did not regularly go out on child welfare case visits or report through the Child Welfare case management system, the contribution to child welfare caseload was not documented or measured[2]. Similarly, other states such as West Virginia, Pennsylvania, and Florida use educators or nurses to support their child welfare cases but even though there are agreements in place with these providers, because they do not necessarily enter information into a data management system their level of effort and time spent supporting child welfare case management work is unknown.

One solution to help understand the impact of external professionals on the workload for child welfare cases or the support provided to these cases is to consistently document tasks completed and the amount of time spent on case management-related activities. States are beginning to work on ways to integrate external professionals into child welfare casework systems. For example, Delaware's FACTS II system seeks to integrate several systems and would link the

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[2] The research team is uncertain of the status of this work today.

Departments of Education and Health to automatically track education and health information. However, this system is not yet implemented.

In addition to using external professionals to support case management activities, child welfare can also use paraprofessionals, such as case aides who have specialized knowledge and/or training, to support child welfare casework. These individuals often have a background in human services and can provide beneficial support to caseworkers (O'Neill, 2002), however they do not have the educational training and experience of a caseworker. Exhibit 11 provides examples from states regarding the types of outside professionals and paraprofessionals that are used to support their child welfare programs. To gather this information, the research team contacted child welfare professionals in other states, examined programs profiled on various state child welfare websites, and consulted information provided by associations and professional organizations such as the National Association of Social Workers (NASW).

Exhibit 11: Example Professional and Paraprofessional Support from Various States			
State	**Position or Role**	**Purpose**	**Example Duties**
Alabama	Quality Assurance Committee (includes attorneys, teachers, pastors, and healthcare professionals)	Operate as a volunteer independent review board to provide an outside perspective on child welfare processes and needs	▪ Review a random sample of cases to examine processes and outcomes ▪ Conduct interviews with children and other individuals to understand cases and successes or areas for improvement ▪ Provide examples of ways child welfare can learn and improve
California	Public Health Nurse in the Health Care Program for Children in Foster Care (HCPCCFC)	Provide public health nurse expertise in meeting the medical, dental, mental, and developmental needs of children and youth	▪ Conduct medical and health care case planning ▪ Help foster caregivers obtain timely health assessments ▪ Coordinate health services for children in out-of-home placements ▪ Interpret medical reports for team members
California (Torrance Unified School District)	Staff Assistant – Child Welfare and Attendance	Support the director in duties related to student absences and truancy, provide information to outside public agencies, and document child abuse issues	▪ Provide enrollment, immunizations and affidavits, and residency information as needed ▪ Follow-up on issues of child abuse, suspensions, and truancies ▪ Document student data in computer programs ▪ Prepare and maintain student records
Louisiana	Child Welfare Services Assistant (Paraprofessional)	Provide basic child welfare support services to clients and assist them in gaining access to services	▪ Transport clients to clients or other places for services ▪ Monitor visitation between caretakers and families ▪ Schedule appointments or transportation for clients ▪ Secure social and health history information for caseworkers

Exhibit 11: Example Professional and Paraprofessional Support from Various States			
State	Position or Role	Purpose	Example Duties
Oklahoma	Child Welfare Assistant (Paraprofessional)	Provide administrative and programmatic support to child welfare	• Schedule appoints • Advise clients of available services and resources • Assist caseworkers in providing case management services • Contact partners or community resources to obtain services for clients
New Hampshire	Educational Specialist	Work with child welfare agency on foster care cases that have issues regarding education	• Consult on educational issues of children in foster care • Train field staff on laws and policies regarding education • Update children's educational records and ensure accuracy
New Jersey	Child Health Program (CHP) Nurses	Support the child welfare goals of the Department of Children and families	• Advocate to ensure children and youth receive services that promote health • Partner with caseworkers, families, and the community to improve health outcomes of children and youth

In addition to providing support to caseworkers, collaborations with other professionals or external agencies can support children and youth within the child welfare system and improve personal outcomes. This shows that the value in utilizing external professionals is not only in a reduction of tasks that the caseworker may need to complete, but also in providing the best possible services for cases. While there is not available evidence of any actual reduction in caseworker caseload, there are many examples of the positive impact of partnerships and collaboration on child welfare outcomes. Partnerships between nurses and child welfare agencies are a key element of ensuring the best outcomes for children within child welfare (CWLA, 2007), as the partnerships help to develop coordinate, and evaluate needed interventions for children. These partnerships are especially important given that often times caseworkers do not have the skills nurses can provide or the time needed to support cases in this way. To improve educational outcomes and achievement for children within child welfare, systematic collaboration between DCW and school districts is valuable and needed (Florida Children First, n.d.). Additionally, when children served by child welfare are also in the juvenile justice system, their outcomes are improved when there is careful collaboration between child welfare and juvenile justice workers (Child Courtworks, 2008). Whatever collaborations occur, the services provided by these partners should be documented so that the impact on caseworker time and case outcomes can be examined.

3.6 – Recommendations Regarding Improvements for Child Welfare Work

The mission of DCW is to provide services so that Colorado's children and families are safe and stable. ICF understands that DCW is comprised of a specialized set of services that strengthen the ability of the family to protect and care for their own children, minimize harm to children and youth, and ensure timely permanency planning. These services stabilize the family situation and

strengthen the family's capacity to care for their children. When safety is not possible within the family, the focus is on the child's need for a stable, permanent home as quickly as possible.

Increasing the child welfare workforce is one piece of the puzzle to meet the mission of DCW. Another piece of the puzzle is to identify ways to more efficiently operate programs and manage resources. The following recommendations are meant to guide the effort of increasing the workforce and offering improvements for child welfare workforce increases in a planned and appropriate way. In the following section, we provide suggestions for changes the DCW and counties could consider to achieve greater efficiencies in the child welfare process, to better manage staff and workloads, and to reduce the amount of extra resources needed to operate the system. We recognize that DCW and counties have implemented or are in the process of implementing some of the operational efficiencies listed. These suggestions are not intended to be exhaustive, nor necessarily appropriate for DCW and all counties, but they point to areas for further exploration.

Improve Worker Effectiveness

- **Multi-county agreements.** Counties may want to consider implementing a shared model to increase the amount of available resources and to support new and existing county child welfare staff. Many Colorado counties have limited or no public transportation and some resources such as foster homes or residential facilities do not exist in certain areas. As an example, several counties could enter into multi-county agreements for services such as foster care homes. Another option would be to employ a shared staff model when needed to cover for staff illness, maternity leave, or vacancy during times of need; to share expertise across counties; and to have a regional cadre of case aides and other support staff that can be deployed to provide transportation when needed. Workers spend a great amount of time searching for resources, providing transportation, scheduling (or attempting to schedule) visits, researching information, and communicating with clients and families. County size and geographic location contribute to the issue.

- **Subject matter liaisons.** The Department may want to consider designating subject matter liaisons to provide guidance, resources, and policy information to county child welfare staff related to new policy initiatives and processes to help make their implementation more consistent statewide. These individuals could function as a communication hub or clearinghouse for information related to a specific topic. County staff indicated during the focus group meetings for the 2014 Workload Study that it would be helpful to have liaisons at the Department whom they could contact about specific policies and practices. These staff indicated that they currently have to search for information when they respond to a situation that they handle infrequently.

- **How-to site.** Consider establishing an online "how-to site" for county child welfare staff to access for the most up-to-date forms, resources, and processes. This may include reestablishing and updating the caseworker practice handbook that caseworkers could reference and that would provide links to forms. Caseworkers indicated that it often takes a considerable amount of time to research the latest practice model and be certain they

are using the most up-to-date forms. This is especially true when they are working in an area they do not frequently handle.

- **Retain staff, support staff, and reduce turnover.** Counties may want to consider implementing employee approaches to decrease stress, increase morale and reduce turnover rates. Both nationally and in Colorado, heavy caseloads and workloads have been cited repeatedly as key reasons that workers leave the child welfare workforce. Turnover is both a consequence and a cause of high workloads. In Colorado there is a wide variance in employee turnover across the state. Staff turnover impacts the ability to deliver quality services with a negative impact on timeliness, continuity, and quality of services. Input from Colorado focus groups during the 2014 Workload Study identified areas of concern including high stress from the feeling that caseworkers are rarely able to meet the quality expectations that they set for themselves or that are set by the county or state. Some staff members expressed that their job is "all about reaction and constantly putting out fires." Others mentioned that the number of cases one has doesn't necessarily correlate with the time spent on a case. One caseworker may have five cases that might be more intense and more time consuming than that of a caseworker with ten less intensive cases. Suggested strategies include:

    - Implementing recognition and rewards programs
    - Providing mentoring initiatives
    - Enhancing supervision and support (especially for high stress times and traumatic incidents)
    - Enabling job sharing and flex time
    - Offering opportunities for professional development and advanced education
    - Implementing practices to improve the match between the worker and the job through competency-based hiring
    - Considering case complexity when assigning cases
    - Valuing work life balance for employees

- **Examine new initiatives, pilot programs, and retirement of outdated processes.** Consider reviewing policies and initiatives to determine if they continue to add value; if not, discontinue outdated policies. This would free up time for staff to implement new initiatives which have workload implications as they may require additional training, meetings, and documentation. Although staff are eager to try new approaches and implement new programs, this desire is often constricted by the time involved to implement the approach. Learning and assimilating new practices can be a challenge. A frequently heard comment during the focus groups for the 2014 Workload study can be summarized by, *"We implement new initiatives, but never end old practices. This contributes to an ever increasing workload."* It could be beneficial to study the concept of using a regional model when implementing new initiatives. For example, when a pilot program or initiative is implemented, select a group of counties that regularly work together and are geographically connected rather than choosing counties dispersed across the state. It is understood that the counties function independently and would need to agree to such a plan. This would make it easier for counties to share resources, provide training, and support each other in learning new practices.

- **Documentation and administration.** Consider opportunities for increasing the efficiency of the documentation requirements and processes for county child welfare staff. This may include:
  - Conducting a review of the forms and reports currently in use and determining if they are still needed or if they could be eliminated. The Department could also review those forms and reports that are still needed to determine if they could be revised to reduce the amount of time required to complete them, while still ensuring they fulfill their intended purpose.
  - Initiating a Trails documentation standard which would identify specific data fields, define their intent, and describe how data should be entered. Currently there is a lack of consistency of use for some fields as well as redundancy of entering data.
  - Modernizing Trails to (1) make it easier and more intuitive to navigate, (2) simplify the capturing of data through document imaging technology, (3) program the system to automatically populate duplicative fields on different screens within the system, (4) allow remote access to the system through mobile devices, and (4) include a time study component that tracks client or case level information related to service time.

  The 2014 time study showed that documentation and administration accounted for about 38 percent of county child welfare staff's time during the month of the study.

Based on these potential focus areas for improving child welfare employee effectiveness, example strategies that could be utilized to gain efficiencies (e.g., process improvements) are provided in Exhibit 12.

Exhibit 12: Potential Recommendations to Create Efficiencies in Colorado Child Welfare Work			
Efficiency	**Strategy**	**CDHS**	**Counties**
Improve worker effectiveness	Multi-county agreements		x
	Employ a shared staff model	x	x
	Establish a regional cadre of case aides	x	x
	Communication hub or clearinghouse for information	x	
	Establish a "how to site"	x	
	Initiate a help line/ hot line or identified person to call for a topic specific area	x	
	Caseworker practice handbook	x	
	Implement flexible work schedules		x
Retain staff, support staff, and reduce turnover	Implement recognition and rewards programs	x	x
	Initiate mentoring programs	x	x
	Enhance supervision and support especially during high stress and traumatic incidents	x	x
	Enable job sharing and flex time		x

Exhibit 12: Potential Recommendations to Create Efficiencies in Colorado Child Welfare Work			
Efficiency	**Strategy**	**CDHS**	**Counties**
	Offer opportunities (time) for professional development and advanced education		x
	Improve the match between worker and job through competency based hiring		x
	Consider a state-county relationship to create a pool of new hires who have already gone through training to reduce on-boarding time for new employees	x	x
Structure implementation of new initiatives, pilot programs and retirement of outdated processes	Retire requirements and processes that no longer add value	x	x
	Utilize identified subject matter liaisons to provide guidance, resources, and policy information	x	
	Recognize that new processes often require non-traditional work hours	x	x
	Study the concept of using a regional model when implementing new initiatives	x	x
Consider evolving management needs	Adjust workloads and caseloads as the environment changes	x	x
	Dissolve old programs and initiatives	x	x
	Provide sufficient ratios of supervisors to caseworkers to provide guidance and to adjust caseloads	x	x
	Consider factors such as the seriousness and complexity of the case, the number of children and their needs, and the strengths or weaknesses of parents when assigning cases		x
	Sufficient time and staff must be available to meet the mix of issues in a caseload	x	x
Address the demands of work effort related to face-to-face contacts, supervised visits, investigations, and other services	Consider use of new technology including video conferencing and Skype to provide services while minimizing travel time; this may require policy adjustments	x	x
	Recognize investigation have become more complex and time consuming due to increases in contested findings, attorney involvement and records requests new methods	x	x
	Consider other training options such as bringing training to an individual county or hold training for adjacent counties	x	x

Exhibit 12: Potential Recommendations to Create Efficiencies in Colorado Child Welfare Work			
Efficiency	**Strategy**	**CDHS**	**Counties**
Management of documentation requirements	Conduct a review of forms and documents with the goal of streamlining and consolidating	x	
	Leverage new technology	x	x
	Trails web and mobile application	x	
	Internet service provider needs	x	x
	Modernization of Trails: easier navigation, more intuitive, simplify capturing of data	x	
	Use of tablets and other technology	x	x
More efficient use of court time	Build relationships with judges, attorneys, clerks, court reporters, bailiffs		x
	Engage local judges		x
	Learn about local practices		x
	Suggest the development of model templates for court reports, reports on reasonable efforts, mental health assessment referrals, child support referrals, and other common forms	x	x
	Review the nature and frequency of meetings as a possible source of time that could be redirected toward case-related tasks		x
Strive to align and educate stakeholders regarding the roles and responsibilities of child welfare	Team with communication/public relations specialists from other areas to explore ways to educate the public regarding the role of child welfare staff	x	x

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Appendix: Child Welfare Staffing and Monthly Case Counts

This appendix presents background information on county staffing, caseloads, and the relative rankings of each gathered in November 2015 and described in Chapter 2. The Exhibit below presents the number of casework FTE in each county. This staffing number was determined by utilizing data provided to the Joint Budget Committee (JBC) regarding the number of case-carrying FTE in each county (as of July 1, 2015) and also includes the portion of the 100 FTE allocated to each county as well as any new hires authorized by the counties in 2015. Additionally, this exhibit provides the mean monthly Referrals/Screenings and total cases (including Assessments, Out of Home actions, and Other than Out of home) from the Trails data provided for each of the counties in the state. It also includes the rank (largest to smallest) of each county in terms of casework FTE, monthly referrals/screenings, and total monthly cases (Assessments, Out of home actions, and Other than Out of Home). This information is pertinent to the analyses conducted in this study, as it serves as the basis for identifying counties with the greatest needs in terms of casework staffing.

County	Current Casework FTE	Mean Monthly Referrals	Mean Monthly Total Cases [a]	Casework FTE Rank (statewide)	Referrals Rank (statewide)	Monthly Cases Rank (statewide)
Adams	127	741	1,293	5	3	3
Alamosa	17	42	134	16	20	13
Arapahoe	152	831	1,271	3	2	4
Archuleta	5	22	25	37	27	35
Baca	3	7	10	49	49	51
Bent	5	7	18	38	48	41
Boulder	94.75	389	395	7	8	10
Broomfield*	16	53	57	17	16	23
Chaffee	6	19	29	31	28	32
Cheyenne	1	2	3	59	59	57
Clear Creek	4	12	12	42	40	47
Conejos	4	10	40	43	43	26
Costilla	3	6	16	50	50	44
Crowley	2.25	4	20	53	55	38
Custer	3	1	1	51	61	60
Delta	10	24	87	23	25	17
Denver	207	711	1,429	1	4	2
Dolores*	1	2	4	60	58	56
Douglas	27	285	229	12	10	11
Eagle	9	48	36	25	17	28
El Paso	191	1,175	1,585	2	1	1
Elbert	7	18	30	29	32	31
Fremont	38	85	211	11	12	12
Garfield	27	76	98	13	14	16
Gilpin	3	6	17	52	51	43
Grand	4	10	12	44	44	48
Gunnison	5.58	17	20	36	34	39
Hinsdale*	0.42	1	1	63	60	61
Huerfano	7	16	44	30	35	25

County	Current Casework FTE	Mean Monthly Referrals	Mean Monthly Total Cases [a]	Casework FTE Rank (statewide)	Referrals Rank (statewide)	Monthly Cases Rank (statewide)
Jackson	1	0	1	61	64	62
Jefferson	150.5	631	1,153	4	5	5
Kiowa	2	2	8	54	57	54
Kit Carson	3.6	14	10	48	39	52
La Plata	21.33	77	86	14	13	18
Lake	5	14	16	39	37	45
Larimer	114	556	681	6	6	6
Las Animas	9	23	65	26	26	22
Lincoln	6	7	29	32	46	33
Logan	20	44	75	15	18	20
Mesa	57	294	567	10	9	7
Mineral*	1	1	0	62	62	63
Moffat	8	35	39	27	21	27
Montezuma*	12	31	66	20	24	21
Montrose	14	57	119	19	15	14
Morgan	16	43	107	18	19	15
Otero	11	31	78	21	23	19
Ouray	1.5	3	3	57	56	58
Park	6	14	21	33	38	37
Phillips	2	7	10	55	47	53
Pitkin	4	12	11	45	41	50
Prowers	11	18	31	22	31	30
Pueblo	87	174	495	9	11	9
Rio Blanco	4	9	24	46	45	36
Rio Grande	7.5	19	35	28	29	29
Routt	4	18	18	47	33	42
Saguache	6	11	19	34	42	40
San Juan	0	0	0	64	63	64
San Miguel	1.5	5	6	58	52	55
Sedgwick	2	5	3	56	54	59
Summit	6	16	15	35	36	46
Teller	10	35	53	24	22	24
Washington	5	5	12	40	53	49
Weld	92	438	565	8	7	8
Yuma*	5	18	28	41	30	34
Total	1,685.93	7,283	11,569	--	--	--

[a] Total Cases includes Assessments, Out of Home Services, and Cases Other than Out of Home
*Note: Counties with an asterisk did not provide staffing estimates in response to the staffing survey. As such, their number of caseworkers is estimated based on the total number of child welfare employees in the county as of July 1, 2015.