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

Vision Statement– NDHHS Division of Children and Family Services, May 2014
# TABLE OF CONTENTS

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

   A. Goal, Focus, and Key Features of Training
   B. CP&S New Worker Training Model
   C. Training Staff

II. TRAINING DELIVERY AND METHODOLOGY

   A. Face-to-Face Training
   B. Webinar Training
   C. Self-Paced Training
   D. Field Training

III. TRAINING SUPPLEMENTS AND ACTIVITIES

   A. Supplemental Training Information
   B. Curriculum Distribution
   C. Training Scheduling and Registration
   D. Make-up Training

IV. TRAINING EVALUATION

   A. Evaluation of Training by Trainees and Supervisors
   B. Evaluation of Trainee Attitude & Behavior
   C. Trainee Knowledge and Skills Assessments
   D. Trainee Progress Reports

V. TRAINING SITES

   Facilities and Rooms

VI. TRAINING RECORDS MANAGEMENT

   Training Records and Reports
DCFS Child Protection & Safety (CP&S) Training for new workers 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. 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 relinquish their parental rights to the State; and children who are wards of another state agency, and for which placement is requested.

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 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.

CP&S Training is developed and administered as a joint project between the Nebraska DHHS Staff Development Unit and the University of Nebraska—Lincoln, Center on Children, Families, and the Law (CCFL). Nebraska Families Collaborative (NFC) contracts with NDHHS to provide Initial Training to NFC staff.

A. Goal, Focus, and Key Features of Training

CP&S Training strives to prepare 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 (FCP) principles into case management to ensure the inclusion of children and families in the decision-making processes that impact their lives
- adhering to the principles and procedures of Structured Decision Making (SDM) 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.
- 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 12 hours of instructor-led or self-study training per week
- approximately 80 hours of additional training throughout year one of employment that includes instructor-led, self-study, and field experiences
- specialization training in the areas of intake and adoption offered during year one of employment
- 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 family systems, child maltreatment, child welfare, juvenile services, and family and juvenile law
- utilization of adult learning principles and an emphasis on active learning
- regular delivery of on-site 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 training management via DHHS’s learning management system LINK-Employee Development Center (EDC)
B. CP&S New Worker Training Model

Child Protection & Safety Training is a three phase model supplemented by specialization trainings. Training days typically are six hours in length, allowing two hours per day for trainees to attend to home-office business. During the first year of training, transfer of learning from the classroom to the field is supported by Field Training Specialists (FTSs) located in the various Service Areas. Training is offered at various sites throughout Nebraska and is dependent upon location of trainees in need of training.

<table>
<thead>
<tr>
<th>Home-Office Orientation Period</th>
<th>INITIAL TRAINING</th>
<th>PHASES ONE &amp; TWO</th>
<th>PHASE THREE: REQUIRED IN-SERVICES</th>
<th>SPECIALIZATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Includes initial SALT Meeting*</td>
<td>Phase One</td>
<td>Foundation • required for all trainees • complete prior to working with families</td>
<td>Phase Two</td>
<td>Early Required In-Services • required for all trainees • working with up to 4 families under supervision • assigned as CFSS Trainee – Additional Worker on N-FOCUS</td>
</tr>
</tbody>
</table>

* SALT 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, Field Training Specialist (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 an Individualized Training Plan (ITP) is introduced to trainees. The SALT uses this document to outline the trainee’s learning experiences. The ITP is created with the trainee and provides a training record that is maintained by the FTS and the training agency.

Initial Training

Initial Training is a distinct period in which the trainee’s time is devoted to learning and developing identified overall 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 is required for all case managers, whether they are employed by the Department or by an organization under contract with the Department.

Initial Training for case managers as defined and developed by the Department of Health and Human Services (DHHS) is delivered by training staff from the DHHS Division of Children and Family Service (DCFS) Staff & Partnership Development Unit; the UNL–Center on Children, Families, and the Law (CCFL); or the Nebraska Families Collaborative (NFC).
Initial Training | Phase One

Phase One | Foundation Training is six weeks long and is completed prior to any assigned work with families. It includes three weeks of training in the classroom or computer lab and three weeks of structured home-office activities, field-learning experiences, shadowing, 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.

Initial Training | Phase Two

Phase Two | Early Required In-Services training includes four weeks of working with up to four families under supervision while taking approximately 12 hours of instructor-led or self-study training per week. Working with the families provides practical application of the information learned during training. At no time during Phase Two will a newly hired worker meet or work with a family without being directly monitored by one of their SALT members.

In this phase trainees:

- begin to observe and participate in the practical application of case management.
- may work with more than one family as skills develop, but may have no more than 4 families or children.¹
- will be assigned as Additional Worker for up to 4 families/children as defined by DHHS.²
- must always work with either the Primary Worker, Mentor, or Supervisor in addition to the FTS. This staff together comprises the Trainee’s Service Area Learning Team (SALT) for the new worker.
- will always have their supervisor or a mentor with them when representing DHHS in court.³

After successfully completing Initial Training and the competency assessment process and upon recommendation from the SALT, the supervisor makes the promotion decision to promote a trainee from CFS Trainee to CFS Specialist on original probation. After promotion, the CFS Specialist is identified as the Primary Worker and the caseload may gradually increase to a full caseload.

Additional Training | Phase Three | Required In-Services (RIS) Training & Specializations

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. Additional specialized training is also available for CFS Specialists who plan to work with families needing intake or adoption services. Case coverage is required when trainees return for Required In-Services and Specialization trainings.

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 Individualized Training Plan (ITP). Activities in

¹ DHHS AM #4 2004, revised 2/4/05
² DHHS Definitions for Caseload/Workload LB 961of May 4, 2012
³ Todd A. Landry, Dir. DCFS. Communication on Expectations for Court Appearances by Protection and Safety Workers, December 20, 2007
the Field Training Resources Book are also reviewed and completed based on the needs and schedule of the new worker.

C. Training Staff

The DHHS and CCFL staff includes a multidisciplinary team of expert trainers as well as a team of Field Training Specialists (FTSs) who are located throughout the state. The training team maintains certification as trainers for Department-initiated or mandated procedures. 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. 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, Protection and Safety Supervisor, Juvenile Service Officer, Central Office Program Specialist, and Integrated Care Coordinator. 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, and delinquency. Their work experiences include counselor, social worker, lawyer, psychologist, and sociologist.

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 work very closely with trainees and their supervisors and mentors as trainees practice and apply in the field the knowledge learned in the classroom or lab. FTSs work with and 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.

To meet the extensive training-related responsibilities, DHHS and CCFL draw not only on their 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 face-to-face, webinar, self-paced, and field training.

A. Face-to-Face Training

Face-to-face training includes instructor-led training delivered in a classroom-style environment, in a computer lab, or through videotaped practice and simulation. 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, video, etc.; question and answer sessions; group discussions; role play, and activities and exercises.
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 cases. 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 Field Training Specialist.

**B. Webinar Training**

Webinar training includes instructor-led training delivered via Adobe Connect or Microsoft Office Communicator. Trainees join the training from their home offices and participate in a virtual classroom with a trainer and other trainees across the state. For training delivered via Adobe Connect, learners typically listen to a trainer, watch slides or videos, and ask or respond to questions by typing messages to the trainer or the whole group. For training delivered via Microsoft Office Communicator, the primary difference is that learners can both see and hear the trainer and other trainees. These trainings are usually one to three hours long.

**C. Self-Paced Training**

Self-paced 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 websites; 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 three to 12 hours in length, which trainees can view in segments across multiple days and as their schedule permits.

**D. Field Training**

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, 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 getting applied experiences 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 thus 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.

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; and 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.

During applied field activities, Field Training Specialists (FTSs) work closely with supervisors to provide support to trainees by coordinating trainees’ orientation to local resources (e.g., meeting with Resource Development (RD) or Income Maintenance Foster Care (IMFC) workers, touring a Child Advocacy Center (CAC), etc.), responding to questions or concerns related to field training tasks, providing coaching on case management tasks, and observing and giving performance feedback. The Field Training Resource Book lists field activities that are not assigned to a specific day on the training calendar but rather can be flexibly scheduled in coordination with the trainee’s assigned FTS and/or supervisor. The book includes over 200 tasks that allow the trainees to apply the learning acquired in the classroom or lab. The FTS, the supervisor, or an experienced worker may accompany the trainee in the field to observe performance or the trainee may independently perform case-related tasks as directed by the supervisor. Trainees typically consult with their FTSs, supervisors, or experienced workers after these activities to discuss their experiences, link these experiences to principles presented in classroom or lab training, and receive feedback.

### 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, Field Training Specialists, and mentors to use in overseeing individual trainees and their progress (known as the Service Area Learning Team (SALT) Book); 5) 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 the Case Management Desk Aid, the 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, Medical Services Handbook, Managing Psychotropic Medications Guide, and Mental and Physical Conditions Encountered in Child Protection and Juvenile Justice.

#### 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. Training materials are loaded on laptops and distributed to new workers for use during the first year of training. Packaged sets of training materials are delivered
or shipped to training sites across the state throughout the year. 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, guidebook, and memos on an as-needed basis.

C. Training Scheduling and Registration

Child Protection & Safety Training is offered six times a year at a minimum. Each new training group typically begins during the second week of the month. Each training typically takes place at whatever site represents the geographic “center” of the group of newly hired trainees.

CCFL loads training information on the LINK-EDC learning management system and also creates a unique training calendar for each group of trainees. Finalized calendars are distributed to training staff, FTSs and supervisors by e-mail. Trainees receive their calendar at their initial SALT meeting with their supervisor and FTS. The FTSs then assist the trainees in creating an Individualized Training Plan (ITP) that outlines the schedule for the remainder of the training in accordance with each trainee’s needs. Trainees or supervisors complete the registration utilizing LINK-EDC.

D. Make-up Training

Trainees are occasionally absent from training for a variety of reasons, ranging from personal or family illness to important life events (e.g., weddings). When such absences are unavoidable, the trainer, Field Training Specialist, and supervisor develop a plan for making up the missed training. If the amount of time missed is relatively small, the trainer may elect to meet with the trainee one-on-one. If the amount of time missed is significant, the trainee may be asked to join a later training group. For required in-services, trainees have an opportunity to enroll in the next available session.

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., face-to-face, self-paced), 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 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
To supplement individual unit evaluations, trainees and supervisors provide ratings and written feedback regarding their perceptions of the field phases of training by completing online surveys following Foundation Training and following Early Required In-Services Training where trainees do case management with a limited caseload. They evaluate perceptions of the delivery and value of field-based training and, in some cases, other aspects of the training model. 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 Field Training Specialist (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.

C. Trainee Knowledge and Skills Assessments
All trainees are asked to submit application questions for Practice Principles for PS and N-FOCUS Overview home office activities. Structured skill demonstrations are performed in Introduction to the Dynamics and Effects of Maltreatment, Case Management 2, Interviewing, Initial Assessment N-FOCUS, Ongoing N-FOCUS, Testifying at Adjudication, Testifying at Review Hearing, and Engaging Families. Multiple-choice knowledge assessments are administered for Case Management 1 and 2, Gathering and Corroborating Information, Interviewing Preparation, Testifying Techniques, Attention Deficit Hyperactivity Disorder, and Managing Psychotropic Medication. Informal knowledge and skill evaluation occurs routinely in all training units.

For some skill assessments (e.g., interviewing, N-FOCUS, and testifying), trainees receive immediate trainer feedback in class or lab. For other skills assessments and application questions, trainees must wait for their performance to be scored outside of class. When knowledge tests are administered, correct answers are reviewed and trainees know immediately how they performed. When a trainee’s performance is significantly lower than the performance of the rest of the training group, the assigned FTS is notified, and the FTS notifies the supervisor. All assessment scores are shared by the FTS through Trainee Progress Reports. Throughout training informal knowledge and skills evaluations are being conducted by FTSs.
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 Field Training Specialists who share the results with supervisors.

V. TRAINING SITES

Facilities and Rooms

Location of the majority of trainees, training requirements, size of group, and availability of facility and rooms all combine to determine the location of each training session. CCFL provides coordination of training for each group. 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.

VI. TRAINING RECORDS MANAGEMENT

Training Records and Reports

CCFL 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 generated 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 to DHHS administrators, the DHHS Staff Development Unit Resource Coordinator and staff, and CCFL directors and training staff. A complete archive of training materials by training group is maintained on a CCFL server.