

WEST VIRGINIA
Department of



Workload Study Report

Workload Study of Child Welfare Service Workers

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Prepared for:

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ICF

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Document Acronyms

The following acronyms are used throughout this document:

Acronym	Definition
BSS	Bureau for Social Services
COVID-19	Coronavirus Disease 2019
CPS	Child Protective Services
CSM	Community Services Manager
CW	Child Welfare
FACTS	Family and Child Tracking System
FDTC	Family Drug Treatment Court
FTE	Full-Time Equivalent
HHS	Health and Human Services
MDF	Master Data File
PTO	Paid Time Off
SME	Subject Matter Expert
SSW3-YS	Social Service Worker 3 – Youth Services
WV	West Virginia
WV DHHR	West Virginia Department of Health and Human Resources
WVU OHA	West Virginia University Office of Health Affairs
WVU	West Virginia University
YS	Youth Services

1 Executive Summary

1.1 Project Overview

The West Virginia Department of Health and Human Resources (WV DHHR) Bureau for Social Services (BSS) Workload Study of Child Welfare (CW) Service Workers (Workload Study) was initiated based on West Virginia (WV) Legislature House Concurrent Resolution 35 recommending that the WV DHHR contract with an independent third-party expert to evaluate the workload for CW caseworkers in WV and provide findings of the Workload Study by July 1, 2022. ICF, in collaboration with West Virginia University Office of Health Affairs (WVU OHA) and BSS, conducted this Workload Study from September 2021 to April 2022.

The overarching goal of this Workload Study was to provide recommendations and tools to address CW salary, staffing, caseload, and workload concerns of BSS to ensure the safety, permanency, and well-being of all children and youth in WV. This study focused on understanding salary, staffing, caseload, and workload for select CW Professionals, including CW caseworkers, supervisors, case coordinators, and Health and Human Service (HHS) case aides working in Child Protective Services (CPS) and Youth Services (YS) within BSS. The positions are defined as:

- CPS and YS caseworkers: These positions provide casework to CPS and YS cases which includes problem solving and knowledge with CPS and YS cases.¹
- Senior CPS caseworker: This position provides casework to CPS cases, assesses abuse and neglect allegations, evaluates service plans, and provides intermediate level guidance and support to other caseworkers.²
- CPS and YS supervisors: These positions provide supervision to CW caseworkers and assists with community outreach with stakeholders.³
- HHS case aides/case coordinators: These positions provide support to caseworkers.⁴

To achieve this work, a mixed methods design was used, including: 1) a Salary Study, 2) small group interviews (defined as a small focus group in this study) and focus groups, and 3) a four-part iterative Time Study, which included CW staff data collection and use of existing data. The explanation of the methodology and analyses of this mixed methods design approach can be found in the body of the report in detail.

1.2 Summary of Key Findings and Recommendations

This section presents the key analytical findings and recommendations related to the Workload Study.

1.2.1 Salary Study¹

Findings related to the competitiveness of WV CW salaries (n = 8 positions) compared to neighboring states and vacancies by CW position in WV (n = 9 positions) are shown below.

WV Salaries Less than Neighboring States

- The average **WV CPS caseworker** annual salary (\$46,629) was assessed to be \$431 and \$3,458 less than the average annual salary in Maryland (\$47,060) and Virginia (\$50,087), respectively. (Table 1, p. 17)
- The average **WV Senior CPS caseworker** annual salary (\$49,420) was assessed to be \$4,669 and \$36,293 less than the average annual salary in Maryland (\$54,089) and Virginia (\$77,719), respectively. (Table 1, p. 17)
- The average **WV CPS Supervisor** annual salary (\$52,410) was assessed to be \$13,797, \$9,298, \$9,694, \$25,799, and \$1,059 less than the average annual salary in Ohio (\$66,207), Pennsylvania (\$61,708), Maryland (\$62,104), Virginia (\$78,209), and Kentucky (\$53,469), respectively. (Table 1, p. 17)
- The average **WV CPS Worker Trainee** annual salary (\$41,889) was assessed to be \$5,780 less than the average annual salary in Maryland (\$47,669). Comparative data was not available from Virginia and Kentucky. (Table 1, p. 17)
- The average **WV Case Coordinator** annual salary (\$35,834) was assessed to be \$5,780 and \$34,054 less than the average annual salary in Ohio (\$41,614) and Virginia (\$69,888), respectively. Comparative data was not available from Pennsylvania, Maryland, and Kentucky. (Table 1, p. 17)
- The average **WV YS caseworker** annual salary (\$36,401) was assessed to be \$7,258, \$4,021, \$27,307, and \$18,256 less than the average annual salary in Ohio (\$43,659), Pennsylvania (\$40,422), Maryland (\$63,708), and Virginia (\$54,657). Comparative data was not available from Kentucky. (Table 2, p. 18)
- The average **WV YS Supervisor** annual salary (\$43,061) was assessed to be \$36,787 and \$4,952 less than the average annual salary in Virginia (\$79,848) and Kentucky (\$48,013), respectively. Comparative data was not available from Ohio, Pennsylvania, and Maryland. (Table 2, p. 18)
- The average **HHS Case Aide** annual salary (\$28,551) was assessed to be \$5,100 less than the average annual salary in Ohio (\$33,651). Comparative data was not available from Maryland and Virginia. (Table 2, p. 19)

Position Vacancies

- Data analysis, based on January 2022 staffing data, demonstrated CPS caseworkers and YS caseworkers have the highest vacancies in WV. (Table 4, p. 20)
 - CPS caseworkers – 159 vacancies
 - YS caseworkers – 40 vacancies

¹ Salary was increased by 15% for select BSS staff positions in June 2022 (For more details see: <https://dhhr.wv.gov/News/2022/Pages/Salary-Increases-Approved-for-Direct-Services-Employees-and--Child-Welfare-Dashboard-to-be-Published.aspx#:~:text=Gov.,%2C%20effective%20June%2018%2C%202022>). Salary findings shown in this report are based on data prior to this change.

- Excessive vacancies transfer the burden of case load to current staff until allocated positions are filled. (p. 20)

Overall, the Salary Study revealed that WV CW average annual salaries were lower than Virginia and Maryland average annual salaries for all positions where data is available. The story is more complex, however, because the average annual salaries for CPS supervisors, YS caseworkers, YS supervisors, and case coordinators were lower in WV than in all surrounding states where data is available. This means that an individual hired for one of these roles in WV has less earning potential over time than the same role in possible nearby locations. Additionally, although the average annual CPS caseworker and CPS senior caseworker salaries were lower in WV than only two surrounding states, small group interview and focus group participants indicated the potential for caseworkers to earn more in other positions in WV, which may lead to qualified individuals not filling the position vacancies outlined above or further position vacancies.

The Salary Study revealed that increasing salaries may assist with staff hiring and retention challenges. Increasing salaries would bring WV CW staff in line with nearby out-of-state CPS organizations that are in competition for the limited applicant pool of CW staff. Although increasing salaries within WV may help to attract candidates, higher salaries are only one piece of the puzzle when determining how to fill position vacancies with qualified candidates.

1.2.2 Small Group Interviews and Focus Groups with CW Supervisors, Caseworkers, and Support Staff

Findings related to the themes of CW Staff Well-Being and Work Experience, Impact of COVID-19, and Key Challenges Experienced by CW Staff are provided in the subsections below.

Caseworker Staff Well-Being and Work Experience

- CW staff value the people with whom they work. Participants indicated that supportive supervisors and coworkers were a key highlight of their work experience. (p. 23)
- CW staff have a strong belief in the mission of their work and in making a positive impact on children and families' lives. They truly believe in the work that they do and often indicated that they stay in their jobs because of the importance of their work, even though they experience heavy stress. (p. 23)
- CW Staff are experiencing stressful work conditions and low staff morale. (p. 23-24)

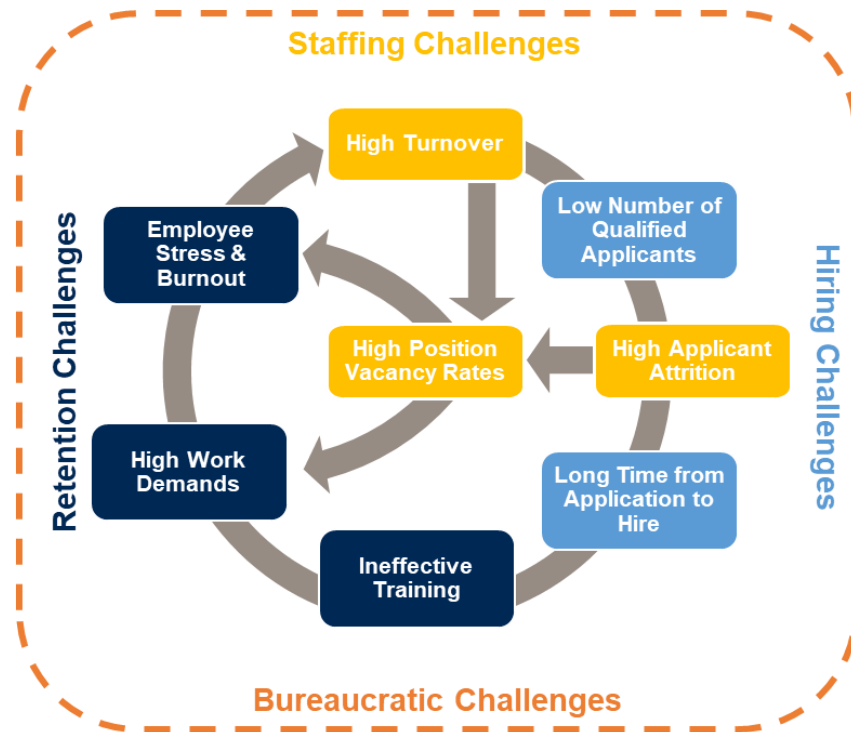
Impact of COVID-19

- CW staff indicated the complexity of cases has increased and the cases that CW staff are now seeing are more likely to arise from an emergency, be more complex, and require greater amounts of time than prior to COVID-19. (p. 24)
- CW staff indicated they found the virtual training format to be less effective than the previously conducted in-person onboarding training, expressed concerns that new hires lost opportunities to connect with other employees, and indicated there were fewer mentorship opportunities available than in the past. (p.24)

Challenges Experienced by CW Staff

Challenges were identified in four key areas: Bureaucratic Challenges, Hiring Challenges, Retention Challenges, and Staffing Challenges. Figure 1 illustrates the interrelationship of the four key challenges and below it is a summary of each challenge.

Figure 1: Overview of Key Challenge Factors



- Bureaucratic Challenges (p. 25)
 - Lack of availability and/or accessibility of resources, such as technology to facilitate remote work
 - Lack of available services, especially in rural areas
 - Laws and policies sometimes do not consider high caseloads and can be unrealistic and unattainable
 - Misalignment of goals and poor communication between CW system and courts.
 - Lack of communication and support from leadership of a higher level than supervisor
- Hiring Challenges (p. 26)
 - Difficult to attract applicants with the required qualifications for multiple reasons including, low starting pay in certain WV counties compared to regions close in proximity, and other positions available in WV which may pay more
 - Broad degree requirements (e.g., any college degree) leading to individuals dropping out of the applicant pool after gaining further insight into the job
 - The hiring process is outdated and cumbersome which can lead to a lengthy hiring process and applicants potentially pursuing other job offers

- Retention Challenges (p. 26)
 - CW staff identified a steep learning curve and a problem of knowledge retention of information for new staff
 - CW staff identified training related challenges as new hire training takes too long, new hires are unprepared for fieldwork post-training, time constraints of more tenured staff limit the potential for them to mentor new hires, and virtual training is less effective than previously used in-person methods
 - CW staff expressed concern with high caseloads that are difficult to manage; meetings, documentation, and administrative tasks that are perceived as unnecessary; and high travel and transportation time demands
 - CW staff indicated a lack of work-life balance and face emotional, physical, and financial difficulties related to their jobs
- Staffing Challenges (p. 26)
 - Participants expressed concern with high turnover rates, high position vacancy rates, high applicant attrition, and allocated staffing levels that are insufficient to handle current workloads

1.2.3 Time Study:

Baseline Findings

- As of January 2022, the number of cases (9,045) across all CPS caseworker staff available to service cases (335) resulted in a caseload ration of 27.0 cases per worker. (Table 52, p. 128)
 - 2 to 3 times greater than the “Recommended Caseload and Workload Standard for WV [CPS] Caseworkers” (Table 25)
- As of January 2022, the number of cases (2,403) across all YS caseworker staff available to service cases (96) resulted in a caseload ration of 25.0 cases per worker. (Table 53, p. 131)
 - 2 to 3 times greater than the “Recommended Caseload and Workload Standard for WV [YS] Caseworkers” (Table 26)

Current and Recommended Caseload Servicing Times

A time survey was undertaken with current caseworker staff to begin the process of estimating how much time staff were currently spending on each case type over the course of a month. After further refinement these time estimates were used to establish current monthly case servicing times for each case type, as listed below.

- Current monthly caseload servicing times (Table 21, p. 47):
 - CPS Initial Assessment: 7 hours 46 minutes
 - CPS Ongoing-In-Home: 6 hours 20 minutes
 - CPS Ongoing-Out-of-Home: 7 hours 18 minutes
 - YS Initial Assessment: 7 hours 3 minutes
 - YS Ongoing-In-Home: 4 hours 24 minutes
 - YS Ongoing-Out-of-Home: 4 hours 51 minutes

Additional work was carried out to arrive at estimates for the optimum time that should be spent on each case type (i.e., recommended monthly case servicing times), consistent with derived standards from the

culmination of other workload studies. In some cases, the optimum servicing standards differed substantially from the current case servicing times.

- Recommended monthly caseload servicing times (Table 19, p. 42):
 - CPS Initial Assessment: 8 hours 33 minutes
 - CPS Ongoing-In-Home: 9 hours 42 minutes
 - CPS Ongoing-Out-of-Home: 12 hours 35 minutes
 - YS Initial Assessment: 7 hours 51 minutes
 - YS Ongoing-In-Home: 8 hours 6 minutes
 - YS Ongoing-Out-of-Home: 10 hours 8 minutes

Current Estimated and Recommended Caseload

A separate calculation was then made of the number of working hours staff have available in an average month, excluding paid time off, overtime, break times, and lunch times permitted by current regulations, and assuming casework would be completed within standard work hours without overtime. After deducting time required for non-case related work, a figure of 102.8 hours per month was arrived at as the monthly average time available for casework.

The current estimated caseloads for WV caseworkers listed below are based on current case servicing times in relation to the 102.8 per hours available a month to work them. The recommended caseload and workload standard for WV caseworkers represent the optimum caseload standards based on the recommended case servicing times.

- Current estimated caseloads for WV caseworkers (Table 21, p. 47):
 - CPS Initial Assessment: 12-14
 - CPS Ongoing-In-Home: 15-18
 - CPS Ongoing-Out-of-Home: 13-15
 - YS Initial Assessment: 13-16
 - YS Ongoing-In-Home: 22-25
 - YS Ongoing-Out-of-Home: 19-23
- Recommended caseload and workload standard for WV caseworkers (Table 23, p. 51):
 - CPS Initial Assessment: 11-13
 - CPS Ongoing-In-Home: 8-9
 - CPS Ongoing-Out-of-Home: 8-9
 - YS Initial Assessment: 12-14
 - YS Ongoing-In-Home: 10-11
 - YS Ongoing-Out-of-Home: 10-11

Staffing

Staffing estimates were achieved by comparing case estimates as of January 2022 to the recommended caseload and workload standards to determine the estimated needed number of caseworkers versus the allocated caseworkers in WV. A limitation exists in the delineation of this information because WV BSS data is not separated by case type. Therefore, the estimate is an aggregate.

- 697 total CPS caseworkers were estimated as needed, compared to the 533 CPS caseworkers allocated in WV (p. 75)
 - 323 total caseworkers estimated as needed when current vacancies considered.
 - Current operational efficiency is 53.66%
- 227 total YS caseworkers were estimated as needed, compared to the 136 YS caseworkers allocated in WV (p. 75)
 - 131 total caseworkers estimated as needed when current vacancies considered.
 - Current operational efficiency is 42.29%

Effects of Complexity Factors

Case complexity factors are case and family characteristics that may impact the amount of time required to provide service on a case. The value of separate case complexity estimates is to help county managers better understand possible workload associated with a given case and more accurately distribute casework.

The study looked at 20 different case complexity factors.

- Each of the 20 separate case complexity factors were found to add between 15 minutes (presence of a language barrier) and eight hours (child out of state) per case, depending on the factor.
- Several factors were found to add more than two hours per case per month to a caseworker’s workload, including “Child out of state,” “Caregiver substance use disorder,” “Additional parent in the case (per extra parent),” and “Additional child in the case (per extra child).”

2 Introduction

This Workload Study focused on understanding salary, staffing, caseload, and workload for CW Professionals, including CW caseworkers, supervisors, case aides, and related staff working in CPS and YS within BSS. The following terms are used throughout this report to describe various elements of the project:

- The term *Workload Study* encompasses all activities discussed in this report and refers to the overall effort for establishing caseload, workload, and the translation of workload into staffing estimates.
- The term *Time Study* is used to describe a subsection of activities conducted as part of the Workload Study, including time data collection, SME workshops, and data analysis to establish average case service times and staffing estimates.
- The term *Time Survey* refers specifically to the data collection instrument used to collect case-related and non-case-related time data and the process used to distribute and collect data from participants.
- The term *workload* refers to the volume of case-related and non-case related work in a given time period, per worker.
- The term *caseload* refers to volume of cases in a given time period, per caseworker.

The overarching goal of this Workload Study was to provide valuable recommendations and tools to address the CW salary, staffing, caseload, and workload concerns of BSS to ensure the safety, permanency,

and well-being of all children and youth in WV. To achieve this goal, the following activities were carried out:

1. Reviewed background information, including staffing and case data, and developed a sampling plan to select local CW counties and staff for participation in the Workload Study
2. Conducted local outreach with selected CW counties to ensure county CW offices and CW staff were aware of the Workload Study, its goal and objectives, and the process involved in completing the Workload Study activities
3. Conducted a competitive CW Salary Study to:
 - Compare WV CW caseworker, supervisor, and support staff salaries to those in city, county, and state CW agencies in states surrounding WV (i.e., Virginia, Maryland, Kentucky, Pennsylvania, and Ohio) and to the WV private sector
 - Determine allocated staffing levels by CW position in WV
 - Determine vacancies by CW position in WV
4. Facilitated small group interviews and focus groups with CW staff to:
 - Better understand the nature of CW work conducted in WV and the experiences of CW staff
 - Inform the development of the Time Survey
 - Inform the development of the operational efficiency recommendations
5. Conducted the Time Study, which included
 - A Time Survey done with CW staff to gather data primarily focused on the time spent on case-related and non-case-related activities
 - SME workshops to review and validate the results of the Time Survey, and
 - Analysis of case service times and overall case-related and non-case-related time compared to total work time to:
 - Determine current workloads and caseloads
 - Determine suggested workload, caseload, and staffing standards that can serve as ideal goals for service delivery times, caseloads for case-carrying staff and staffing levels.

The primary purpose of this report is to fully describe the findings and associated recommendations on salary, staffing, caseload, and workload for the CW professionals outlined above. Also described in this report are the data collection methods, analytic methods, modifications made to the initial proposal and reasons that support those changes, and all associated phases and tasks of the Workload and Time Study (i.e., Time Survey; analysis of Time Survey results; SME workshops; determination of current workloads and caseloads; determination of recommended case servicing times) and subsequent development of the workload to staffing model (i.e., method of translating caseloads into workload and staffing requirement estimates).

The following sections of the report include an overview and description of the methodology, findings, and recommendations, as well as limitations, related to the Salary Study, small group interviews and focus groups, the Time Survey, SME workshops, the determination of current workloads and caseloads, caseloads and staffing standards, and operational efficiencies for process improvements to case servicing and other CW staff challenges. The report ends with a high-level conclusion; additional recommendations and considerations based on the findings of this Workload Study; and efforts implemented in other states

to improve workload, hiring, and retention. The report appendices include the approach used for local outreach and communication, and detailed information specific to the data collection processes and data analytics methods for each data collection activity mentioned above (e.g., Salary Study, SME workshops).

3 Salary Study²

3.1 Purpose and Overview

The purpose of the Salary Study was to determine 1) the competitiveness of WV CW salaries compared to neighboring cities, counties, and states and the WV private sector, 2) allocated staffing levels by CW position in WV (i.e., staffing that would exist at the county, district, and state levels if all vacancies were filled), and 3) vacancies by CW position in WV. CW caseworker, supervisor, and support staff salary data for fall and winter 2021 were collected on state CW agencies in states surrounding WV (i.e., Virginia, Maryland, Kentucky, Pennsylvania, and Ohio) and from the WV private sector to conduct an in-depth review of the annual minimum, maximum, and average salary (where data are available) and provide salary comparisons with CW positions in WV. As a second part of the Salary Study, a staffing assessment, based on January 2022 staffing data, was conducted to better understand the allocated staffing levels and vacancies by CW position in WV.

For information regarding the Salary Study data collection, see Appendix B. For more information regarding the analytic methods used to conduct the Salary Study, see Appendix C.

3.2 Evaluation Questions

The Salary Study sought to answer the following questions:

- How do CW caseworker, supervisor, and support staff salaries compare to those of state CW agencies in states surrounding WV?
- How do CW caseworker, supervisor, and support staff salaries compare to those from the WV private sector?
- What are the allocated staffing levels and vacancies by CW position in WV?

3.3 Salary Study Findings

Findings related to the salary comparisons of CW positions (Section 3.3.1) and the staffing assessment (Section 3.3.2) are provided in the subsections below.

3.3.1 Salary Comparisons of CW positions

For CPS positions, detailed comparisons of the annual minimum, maximum, and average salaries in WV with their counterparts in neighboring states, along with the WV private sector, can be found below in Table 1. Additionally, salary differences by position between WV and neighboring states are provided in

² Salary was increased by 15% for select BSS staff positions in June 2022 (For more details see: <https://dhr.wv.gov/News/2022/Pages/Salary-Increases-Approved-for-Direct-Services-Employees-and--Child-Welfare-Dashboard-to-be-Published.aspx#:~:text=Gov.,%2C%20effective%20June%2018%2C%202022>). Salary findings shown in this report are based on data prior to this change.

parentheses. WV CPS average annual salaries were lower than one or more neighboring states' average annual salaries for all positions where data is available:

- The average WV CPS caseworker annual salary (\$46,629) was assessed to be \$431 and \$3,458 less than the average annual salary in Maryland (\$47,060) and Virginia (\$50,087), respectively.
- The average WV Senior CPS caseworker annual salary (\$49,420) was assessed to be \$4,669 and \$36,293 less than the average annual salary in Maryland (\$54,089) and Virginia (\$77,719), respectively.
- The average WV CPS Supervisor annual salary (\$52,410) was assessed to be \$13,797, \$9,298, \$9,694, \$25,799, and \$1,059 less than the average annual salary in Ohio (\$66,207), Pennsylvania (\$61,708), Maryland (\$62,104), Virginia (\$78,209), and Kentucky (\$53,469), respectively.
- The average WV CPS Worker Trainee annual salary (\$41,889) was assessed to be \$5,780 less than the average annual salary in Maryland (\$47,669). Comparative data was not available from Virginia and Kentucky.
- The average WV Case Coordinator annual salary (\$35,834) was assessed to be \$5,780 and \$34,054 less than the average annual salary in Ohio (\$41,614) and Virginia (\$69,888), respectively. Comparative data was not available from Pennsylvania, Maryland, and Kentucky.

Table 1: Salary Compensations by CPS Position and State

		WV	WV Private Sector	OH	PA	MD	VA	KY
WV Position Title	Point on Range	WV Salary	Salary Amount of Benchmark Source (dollar amount difference from WV)*					
CPS Caseworker	Min.	32,722	29,890 (-2,832)	30,000 (-2,722)	24,000 (-8,722)	35,840 (+3,118)	29,120 (-3,602)	33,644 (+922)
	Max.	60,535	34,660 (-25,872)	60,756 (+221)	39,449 (-21,086)	58,719 (-1,816)	84,739 (+24,204)	54,687 (-5,848)
	Mean	46,629	32,275 (-14,354)	41,203 (-5,426)	32,840 (-13,789)	47,060 (+431)	50,087 (+3,458)	37,392 (-9,237)
Senior CPS Caseworker	Min.	34,688	N/A	37,128 (+2,440)	31,862 (-2,826)	41,875 (+7,187)	53,271 (+18,583)	37,596 (+2,908)
	Max.	64,172	N/A	44,324 (-19,848)	46,137 (-18,035)	66,411 (+2,239)	109,919 (+45,747)	60,153 (-4,019)
	Mean	49,420	N/A	40,726 (-8,694)	38,913 (-10,507)	54,089 (+4,669)	77,719 (+36,293)	45,506 (-3,914)
CPS Supervisor	Min.	36,779	35,486 (-1,293)	44,845 (+8,066)	49,920 (+13,141)	47,881 (+11,102)	45,591 (+8,812)	42,648 (+5,859)
	Max.	68,041	45,000 (-23,041)	87,963 (+19,922)	75,267 (+7,226)	76,432 (+8,391)	113,546 (+45,505)	74,593 (+6,552)
	Mean	52,410	40,243 (-12,167)	66,207 (+13,797)	61,708 (+9,298)	62,104 (+9,694)	78,209 (+25,799)	53,469 (+1,059)

CPS Worker Trainee	Min.	29,396	N/A	36,816# (+7,420)	27,325# (-2,071)	37,039 (+7,643)	N/A	N/A
	Max.	54,382	N/A	36,816# (-17,566)	27,325# (-27,057)	58,359 (+3,977)	N/A	N/A
	Mean	41,889	N/A	36,816# (-5,073)	27,325# (-14,564)	47,669 (+5,780)	N/A	N/A
Case Coordinator	Min.	25,147	34,840# (+9,693)	31,228 (+6,081)	N/A	N/A	53,705 (+28,558)	N/A
	Max.	46,521	34,840# (+9,693)	52,000 (+5,479)	N/A	N/A	86,070 (+39,549)	N/A
	Mean	35,834	34,840# (+9,693)	41,614 (+5,780)	N/A	N/A	69,888 (+34,054)	N/A

Note. CPS = Child Protective Services, N/A = Not Available.

* "+" for that state means the dollar amount difference is higher than WV and "-" for that state means the dollar amount difference is lower than WV

Only one data source available, and was used to represent minimum, maximum and mean salary

For YS and HHS positions, detailed comparisons of the annual minimum, maximum, and average salaries in WV with their counterparts in neighboring states, along with the WV private sector, can be found below in Table 2. Like in Table 1 above, salary differences by position between WV and neighboring states are provided in parentheses. WV YS and HHS average annual salaries were lower than one or more neighboring states' average annual salaries for all positions where data is available:

- The average WV YS caseworker annual salary (\$36,401) was assessed to be \$7,258, \$4,021, \$27,307, and \$18,256 less than the average annual salary in Ohio (\$43,659), Pennsylvania (\$40,422), Maryland (\$63,708), and Virginia (\$54,657). Comparative data was not available from Kentucky.
- The average WV YS Supervisor annual salary (\$43,061) was assessed to be \$36,787 and \$4,952 less than the average annual salary in Virginia (\$79,848) and Kentucky (\$48,013), respectively. Comparative data was not available from Ohio, Pennsylvania, and Maryland.
- The average HHS Case Aide annual salary (\$28,551) was assessed to be \$5,100 less than the average annual salary in Ohio (\$33,651). Comparative data was not available from Maryland and Virginia.

Table 2: Salary Comparison by YS and HHS Position and State

		WV	WV Private Sector	OH	PA	MD	VA	KY
WV Position Title	Point on Range	WV Salary	Salary Amount of Benchmark Source (Dollar amount difference from WV)*					
YS Case-worker	Min.	27,729	N/A	35,360 (+7,631)	34,243 (+6,514)	47,407 (+19,678)	44,917 (+17,188)	N/A
	Max.	45,072	N/A	51,958 (+7,886)	46,600 (+1,528)	80,788 (+35,716)	64,956 (+19,884)	N/A
	Mean	36,401	N/A	43,659 (+7,258)	40,422 (+4,021)	63,708 (+27,307)	54,657 (+18,256)	N/A
YS Supervisor	Min.	35,645	N/A	N/A	N/A	N/A	58,071 (+22,426)	38,288 (+2,643)
	Max.	50,477	N/A	N/A	N/A	N/A	101,625 (+51,148)	60,262 (+9,785)
	Mean	43,061	N/A	N/A	N/A	N/A	79,848 (+36,787)	48,013 (+4,952)
HHS Case Aide	Min.	20,036	18,302# (-1,734)	27,524 (+7,488)	17,325 (-2,711)	N/A	N/A	24,073# (+4,037)
	Max.	37,066	18,302# (-1,734)	39,778 (+2,712)	36,075 (-991)	N/A	N/A	24,073# (-12,993)
	Mean	28,551	18,302# (-1,734)	33,651 (+5,100)	28,151 (-400)	N/A	N/A	24,073# (-4,478)
<p>Note. YS = Youth Services, HHS = Health and Human Services, N/A = Not Available. * "+" for that state means the dollar amount difference is higher than WV and "-" for that state means the dollar amount difference is lower than WV # Only one data source available, and was used to represent minimum, maximum and mean salary</p>								

3.3.2 Staffing Assessment within WV

Table 3 provides the CPS and YS allocated positions statewide, by geographical region, based on January 2022 staffing data. It should be noted that the data is presented by geographical region rather than by district and county because WV CW was organized into four geographical regions at the time of the Salary Study. As shown in Table 3, CPS caseworkers represent 70.0% of the allocated CPS positions and YS caseworkers represent 85.5% of the allocated YS positions.

Table 3: CPS and YS Allocated Positions Statewide, by WV Geographical Region

Program	Position	Region I	Region II	Region III	Region IV	Total	% of Staff within Program
CPS	Caseworkers	115	145	95	111	466	70.0
	Senior Caseworkers	11	16	14	15	56	8.4
	Case Coordinators	10	10	9	10	39	5.9
	Supervisors	22	27	21	24	94	14.1
	FDTC	3	2	2	4	11	1.7
YS	Caseworkers	31	49	32	24	136	85.5
	Case Coordinators	4	2	3	2	11	6.9
	Supervisors	4	3	3	2	12	7.5
Other	HHS Case Aides	20	26	16	19	81	100.0

Note. CPS = Child Protective Services, YS = Youth Services, HHS = Health and Human Services, FDTC = Family Drug Treatment Court. The Salary Study was conducted in fall/winter 2021 and updated in January 2022, at which time the WV regions were organized as follows:
Region I Counties: Calhoun/Gilmer/Wirt, Jackson/Roane/Clay, Marion/Monongalia, Marshall/Tyler/Wetzel, Ohio/Brooke/Hancock, Ritchie/Pleasants/Doddridge, Wood.
Region II Counties: Boone, Lincoln, Cabell, Kanawha, Logan, Mason/Putnam, Wayne.
Region III Counties: Berkeley/Jefferson/Morgan, Hampshire/Mineral, Hardy/Grant/Pendleton, Harrison, Lewis/Upshur/Braxton, Randolph/Tucker, Taylor/Preston/Barbour.
Region IV Counties: Fayette, Greenbrier/Monroe/Pocahontas/Summers, McDowell/Wyoming, Mercer, Mingo, Nicholas/Webster, Raleigh.

Table 4, based on January 2022 staffing data, provides the CW position vacancies statewide and the percentage of vacancies in parentheses within job position, by geographical region. As noted above, the data is presented by geographical region rather than by district and county because WV CW was organized into four geographical regions at the time of the Salary Study. Table 4 shows that there were 239 CW position vacancies across WV. Vacancies were most prevalent in frontline positions of CPS caseworkers (159 vacancies; CW, Senior CW, FDTC) and YS caseworkers (40 vacancies). Vacancies in these case-carrying staff positions affect the caseloads for these positions because when vacancies exist current staff must cover more cases than when all allocated positions are full.

Table 4: CW Position Vacancies Statewide, by WV Geographical Region

		Region I	Region II	Region III	Region IV	Total
Program	Position	Vacancy # (% of allocated)	Vacancy # (% of allocated)	Vacancy # (% of allocated)	Vacancy # (% of allocated)	Vacancy # (% of allocated)
CPS	Caseworkers	33 (28.7)	50 (34.5)	26 (27.4)	38 (34.2)	147 (31.5)
	Senior Caseworkers	2 (18.2)	1 (6.3)	3 (21.4)	3 (20.0)	9 (16.1)
	Case Coordinators	1 (10.0)	1 (10.0)	1 (11.1)	0 (0.0)	3 (7.7)
	Supervisors	1 (4.5)	2 (7.4)	2 (9.5)	2 (8.3)	7 (7.4)
	FDTC	2 (66.6)	0 (0.0)	1 (50.0)	0 (0.0)	3 (27.3)
YS	Caseworkers	10 (32.3)	8 (16.3)	13 (40.6)	9 (37.5)	40 (29.4)
	Case Coordinators	1 (25.0)	0 (0.0)	2 (100.0)	0 (0.0)	3 (30.0)
	Supervisors	0 (0.0)	1 (33.3)	0 (0.0)	2 (100.0)	3 (25.0)
Other	HHS Case Aides	6 (30.0)	12 (46.2)	5 (31.3)	1 (5.3)	24 (29.6)
Total Vacancies (#)		56	75	53	55	239
<p><i>Note.</i> CPS = Child Protective Services, YS = Youth Services, HHS = Health and Human Services, FDTC = Family Drug Treatment Court. The Salary Study was originally conducted in fall/winter 2021 and updated in January 2022, at which time the WV regions were organized as follows: <u>Region I Counties:</u> Calhoun/Gilmer/Wirt, Jackson/Roane/Clay, Marion/Monongalia, Marshall/Tyler/Wetzel, Ohio/Brooke/Hancock, Ritchie/Pleasants/Doddridge, Wood. <u>Region II Counties:</u> Boone, Lincoln, Cabell, Kanawha, Logan, Mason/Putnam, Wayne. <u>Region III Counties:</u> Berkeley/Jefferson/Morgan, Hampshire/Mineral, Hardy/Grant/Pendleton, Harrison, Lewis/Upshur/Braxton, Randolph/Tucker, Taylor/Preston/Barbour. <u>Region IV Counties:</u> Fayette, Greenbrier/Monroe/Pocahontas/Summers, McDowell/Wyoming, Mercer, Mingo, Nicholas/Webster, Raleigh.</p>						

3.4 Recommendations and Considerations

Overall, the Salary Study revealed that WV CW average annual salaries were lower than Virginia and Maryland average annual salaries for all positions where data is available. The story is more complex, however, because the average annual salaries for CPS supervisors, YS caseworkers, YS supervisors, and case coordinators were lower in WV than in all surrounding states where data is available. This means that an individual hired for one of these roles in WV has less earning potential over time than the same role in possible nearby locations. Additionally, although the average annual CPS caseworker and CPS senior caseworker salaries were lower in WV than only two surrounding states, small group interview and focus group participants indicated the potential for caseworkers to earn more in other occupations

in WV, which may lead to qualified individuals not filling the position vacancies outlined above or further position vacancies.

The Salary Study revealed that increasing salaries may assist with staff hiring and retention challenges. Increasing salaries would bring WV CW staff in line with nearby out-of-state CPS organizations that are in competition for the limited applicant pool of CW staff. Although increasing salaries within WV may help to attract candidates, higher salaries are only one piece of the puzzle when determining how to fill position vacancies with qualified candidates.

4 Small Group Interviews and Focus Groups with CW Supervisors, Caseworkers, and Support Staff

4.1 Purposes and Overview

The purposes of the small group interviews and focus groups were to 1) better understand the nature of CW work conducted in WV and the experiences of CW staff, 2) inform the development of the Time Study, and 3) inform the development of the operational efficiency recommendations. To accomplish these purposes, the ICF project team conducted six small group interviews with a total of 16 CW supervisors and five focus groups with a total of 12 CW caseworkers and case aides/case coordinators during November and December 2021.

The small group interviews and focus groups were designed to include two sections. The first section of the small group interviews and focus groups centered on understanding the nature of CW work and the work experience for CW staff in WV. This section included questions focused on the nature of the daily work in CW jobs, workloads and case assignment practices, work challenges impacting CW staff, potential process inefficiencies, and ways to help address the work challenges or improve service delivery in WV.

The second section of the small group interviews and focus groups centered on obtaining participant feedback on the comprehensiveness and clarity of the Core Practice Functions and Work Activity Table (initially developed by the ICF project team using the documentation in Section 16.1) and the case complexity factors list (initially developed by the ICF project team by collecting input from BSS regarding the factors they wanted to include). The Core Practice Functions and Work Activity Table provides a framework for describing the work performed by CW staff in WV, by specifying the case types (i.e., Core Practice Functions), work activity categories, and example tasks for each work activity. The case complexity factors list outlines the factors that may impact the amount of time required to provide service on a case.

For more information regarding the small group interview and focus group data collection methods, see Appendix D. For more information regarding the data analysis methods used to analyze these data, see Appendix E. For a list of the specific questions asked during the small group interviews and focus groups, please refer to the small group interview and focus group protocols, which is provided as a standalone file accompanying this report.

4.2 Evaluation Questions

The small group interviews and focus groups sought to answer the following questions:

Section 1 Nature of CW Work in WV and the CW Staff Experience:

- What is the work experience and “health” of county CW staff?
 - What does worker health and well-being look like across WV?
 - How are CW staff impacted by their current workloads?
 - How satisfied are CW staff?
- How has the novel Coronavirus Disease 2019 (COVID-19) impacted CW work across WV?
 - How have these changes associated with conducting work during the COVID-19 pandemic impacted CW staff?
- What factors, including laws, regulations, policies and procedures, and judicial procedures, are affecting CW casework?
 - What challenges do these factors cause and how are these challenges experienced by CW staff?

Section 2 Inform the development of the Time Study:

- What is the terminology for describing CW Core Practice Functions and Work Activities that would best resonate with all CW staff?
 - What are the similarities and differences in how CW services are delivered across WV?
 - What affects the type and number of cases received?
- What other case complexity factors should be included in the Workload Study?
 - Should any of the listed case complexity factors be re-worded or removed?
- What are the relevant considerations related to conducting a Time Study across WV?

4.3 Small Group Interview and Focus Group Findings

Findings related to the themes of CW Staff Well-Being and Work Experience (Section 4.3.1), Impact of COVID-19 (Section 4.3.2), and Key Challenges Experienced by CW Staff (Section 4.3.3) are provided in the subsections below. Details on using the findings on the Core Practice Functions and Work Activity Table and case complexity factors list are also presented in the subsections below (Section 4.3.4). Findings related to the theme of Recommendations to Improve the WV CW system were used to inform the operational efficiency recommendations and are presented in Section 9 of this report.

4.3.1 CW Staff Well-Being and Work Experience

During the small group interviews and focus groups, participants were asked about the most positive aspects of their work. Several key findings were identified. The first finding was that CW staff value the people with whom they work. Participants indicated that supportive supervisors and coworkers were a key highlight of their work experience. Another key finding identified related to positive work experiences is that participants have a strong belief in the mission of their work and in making a positive impact on children and families’ lives. They truly believe in the work that they do and often indicated that they stay in their jobs because of the importance of their work, even though they experience heavy stress.

Although these findings related to the positive aspects of CW work were identified, additional findings arose that indicate CW staff across WV are experiencing very stressful work situations. Key elements identified as contributing to these stressful conditions include the following:

- Lower than needed allocated staffing levels
- High vacancy rates exacerbating the lower-than-needed allocated staffing levels (i.e., not all of the allocated positions are filled)
- Complex cases leading to excessive caseloads (i.e., additional time is required for complex cases)
- High turnover as well as vacancies being filled, leading to a significant number of new staff who require on-the-job training
- Difficulty recruiting and retraining staff as a result of these issues

Additionally, there were indications that low staff morale was a serious issue based on comments from the participants. For example, participants indicated that they:

- Were unhappy with their current salary, given the level of work required, and often struggled to make ends meet
- Struggled to focus on case management given the amount of time spent on "little things" like reimbursements and reconciliations
- Felt that they were not getting trained on important parts of their job (e.g., understanding social work and unique nuisances and complexities of the job, practice using the Family and Child Tracking System [FACTS], specific office protocols for using FACTS)
- Believed their health (e.g., amount of sleep), family life, and general well-being were being negatively impacted due to their job
- Felt that they had to be selective about which cases to attend to, resulting in some of their caseload "falling through the cracks"

In summary, although findings from the small group interviews and focus groups did indicate that there are positive elements to the CW work experience in WV, there are also important findings that indicate staff are highly stressed, with negative impacts on their morale and well-being.

4.3.2 Impact of COVID-19

COVID-19 impacted CW staff by changing work demands, the complexity of cases, and the process for onboarding and training new hires.

Regarding work demands, participants noted there were often fewer CW referrals in 2020, but then referrals increased in 2021. Participants had fewer meetings when the referrals were lower, and some were able to clear their backlogs of work in the early stages of the pandemic. However, others reported no notable changes to their work demands. Overall, the impact of COVID-19 on workload varied considerably by county.

Participants were more consistent in their reports of the impact of COVID-19 on case complexity. A key finding identified through the small group interviews and focus groups was that the complexity of cases has increased and the cases that CW staff are now seeing are more likely to arise from an emergency, be more complex, and require greater amounts of time than prior to COVID-19. Participants experienced an increase in substance use disorder cases, adult mental health cases, physical abuse cases, and cases with prolonged abuse and neglect.

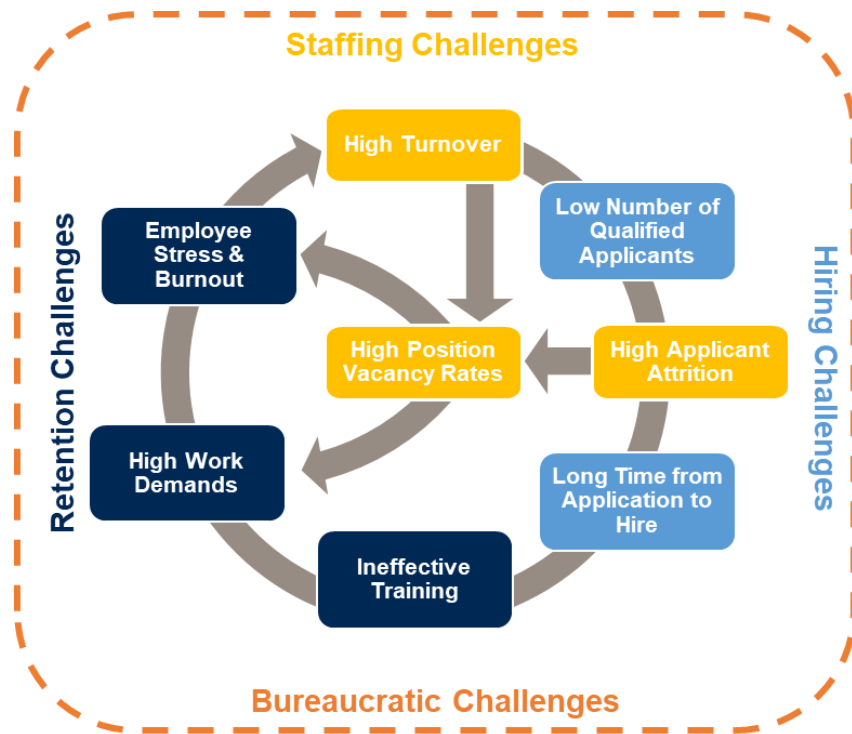
Regarding the impact of COVID-19 on new hire training and onboarding, participants indicated they found the virtual training format to be less effective than the previously conducted in-person onboarding

training, expressed concerns that new hires lost opportunities to connect with other employees, and indicated there were fewer mentorship opportunities available than in the past.

4.3.3 Key Challenges Experienced by CW Staff

Challenges were identified in four key areas: bureaucratic challenges, hiring challenges, retention challenges, and staffing challenges. Figure 1 presents a conceptual overview of how these factors interrelate to one another to further compound challenges. The following text then provides a high-level overview of the identified challenges.

Figure 2: Overview of Key Challenge Factors



Bureaucratic Challenges

The bureaucratic challenges identified refer to issues related to funding, services, and resources; laws and policies; court systems; and higher-level leadership (e.g., State-level). Focus group participants noted a lack of availability and/or accessibility of resources. For example, technology to facilitate remote work in the field is lacking (e.g., mobile scanners for working from the car, ways to print when away from the office). Additionally, they noted a lack of available services (e.g., therapy for children) as a common challenge, especially in rural areas. Participants indicated that laws and policies sometimes do not consider high caseloads and can therefore be unrealistic or unreasonable. They perceived a misalignment of goals between the CW system and the courts (e.g., trying to keep children in the home versus removing them from the home), as well as poor communication between these two parties as challenges that impact their work. Similarly, they perceived a lack of communication and support from higher-level leadership (i.e., higher than their own supervisor).

Hiring Challenges

Participants noted several challenges related to recruiting and hiring. There is difficulty attracting qualified applicants to CW positions due to low starting pay (e.g., low starting pay compared to regions close in proximity, compared to other positions available in WV which may pay more). Also, there is difficulty filling open positions due to broad degree requirements (e.g., any college degree) leading to individuals dropping out of the applicant pool after gaining further insight into the job. Beyond having difficulty filling open positions, participants also suggested there are insufficient allocated positions to meet workload demand in some cases. When qualified applicants are found, the hiring process poses challenges as well. Participants felt that the Division of Personnel register is outdated and difficult to use, and that there are too many steps and too many approvals required in the hiring process, leading to a long time from application to hiring. When there is a long time between applying to an open position and receiving a job offer, applicants are more likely to have found other employment opportunities and no longer be seeking employment.

Retention Challenges

Multiple challenges were identified that can lead to difficulties with employee retention, including several issues with training. Challenges identified by participants included the following: there is a steep learning curve and a problem of knowledge retention of information for new staff, new hire training takes too long, new hires are unprepared for fieldwork post-training, time constraints of more tenured staff limit the potential for them to mentor new hires, and virtual training is less effective than previously used in-person methods. Additionally, certain ongoing trainings are not perceived as valuable and there are tight timelines for ongoing training completion, which can be hard to meet given other workload demands. Related to work demands, participants expressed concern with high caseloads that are difficult to manage; meetings, documentation, and administrative tasks that are perceived as unnecessary; and high travel and transportation time demands.

Staff expressed concerns about stress, burnout, and work-life balance, each of which is associated with increased employee turnover (i.e., lower retention).⁵⁻⁷ CW staff indicated that on-call duties disrupt sleep, it is difficult to take breaks and time off, the job involves high emotional labor, and long hours and frequent overtime are required. The job also negatively impacts their personal life, with some participants indicating they live paycheck-to-paycheck and have a lack of time with family and friends. Overall, they indicated they lack work-life balance and face emotional, physical, and financial difficulties related to their jobs.

Staffing Challenges

As a compounding effect of many of the above challenges, participants expressed concern with high turnover rates, high position vacancy rates, and high applicant attrition. All these factors have a detrimental effect on the workload of current staff; when there are fewer staff on board, those staff must cover more cases than when all allocated positions are full. Also, important to note is that the findings suggested there are some counties with allocated staffing levels that are insufficient to handle current workloads. These challenges accentuate the burden for individual workers and the need to appropriately cover children and youth within the programs.

4.3.4 Core Practice Functions and Work Activity Table and Case Complexity Factors List

The actual language provided by participants during the small group interviews and focus groups was used to refine the Core Practice Functions and Work Activity Table and the case complexity factors list used in the Time Study (Sections 5 through 8; Appendices F through L). This ensured that the Time Study was designed to reflect how CW staff in WV interpret and define the work they perform. In this way, the individuals doing the work defined the framework for the overall Time Study. The complete case complexity factors list is provided in Section 6 (Table 19) and in Appendix F while the complete Core Practice Functions and Work Activity Table is provided in Appendix D. The Work Activity list, which is a section of the Core Practice Functions and Work Activity Table, is summarized in Table 5 below and, in more detail, in Appendix D.

Table 5: Summary List of Work Activity Used Across All Core Practice Functions

Time Category
Case-Related Administrative
Case-Related Child Contact
Case-Related Parent Contact
Case-Related Out-of-Home Provider Contact
Case-Related Other Contact
Case-Related Attempted Contact
Case-Related Placement and Removal
Case-Related Travel
Case-Related Training, Consultation, Meetings
Case-Related Court
Non-Case-Related Administrative
Non-Case-Related Travel
Non-Case-Related Meetings
Non-Case-Related Training
Non-Case-Related Recruitment and Community Services

To provide a clearer understanding of how CW caseworkers are spending their time, a distinction was made between case-related and non-case-related time in the Core Practice Functions and Work Activity Table. Case-related time was defined as any time that had a specific case associated with it. The Core Practice Functions and Work Activity Table is structured so that each Core Practice Function includes the same 10 case-related work activities. Non-case-related time was defined as time that was not directly associated with case-related service, such as non-case-related training and consultation; non-case-related meetings; non-case-related travel; administrative work; and recruitment, licensing, and community-related activities. In the Core Practice Functions and Work Activity Table, non-case-related work activities are not designated to a specific Core Practice Function. Distinguishing between case-related and non-

case-related time provides additional detail for determining how much time is being allocated to children, youth, and families for direct services versus time required for more general case support activities and other administrative aspects of the job.

Time designated as non-work hours (e.g., holidays, vacation/paid time off [PTO], and break times) was also distinguished from work time (i.e., case-related and non-case-related time). It is critical to establish the ratio of leave to work time so as to better estimate how many work hours to total hours should be used to represent a full-time equivalent (FTE) position. This approach has been implemented successfully for CW agencies in other states, including Colorado⁸ and Wisconsin.⁹

Finally, the small group interviews and focus groups resulted in the recognition of six Core Practice Functions, based on case types, for all case-servicing staff, namely CPS Initial Assessment, CPS Ongoing-In-Home, CPS Ongoing-Out-of-Home, YS Initial Assessment, YS Ongoing-In-Home, and YS Ongoing-Out-of-Home. These six categories are used throughout this report to understand differences in case servicing times and, consequently, differences in case-carrying capacity of staff performing in each of these practice functions.

4.4 Informing Next Steps in the Time Study

During the review of CW staffing data (See Section 3) and the implementation of the small group interviews and focus groups (as described here in Section 4), the ICF project team uncovered significant CW caseworker vacancies and other challenges being encountered by CW staff related to workload in WV. Therefore, an alternative approach was taken to conducting the Time Study that would allow the caseloads and workloads in WV to be modeled, while minimizing time demands for participating staff. More details regarding the Time Study are provided in Sections 5-8. More details regarding the change in scope to the Time Study are provided in Appendix F.

5 Time Survey

5.1 Purpose and Overview

The Time Survey was designed as the first step in a four-part iterative Time Study leading to the development of recommended caseload and staffing standards for caseworkers, supervisors and support staff across CPS and YS services in WV. Building on the results of the small group interviews and focus groups and the Core Practice Functions and Work Activity Table and case complexity factors list resulting from that work, the Time Survey aimed to gather preliminary data from a small sample of staff about their total working hours and the time they currently spent on cases, allowing estimation of the current time required to service cases during a month. An additional function of the Time Survey was to derive preliminary time estimates for the recommended time required to service cases during a month and for the case complexity factors identified in the small group interviews and focus groups outlined in Section 4. Section 6 describes how these estimations were taken forward through a series of SME workshops, and other refinement methods, to arrive at recommended monthly time requirements for servicing various types of cases. Section 7 covers the estimation of current staffing and caseload numbers, while Section 8 describes how the recommended case times were used to arrive at recommendations for

caseloads for each case type, and then convert these into recommendations for future staffing numbers and compare existing and recommended staffing numbers.

In the first of these steps, data about the amount of time CW staff spent on various case-related and non-case-related work activities was gathered through a Time Survey distributed by email to participating staff. Two versions of the Time Survey were created, one for case-carrying staff (e.g., caseworkers, senior caseworkers, FDTC, Social Service Worker 3 – Youth Services [SSW3-YS], and supervisors) and one for non-case-carrying staff (e.g., HHS case aides, supervisors, and case coordinators). A small sample (3.5% allocated staff; 32/906) of WV CW staff (n = 11 case carrying staff, n = 21 non-case carrying staff) participated in the Time Survey for two weeks from February 14 to 28, 2022. This data collection period was kept brief due to time limitations and attempts to accommodate the work-life balance challenges of CW staff. However, this approach resulted in a sample size too small to be considered reliable, resulting in the Time Survey having a less prominent place in the Time Study methodology than was planned.

Nevertheless, although the Time Survey results were of limited value, the SME workshops that followed were able to compensate for these limitations and produce data that could be generalized more reliably to the WV CPS and YS staff populations.

For completeness and transparency, examples of the tables derived from the Time Survey results and used in the SME workshops are described in Appendix H.

6 Subject Matter Expert (SME) Workshop Results

6.1 Purposes and Overview

This second step in the four-part iterative process of developing recommendations for caseloads and staffing began with a series of SME workshops, the purposes of which were originally to review and validate the results of the Time Survey data and to assist in the development of average recommended caseloads. In practice, as described in Section 5, the SME workshops were required to carry a heavier burden in the overall Time Study in order to compensate for the limitations of the Time Survey.

A separate workshop was scheduled to be held for each Core Practice Function. However, the YS Ongoing-In-Home and Out-of-Home Core Practice Functions were combined into a single workshop based on SME expertise (i.e., the SME was familiar with both of these Core Practice Functions and could provide review for both). In total, five virtual, one-hour SME workshops were held with case-carrying CW staff (n = 6 participants) following the Time Survey. Two ad-hoc SME workshops were also held with BSS staff (n = 2 participants) with experience in CW case servicing and case management to provide further feedback on the Time Survey results.

The SME workshops were designed to include three sections. In the first section, case-carrying SMEs participated in a facilitated discussion during the SME workshops in which they reviewed, and in some instances, modified, the percentages and times in the average current time per case per month tables (Tables 45 through 50 in Appendix H). Tables 6 through 12 in Section 6.3.1 below were created based on the results of the Time Survey, the consultation with SMEs during the workshops and ad-hoc workshops, and the ICF project team's expert judgments. The tables present 1) the percentage of cases receiving service each month, 2) the average current time spent per case receiving service in a month, and 3) the

product of both which is the contributed time per case per month for each work activity category. The contributed time per case per month for each work activity category was summed to calculate the total contributed time per case, per month within the Core Practice Function. Any perceived inaccuracies in the Time Survey results, reasons for the inaccuracies, or other issues related to interpreting the findings were also discussed in the SME workshops.

In the second section, case-carrying SMEs participated in a facilitated discussion in which they reviewed, and in some instances, modified the recommended case time within each Core Practice Function. Tables 13 through 19 in Section 6.3.2 below were created based on the results of the Time Survey, the consultation with SMEs during the workshops and ad-hoc workshops, and the ICF project team's expert judgments. Tables 13 through 19 present 1) the recommended percentage of cases receiving service each month, 2) the recommended time spent per case receiving service in a month, and 3) the product of both which is the recommended contributed time per case per month for each work activity category. The recommended contributed time per case per month for each work activity category was summed to calculate the total recommended contributed time per case per month within the Core Practice Function. For each Core Practice Function, the average recommended monthly caseload was found by dividing the total available hours for caseworkers to service cases each month by the total recommended contributed time per case per month within the Core Practice Function (See Table 28). An approximate +/- 10% bound (rounded to a whole case) was placed around each average recommended caseload to provide a monthly caseload range rather than a single point estimate. Given the variations (e.g., case complexity factors, differences across counties) that affect caseloads, a monthly caseload range is preferable to a single point estimate.

In the final section, case-carrying SMEs participated in a facilitated discussion in which they reviewed, and in some instances, modified the case complexity factor findings from the Time Survey. Table 20 in Section 6.3.3 below was created based on the results of the Time Survey, the consultation with SMEs during the workshops and ad-hoc workshops, and the ICF project team's expert judgments. Table 20 presents the estimates of time added for each case complexity factor for an average case.

Taken together, the information collected during the workshops formed the basis for developing the caseload and staffing standards. Additional discussion regarding the application and utility of these findings is presented in Section 8.

Refer to Appendix I for more details about the data collection methods used for the SME workshops, and refer to Appendix J for more details about the data analysis conducted as part of the SME workshop process.

6.2 Evaluation Questions

Evaluation questions intended to be addressed by the SME workshops included:

- Are the Time Survey results for current case servicing times valid? What (if any) revisions are needed to most accurately reflect how cases are currently receiving service in WV?
- Are the Time Survey results for recommended case servicing times valid? What (if any) revisions are needed to best reflect recommended servicing times for cases in WV?

- What is the average recommended monthly caseload by CPS and YS Core Practice Functions in WV?
- What (if any) revisions are needed to the case complexity factor findings from the Time Survey?

6.3 SME Workshop Findings

Findings related to current case time (Section 6.3.1), recommended case time (Section 6.3.2), recommended caseload (Section 6.3.2), and the case complexity factor analysis (Section 6.3.3) are provided in the subsections below.

6.3.1 Current Case Time Findings

Tables 6 through 11 present 1) the percentage of cases receiving service each month, 2) the average current time spent per case receiving service in a month, and 3) the resulting contributed time per case per month for each work activity category. The total contributed time per case per month for each Core Practice Function is also shown. These numbers are presented in a separate table for each Core Practice Function: CPS Initial Assessment (Table 6), CPS Ongoing-In-Home (Table 7), CPS Ongoing-Out-of-Home (Table 8), YS Initial Assessment (Table 9), YS Ongoing-In-Home (Table 10), and YS Ongoing-Out-of-Home (Table 11), respectively.

As displayed in Table 6, CPS Initial Assessment cases required an average of seven hours and 46 minutes per case per month to service. In detail, all cases require work in the areas of Administration, Child Contact, Parent Contact, Other Contact, and Case-Related Travel each month. Additionally, the largest contributor to current monthly time spent working on a case is Administration, which requires, on average, three hours per case per month.

Table 6: CPS Initial Assessment Average Current Time per Case per Month

Work Activity Category (CPS Initial Assessment)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Administration	100	3:00	3:00
Child Contact	100	0:35	0:35
Parent Contact	100	1:15	1:15
Out-of-Home Care Provider Contact	5	0:20	0:01
Other Contact	100	0:45	0:45
Attempted Contact	33	0:15	0:04
Placement/Removal	35	1:00	0:21
Case-Related Travel	100	1:00	1:00

Work Activity Category (CPS Initial Assessment)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Case-Related Training, Consultation, Meetings	45	1:08	0:30
Court-Related Time	23	1:00	0:13
Total	N/A	N/A	7:46

Note. CPS = Child Protective Services.

Due to rounding, some totals may not correspond with the sum of the separate figures

As displayed in Table 7, CPS Ongoing-In-Home cases required an average of six hours and 20 minutes per case per month to service. In detail, all cases require work in the areas of Administration, Child Contact, and Attempted Contact each month. Additionally, the largest contributor to current monthly time spent working on a case is Administration work, which requires, on average, three hours per case per month.

Table 7: CPS Ongoing-In-Home Average Current Time per Case per Month

Work Activity Category (CPS Ongoing-In-Home)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Administration	100	3:00	3:00
Child Contact	100	1:00	1:00
Parent Contact	95	1:00	0:57
Out-of-Home Care Provider Contact	50	0:30	0:15
Other Contact	20	0:15	0:03
Attempted Contact	100	0:15	0:15
Placement/Removal	10	0:15	0:01
Case-Related Travel	35	1:00	0:21
Case-Related Training, Consultation, Meetings	35	0:45	0:15
Court-Related Time	10	2:00	0:12
Total	N/A	N/A	6:20

Note. CPS = Child Protective Services.

Work Activity Category (CPS Ongoing-In-Home)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Due to rounding, some totals may not correspond with the sum of the separate figures			

As displayed in Table 8, CPS Ongoing-Out-of-Home cases required an average of seven hours and nine minutes per case per month to service. In detail, all cases require work in the areas of Administration, Child Contact, Parent Contact, and Attempted Contact each month. Additionally, the largest contributor to current monthly time spent working on a case is Administration work, which requires, on average, three hours and 43 minutes per case per month.

Table 8: CPS Ongoing-Out-of-Home Average Current Time per Case per Month

Work Activity Category (CPS Ongoing-Out-of-Home)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Administration	100	3:43	3:43
Child Contact	100	0:55	0:55
Parent Contact	100	0:55	0:55
Out-of-Home Care Provider Contact	50	0:36	0:18
Other Contact	20	0:15	0:03
Attempted Contact	100	0:15	0:15
Placement/Removal	10	0:10	0:01
Case-Related Travel	35	1:15	0:26
Case-Related Training, Consultation, Meetings	35	0:55	0:19
Court-Related Time	10	2:20	0:14
Total	N/A	N/A	7:09
<i>Note.</i> CPS = Child Protective Services. Due to rounding, some totals may not correspond with the sum of the separate figures			

As displayed in Table 9, YS Initial Assessment cases required an average of seven hours and three minutes per case per month to service. In detail, all cases require work in the areas of Administration; Child Contact; Parent Contact; Case-Related Travel; and Case-Related Training, Consultation, Meetings each month. Additionally, the largest contributor to current monthly time spent working on a case is Administration work, which requires, on average, two hours per case per month.

Table 9: YS Initial Assessment Average Current Time per Case per Month

Work Activity Category (YS Initial Assessment)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Administration	100	2:00	2:00
Child Contact	100	1:00	1:00
Parent Contact	100	1:15	1:15
Out-of-Home Care Provider Contact	0	0:15	0:00
Other Contact	75	0:15	0:11
Attempted Contact	33	0:15	0:04
Placement/Removal	20	0:30	0:06
Case-Related Travel	100	1:00	1:00
Case-Related Training, Consultation, Meetings	100	0:30	0:30
Court-Related Time	75	1:15	0:56
Total	N/A	N/A	7:03
<i>Note.</i> YS = Youth Services. Due to rounding, some totals may not correspond with the sum of the separate figures			

As displayed in Table 10, YS Ongoing-In-Home cases required an average of four hours and 20 minutes per case per month to service. In detail, over 90% of YS Ongoing-In-Home cases require work in the areas of Administration, Child Contact, and Case-Related Travel each month. Additionally, the largest contributors to current monthly time spent working on a case is Administration work, which requires, on average, one hour and eight minutes per case per month and Child Contract, which requires, on average, one hour and two minutes per case per month.

Table 10: YS Ongoing-In-Home Average Current Time per Case per Month

Work Activity Category (YS Ongoing-In-Home)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Administration	95	1:11	1:08
Child Contact	93	1:07	1:02

Parent Contact	69	0:43	0:30
Out-of-Home Care Provider Contact	20	0:33	0:06
Other Contact	62	0:41	0:25
Attempted Contact	8	0:18	0:01
Placement/Removal	11	0:45	0:05
Case-Related Travel	94	0:43	0:40
Case-Related Training, Consultation, Meetings	51	0:25	0:12
Court-Related Time	27	0:36	0:09
Total	N/A	N/A	4:20

Note. YS = Youth Services.

Due to rounding, some totals may not correspond with the sum of the separate figures

As displayed in Table 11, YS Ongoing-Out-of-Home cases required an average of four hours and 50 minutes per case per month to service. In detail, all cases require work in the area of Administration each month. Additionally, the largest contributor to current monthly time spent working on a case is Administration work, which requires, on average, one hour per case per month.

Table 11: YS Ongoing-Out-of-Home Average Current Time per Case per Month

Work Activity Category (YS Ongoing-Out-of-Home)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Administration	100	1:00	1:00
Child Contact	78	0:45	0:35
Parent Contact	71	0:30	0:21
Out-of-Home Care Provider Contact	30	0:30	0:09
Other Contact	37	0:30	0:11
Attempted Contact	37	0:20	0:07
Placement/Removal	35	0:30	0:10
Case-Related Travel	78	1:00	0:46
Case-Related Training, Consultation, Meetings	57	1:00	0:34

Work Activity Category (YS Ongoing-Out-of-Home)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Court-Related Time	61	1:30	0:54
Total	N/A	N/A	4:50
<i>Note.</i> YS = Youth Services. Due to rounding, some totals may not correspond with the sum of the separate figures			

A summary of the average current time spent per case per month across the Core Practice Functions is provided in Table 12. As can be seen in this table, CPS Initial Assessment cases require the most time (7 hours 46 minutes) compared with any other CPS and YS Core Practice Function.

Table 12: Average Current Time per Case per Month for CPS and YS Core Practice Functions

Source	CPS Initial Assessment	CPS Ongoing -In-Home	CPS Ongoing- Out-of- Home	YS Initial Assessment	YS Ongoing- In-Home	YS Ongoing- Out-of- Home
Current Time per Case per Month (Hours: Minutes)	7:46	6:20	7:09	7:03	4:20	4:50
<i>Note.</i> CPS = Child Protective Services, YS = Youth Services.						

The case service times shown in Table 11 compare similarly to other states (e.g., Colorado and Wisconsin)^{8,9} where caseload studies have been performed. These results can also be used to translate current workload based on caseload into current caseworker staffing needed to process that workload. As a check on the accuracy of the average current time spent per Core Practice Function, the staffing levels derived from applying this table to current WV caseloads can be compared with current staffing levels. Those results are presented in Section 7.

6.3.2 Recommended Case Time and Caseload Findings

Tables 13 through 18 present 1) the recommended percentage of cases receiving service each month, 2) the recommended time spent per case receiving service in a month, and 3) the resulting recommended contributed time per case per month for each work activity category. The total recommended contributed time per case per month for the Core Practice Function is also shown. These numbers are presented in a separate table for each Core Practice Function: CPS Initial Assessment (Table 13), CPS Ongoing-In-Home (Table 14), CPS Ongoing-Out-of-Home (Table 15), YS Initial Assessment (Table 16), YS Ongoing-In-Home (Table 17), and YS Ongoing-Out-of-Home (Table 18), respectively. Note that some rounding occurs in these tables such that the total recommended contributed time per case per month may not reflect the exact sum of the recommended contributed times per case per month for each work activity category.

As displayed in Table 13, CPS Initial Assessment cases were recommended to require an average of eight hours and 33 minutes per case per month to service. SME Workshop participants indicated that all CPS

Initial Assessment cases should have Administration; Child Contact; Parent Contact; Other Contact; Case-Related Travel; and Case-Related Training, Consultation, Meetings each month. Additionally, SME Workshop participants indicated that the largest contributor to monthly time spent working on a case should be Administration work, which requires, on average, four hours per case per month.

Table 13: CPS Initial Assessment Average Recommended Time per Case per Month

Work Activity Category (CPS Initial Assessment)	Recommended % of Cases Receiving Service Each Month	Recommended Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Recommended Contributed Time per Case per Month (Hours: Minutes)
Administration	100	4:00	4:00
Child Contact	100	1:00	1:00
Parent Contact	100	0:45	0:45
Out-of-Home Care Provider Contact	5	0:15	0:00
Other Contact	100	0:15	0:15
Attempted Contact	33	0:15	0:05
Placement/Removal	20	0:30	0:06
Case-Related Travel	100	1:00	1:00
Case-Related Training, Consultation, Meetings	100	1:08	1:08
Court-Related Time	23	1:00	0:13
Total	N/A	N/A	8:33

Note. CPS = Child Protective Services.
Due to rounding, some totals may not correspond with the sum of the separate figures

As displayed in Table 14, CPS Ongoing-In-Home cases were recommended to require an average of nine hours and 42 minutes per case per month to service. SME Workshop participants indicated that all CPS Ongoing-In-Home cases should have Administration, Child Contact, Parent Contact, Attempted Contact, and Case-Related Travel each month. Additionally, SME Workshop participants indicated that the largest contributor to monthly time spent working on a case should be Administration work, which requires, on average, four hours and 30 minutes per case per month.

Table 14: CPS Ongoing-In-Home Average Recommended Time per Case per Month

Work Activity Category (CPS Ongoing-In-Home)	Recommended % of Cases Receiving Service Each Month	Recommended Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Recommended Contributed Time per Case per Month (Hours: Minutes)
Administration	100	4:30	4:30
Child Contact	100	1:30	1:30
Parent Contact	100	1:30	1:30
Out-of-Home Care Provider Contact	10	0:30	0:03
Other Contact	20	0:15	0:03
Attempted Contact	100	0:10	0:10
Placement/Removal	10	0:20	0:02
Case-Related Travel	100	1:15	1:15
Case-Related Training, Consultation, Meetings	60	0:45	0:27
Court-Related Time	10	2:00	0:12
Total	N/A	N/A	9:42
<i>Note.</i> CPS = Child Protective Services. Due to rounding, some totals may not correspond with the sum of the separate figures			

As displayed in Table 15, CPS Ongoing-Out-of-Home cases were recommended to require an average of more than 12 hours each month to service. SME Workshop participants indicated that all CPS Ongoing-Out-of-Home cases should have Administration; Child Contact; Parent Contact; Out-of-Home Care Provider Contact; Attempted Contact; Case-Related Travel; and Case-Related Training, Consultation, Meetings each month. Additionally, SME Workshop participants indicated that the largest contributor to monthly time spent working on a case should be Administration work, which requires, on average, four hours per case per month.

Table 15: CPS Ongoing-Out-of-Home Average Recommended Time per Case per Month

Work Activity Category (CPS Ongoing-Out-of-Home)	Recommended % of Cases Receiving Service Each Month	Recommended Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Recommended Contributed Time per Case per Month (Hours: Minutes)
Administration	100	4:00	4:00

Work Activity Category (CPS Ongoing-Out-of-Home)	Recommended % of Cases Receiving Service Each Month	Recommended Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Recommended Contributed Time per Case per Month (Hours: Minutes)
Child Contact	100	1:30	1:30
Parent Contact	100	1:30	1:30
Out-of-Home Care Provider Contact	100	0:30	0:30
Other Contact	75	0:40	0:30
Attempted Contact	100	0:20	0:20
Placement/Removal	25	0:20	0:05
Case-Related Travel	100	2:30	2:30
Case-Related Training, Consultation, Meetings	100	1:00	1:00
Court-Related Time	33	2:00	0:40
Total	N/A	N/A	12:35

Note. CPS = Child Protective Services.

Due to rounding, some totals may not correspond with the sum of the separate figures

As displayed in Table 16, YS Initial Assessment cases were recommended to require an average of just under eight hours each month to service. SME Workshop participants indicated that all YS Initial Assessment cases should have Administration, Child Contact, Parent Contact, Other Contact, and Case-Related Travel each month. Additionally, SME Workshop participants indicated that the largest contributor to monthly time spent working on a case should be Administration work, which requires, on average, four hours per case per month.

Table 16: YS Initial Assessment Average Recommended Time per Case per Month

Work Activity Category (YS Initial Assessment)	Recommended % of Cases Receiving Service Each Month	Recommended Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Recommended Contributed Time per Case per Month (Hours: Minutes)
Administration	100	4:00	4:00
Child Contact	100	0:59	0:59
Parent Contact	100	0:45	0:45
Out-of-Home Care Provider Contact	5	0:15	0:00

Work Activity Category (YS Initial Assessment)	Recommended % of Cases Receiving Service Each Month	Recommended Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Recommended Contributed Time per Case per Month (Hours: Minutes)
Other Contact	100	0:15	0:15
Attempted Contact	33	0:15	0:05
Placement/Removal	20	0:30	0:06
Case-Related Travel	100	1:00	1:00
Case-Related Training, Consultation, Meetings	45	1:08	0:30
Court-Related Time	23	1:00	0:13
Total	N/A	N/A	7:55

Note. YS = Youth Services.

Due to rounding, some totals may not correspond with the sum of the separate figures

As indicated in Table 17, YS Ongoing-In-Home cases were recommended to require an average of just over eight hours each month to service. The largest contributor to this time is Administration, followed by Child Contact and Parent Contact. SME Workshop participants indicated that all YS Ongoing-In-Home cases should have Administration; Child Contact; Parent Contact; Other Contact; Case-Related Travel; and Case-Related Training, Consultation, Meetings each month. Additionally, SME Workshop participants indicated that the largest contributor to monthly time spent working on a case should be Administration work, which requires, on average, two hours per case per month.

Table 17: YS Ongoing-In-Home Average Recommended Time per Case per Month

Work Activity Category (YS Ongoing-In-Home)	Recommended % of Cases Receiving Service Each Month	Recommended Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Recommended Contributed Time per Case per Month (Hours: Minutes)
Administration	100	2:00	2:00
Child Contact	100	1:30	1:30
Parent Contact	100	1:30	1:30
Out-of-Home Care Provider Contact	20	0:33	0:06
Other Contact	100	0:40	0:40
Attempted Contact	50	0:15	0:07
Placement/Removal	11	0:45	0:05

Work Activity Category (YS Ongoing-In-Home)	Recommended % of Cases Receiving Service Each Month	Recommended Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Recommended Contributed Time per Case per Month (Hours: Minutes)
Case-Related Travel	100	1:15	1:15
Case-Related Training, Consultation, Meetings	100	0:45	0:45
Court-Related Time	25	0:30	0:07
Total	N/A	N/A	8:06
<i>Note.</i> YS = Youth Services. Due to rounding, some totals may not correspond with the sum of the separate figures			

As displayed in Table 18, YS Ongoing-Out-of-Home cases were recommended to require an average of 10 hours and eight minutes per case per month to service. SME Workshop participants indicated that all YS Ongoing-Out-of-Home cases should have Administration, Child Contact, Parent Contact, and Case-Related Travel each month. Additionally, SME Workshop participants indicated that the largest contributor to monthly time spent working on a case should be Administration work, which requires, on average, three hours and 30 minutes per case per month.

Table 18: YS Ongoing-Out-of-Home Average Recommended Time per Case per Month

Work Activity Category (YS Ongoing-Out-of-Home)	Recommended % of Cases Receiving Service Each Month	Recommended Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Recommended Contributed Time per Case, per Month (Hours: Minutes)
Administration	100	3:30	3:30
Child Contact	100	1:30	1:30
Parent Contact	100	1:00	1:00
Out-of-Home Care Provider Contact	60	0:30	0:18
Other Contact	75	0:26	0:19
Attempted Contact	75	0:15	0:11
Placement/Removal	70	0:30	0:21
Case-Related Travel	100	1:13	1:13
Case-Related Training, Consultation, Meetings	75	0:52	0:39
Court-Related Time	80	1:23	1:06

Total	N/A	N/A	10:08
<i>Note.</i> YS = Youth Services. Due to rounding, some totals may not correspond with the sum of the separate figures			

Table 19 shows the average recommended time per case per month and average recommended monthly caseload by CPS and YS Core Practice Functions. As can be seen in the table, SME Workshop participants indicated that CPS Ongoing-Out-of-Home cases should require the most time (12 hours and 35 minutes) compared with any other CPS and YS Core Practice Function. YS Initial Assessment was found to have the lowest recommended time per case per month (seven hours and 51 minutes), which means that staff working in this Core Practice Function would be able to carry the highest average monthly caseload (12-14 cases) based on the recommended times.

The results of the SME workshops produced recommended average hours per case per month for each Core Practice Function, as shown in Table 19, that were higher than the current values, as shown in Table 12. This finding is typical for CW recommended time analysis, particularly when there are vacancies in the allocated staffing. In instances when there are vacancies, current staff must take on additional cases to ensure coverage for all cases in the county. The adjustments between current to recommended case service times are in line with previous studies that the ICF project team has conducted using similar methodology, including studies in Colorado⁸ and Wisconsin.⁹

Table 19: Average Recommended Time per Case per Month and Average Recommended Monthly Caseload by CPS and YS Core Practice Functions

Source	CPS Initial Assessment	CPS Ongoing -In-Home	CPS Ongoing-Out-of-Home	YS Initial Assessment	YS Ongoing-In-Home	YS Ongoing-Out-of-Home
Recommended Time per Case per Month (Hours: Minutes)	8:33	9:42	12:35	7:51	8:06	10:08
Monthly Caseload based on Average Recommended Time per Case per Month	11-13	10-11	7-9	12-14	11-14	9-11
<i>Note.</i> CPS = Child Protective Services, YS = Youth Services. Due to rounding, some totals may not correspond with the sum of the separate figures						

As discussed in the next section, the results of the SME workshops were used to better establish current and recommended workload estimates for subsequent caseload and staffing estimation.

6.3.3 Case Complexity Factor Analysis Findings

Table 20 provides estimates of time added for each case complexity factor for an average case. Each of the 20 separate case complexity factors were found to add between 15 minutes (presence of a language barrier) and eight hours (child out of state) of time per case, depending on the factor. “Child out of state,” “Caregiver substance use disorder,” “Additional parent in the case (per extra parent),” and “Additional child in the case (per extra child)” were each found to add more than two hours per case per month to a caseworker’s workload. CW cases may have more than one of these factors present. When that is the case, the total time added per case will likely be more than each individual case complexity factor, but less than the sum of all factors. Because cases are so different, the implications of the presence of specific case complexity factors will need to be individually evaluated.

Table 20: Estimated Effects of Case Complexity Factors on Average Monthly Case Servicing Time Per Case

Case Complexity Factor	Added Time (Hours: Minutes)
Child out of state	2:00–8:00*
Caregiver substance use disorder	2:54
Additional parent in the case (per extra parent)	2:45
Additional child in the case (per extra child)	2:08
Caregiver mental health issue	2:00
Child out of home	2:00
Child mental health	1:56
One or more caregiver incarcerated	1:32
Child in residential facility	1:25
Child in foster care	1:25
Child in relative/kinship	1:19
Presence of homelessness	1:19
Caregiver physical/cognitive/health disability	1:15
Child in adoption	1:03
Child physical/cognitive/health disability	1:02
Presence of domestic violence	1:00
Legal involvement differs from state plan of care	0:30
Eligibility confusion	0:23

Caregiver out of state	0:22
Presence of language barrier	0:15
<i>Note.</i> *The added time per case for “Child out of state” is presented as a range, given travel is a major contributor to the time and the amount of time needed to travel to an out-of-state child varies from county to county and according to the distance of the state where the child is placed. Due to rounding, some totals may not correspond with the sum of the separate figures	

6.3.4 Recommendations and Considerations from the Case Complexity Factor Analysis

The added workload and caseload hours estimated by case complexity factor analysis can help county case assignment staff determine the appropriate number and type of cases to assign to caseworkers. However, these factors should be considered in reference to the case specifics with the understanding that some of the complexity factors might already be factored into the estimated case investment/time commitment. When that is the case, the complexity factor should not be counted twice. Our recommendation is that county case assignment staff evaluate cases and families on an individual basis, considering the various complexity factors present in each case. In cases where there are several or more high-time values as shown in Table 20, the ICF project team recommends special consideration of these cases be made by county case assignment staff when assigning them to caseworkers (e.g., assigning fewer cases when multiple case complexity factors are present).

7 Determination of Current Caseload and Staffing

7.1 Purpose and Overview

The objective of this third step in the four-part iterative process of developing recommendations for caseloads and staffing was to estimate current caseload and staffing in order to provide indications of how available caseworker time is presently being used to service current caseloads. These estimates provide a baseline for determining what recommended case servicing standards should be and offer feedback on how current staffing levels differ from allocated levels and how caseloads compare across counties, districts, and the state. Allocated staffing is the staffing that would exist at the county, district, and state levels if all vacancies were filled.

The current caseload a caseworker may service per month, for a single Core Practice Function (i.e., current caseload) was found by dividing the average time for servicing a case (See Section 6) into the total hours available for casework. These caseload estimates assume only cases within a single Core Practice Function are being serviced. That is, a caseworker who has a current caseload within one Core Practice Function would not have any more case-related time to dedicate to cases in another Core Practice Function. Rather than determine a single point estimate for a caseload, a caseload range with an approximate +/- 10% bound (rounded to a whole case) is recommended to provide a range of caseload values. This calculation allows for reasonable variation in case servicing, given additional case complexity factors and other service variations across local CW counties that affect caseloads (e.g., experience level of CW caseworkers, travel distances required within local CW counties). The caseload estimates can be compared with current and

emerging standards as determined by other studies, or to any standards that may be in general use throughout WV, to better understand changing caseload needs.

In estimating caseloads this report used the following four steps to calculate staff hours available for casework (see Appendix H for more detail):

- 173.3 represents the total paid hours for all staff (52 weeks at 40 hours per week, divided by 12 months in the year)
- 149.3 represents the total work hours available for non-case-carrying staff after deducting paid time off (leave, public holidays, training, and sickness days) estimated at 36 days per year, a proxy value derived from other ICF studies (e.g., Colorado and Wisconsin)^{8,9} but which aligns closely with WV staffing policies.
- 130.5 represents the total productive work hours available for non-case-carrying staff after further deducting a half hour lunch break and two other 15 minute breaks per day from the total work hours, in line with WV staffing policies.
- **102.8** represents the total case-related available work hours for casework staff. This number is obtained as described in Appendix F as derived from 70% of total paid hours, minus the time required for lunch and other breaks, and amounts to 59% of paid hours. **This figure is used in the caseload calculations described in this section and in Section 8 of the report.**

To estimate current staffing, two steps were carried out. First, the total case-related workload (i.e., an estimate of total time required to service the current caseload) was estimated by multiplying the current caseload estimates by average monthly case servicing times. Second, total case-related workload was divided by the time caseworkers have available each month to find the current CW worker staffing estimates across all Core Practice Functions in WV. For these calculations, it is important to note the following:

- For CPS, January 2022 caseloads for Initial Assessments and Ongoing cases were used to estimate workload. These caseloads were supplemented by backlogged Initial Assessments from April 2022 to give the most recent caseloads possible for workload estimation. Backlogged Initial Assessments are those that extend beyond the initial 30-day service period and have not been either closed or turned into Ongoing cases. A figure of 1/12th of the April 2022 Initial Assessment backlog volume, which is a caseload more appropriate for a single month's backlog volume than using the full backlog, was selected for workload estimation because considering the full backlog would overestimate the workload and staffing requirement for a 12-month period.
- For YS, January 2022 Ongoing cases were used to estimate workload. YS Initial Assessment data were not available for January 2022, so the ICF project team used an estimate of Initial Assessment cases from September 2021 in an attempt to provide more valid YS caseload and workload estimates.
- For CPS and YS Ongoing services, there is no way to currently distinguish the number of In-Home versus Out-of-Home cases within each program. Current WV data only provides the total number of Ongoing cases. After holding discussions with SMEs within the CW program it was determined that, for staffing estimation purposes, 80% of all Ongoing cases would be deemed Out-of-Home, and 20% of all Ongoing cases would be deemed In-Home.

January 2022 WV CPS and YS staffing data were used for comparison purposes. The current staffing estimates from this analysis (i.e., state level) can be compared with current staff at the county level to evaluate which counties are servicing cases at or near or above or below these state-level estimates. These comparisons are important for determining whether some counties are not operating efficiently or whether some may be operating very efficiently. Best practices from counties that are efficient in servicing cases (i.e., have higher caseloads per staff but maintain that these caseloads are manageable) may help improve case servicing efficiency in other counties.

7.2 Evaluation Questions

This step of the Workload Study analysis was designed to answer the following evaluation questions:

- What is the current caseload for case-carrying CPS and YS staff in WV?
- What would the estimated current staffing level be across WV if the current case service time standards were applied to the latest caseload data (i.e., what is the result of multiplying the current case service times [expressed as a fraction of FTE] by the number of CW cases in the state)?

The term “current” is used throughout Section 7 to refer to actual caseloads and staffing at the time the study was conducted, rather than to “allocated” staffing levels which in many counties have not been attainable.

7.3 Current Caseload and Staffing Findings

Findings related to current caseload (Section 7.3.1) and current statewide staffing (Section 7.3.2) are provided in the subsections below.

7.3.1 Current Caseload Findings

Table 21 provides the average current monthly case servicing time (in hours and minutes) for each Core Practice Function, as well as the number of cases (caseload) that could be serviced within that month by a single caseworker. The caseloads provided in Table 21 can be used by county CW managers to examine their current caseloads and determine how they compare with these estimates. Where caseloads are significantly higher than these estimates, managers may try to distribute cases to other staff, request help from other counties where caseloads may be lower, or otherwise create efficiencies in their case service processes (see Section 9 for additional details and recommendations). The most direct and effective means for offloading cases from caseworkers who have caseloads higher than current estimates is to hire more caseworkers up to the allocated level in that county.

Table 21: Average Current Monthly Case Servicing Time and Caseload Estimates by Core Practice Function

Source	CPS Initial Assessment	CPS Ongoing -In-Home	CPS Ongoing - Out-of-Home	YS Initial Assessment	YS Ongoing- In-Home	YS Ongoing- Out-of-Home
Current Time per Case per Month (Hours: Minutes)	7:46	6:20	7:18	7:03	4:24	4:51
Monthly Caseload Estimate	12-14	15-18	13-15	13-16	22-25	19-23

Note. CPS = Child Protective Services, YS = Youth Services.

7.3.2 Current Statewide Staffing Estimates

Table 22 provides the translation of caseload into workloads and then into current staffing estimates for the CPS and YS programs. The Time Study casework staffing estimates provide support for the accuracy of the average current case time standards for CPS Initial Assessment and CPS Ongoing Services. When the estimated time per case is applied to the current caseloads, the estimated CPS FTE is 463, which is 38.2% more than the 335 actual available staff (i.e., onboarding and not in training or on extended leave). The difference between the CPS model for estimating current staffing and the actual staffing is likely reflective of a number of factors. Many CPS caseworkers reported working overtime hours and so would represent more than one FTE in the current staffing count. Furthermore, small group interviews and Time Survey results revealed that supervisors, who were not estimated during the Time Study, were carrying caseloads at the time of the Time Study and so would represent a further contribution to the current count of caseworker FTE. It is also likely that case aides and other support staff are contributing to administrative and other case-related tasks. These considerations, alongside the ICF project team’s experience that current staffing estimation models (discussed in subsection 7.4 below) can vary by 20% or more at the state level, offer grounds for believing that the CPS model provides a fair indication of the case-carrying capacity of caseworkers in WV.

The model for estimating YS workload and staffing similarly comes up with a higher number than the present staffing with a difference of 16.1% between the 111 YS FTE estimated using the Time Study data and the current YS staff of 96 caseworkers not in training or on extended leave. Some of the reasons for this may be similar to those for the CPS model. In addition, as noted above, caseload data for YS Ongoing Services were taken from January 2022 data, while YS Initial Assessment caseload data came from September 2021 data, January 2022 caseload data for YS Initial Assessments was unavailable at the time of this study. These September 2021 data are underestimates of the caseload associated with YS Initial Assessment, based on discussion with BSS staff based on their knowledge of cases.

Table 22 also includes the allocated staff for both CPS and YS; current staff numbers are lower than the allocated staff numbers at the state level for both CPS and YS due to vacancies (for CPS and YS) and to absences for training and for extended leave (for CPS only).

Table 22: Caseworker Average Current Case Servicing Time, Time Study Estimated Current Casework Staffing FTE, Current Staffing, and Allocated Staffing by CW Program

Source	CPS Initial Assessment	CPS Ongoing Services	YS Initial Assessment	YS Ongoing Services
Total Cases (Caseload)	2,077*	4,485	22**	2,381
Current Time per Case Per Month (Hours: Minutes)	7:46	7:01	7:03	4:45
Time Study Estimated Casework Staffing FTE	463		111	
Current Staffing (January 2022)	335***		96	
Allocated Staff (January 2022)	533		136	

Note. CPS = Child Protective Services, YS = Youth Services.
 * The CPS Initial Assessment includes the number of assessments during January 2022 and 1/12th (monthly allocation) of the total backlog assessments as of April 2022.
 ** The actual total for January 2022 was not available at the time of the Workload Study, therefore a proxy estimate from September 2021 was used; but it was likely an underestimate of actual YS Initial Assessment caseload, based on discussions with BSS staff.
 *** Current staffing level does not include caseworker staff in training and those on extended leave. In addition, some caseworkers with a less than 1-year tenure have reduced caseloads, as they typically are assigned a graduated caseload over time after completing training.

7.4 Considerations and Limitations

It is often the case that the current staffing levels projected based on the statewide average case service times are different from the actual current staffing levels within a state. These differences may be a result of vacancies in current positions or variations in actual case servicing times due to factors, such as travel time, staff experience or level of training, and differing case complexity. Alternatively, differences between the statewide staffing model (i.e., staffing estimates based on current time per case per month, for the total number of cases in WV) and current staffing levels (i.e., caseworkers who are currently working on cases) may also be a result of inefficiencies in service delivery (e.g., slow processes, duplication of effort). However, a difference in staffing levels does not necessarily mean that there are inefficiencies in service delivery. Various reasons must be considered to fully understand the staffing differences, including inexperienced staff, and county-level factors that may affect case service time (e.g., travel distances, court time).

In contrast to the estimates of current staffing levels presented in Table 22, the staffing models discussed in Section 8 for both CPS and YS will be used to determine recommended staffing levels. Recommended staffing levels can be compared with state allocated staffing levels, though reaching either level of staffing

(i.e., recommended or allocated) may be challenging given the large number of staff vacancies that currently exist within the WV CW system.

A major limitation related to estimating current and recommended workload, and resulting staffing estimates, is the type of data that are available related to Core Practice Functions within the WV FACTS. The Core Practice Functions (i.e., CPS Initial Assessment, CPS Ongoing-In-Home, CPS Ongoing-Out-of-Home, YS Initial Assessment, YS Ongoing-In-Home, and YS Ongoing-Out-of-Home), which served as the basis for the overall Workload Study, were established based on conversations with BSS leadership and staff. However, the FACTS data available when the Time Study was conducted could not support reliable and accurate measurement of cases for YS Initial Assessment or provide a means to distinguish between CPS Ongoing-In-Home and Ongoing-Out-of-Home cases or YS Ongoing-In-Home and Ongoing-Out-of-Home cases. The workload to staffing and caseload estimates provided in this study are thus limited based on the current data. Although this is not an unusual limitation in CW workload studies, it should be a goal of the WV CW system to make a more accurate distinction between In-Home and Out-of-Home cases, and to capture reliable reporting of YS Initial Assessment cases. Capturing and recording these data about cases will be beneficial because it will provide additional information about how many cases of each type there are within WV; this is important because In-Home and Out-of-Home cases require different amounts of time to provide services, and more detailed data will provide a better understanding of workload. Additionally, improved distinction of ongoing cases should produce more accurate staffing and caseload estimates given the current limitation of the estimation technique that relied on the assumption that 80% of ongoing cases were Out-of-Home and 20% were In-Home.

8 Caseload and Staffing Standards

8.1 Purpose and Overview

The final step in the four-part iterative process involved the development of recommendations for caseload and staffing standards that can serve as ideal goals for service delivery times, caseloads for case-carrying staff and assessment of the adequacy of allocated staffing levels at county, district, and state levels. Standards are intended to help WV reach staffing levels that will allow for more optimal service delivery and child and youth outcomes, reduce stress on staff (e.g., from understaffing), and create more consistent delivery of CW services across WV and its counties.

As part of the Time Study, the methodology for deriving recommended caseworker staffing was based on estimates of average recommended case servicing time for each Core Practice Function (see Section 6 and Appendix I for more details). Requesting experienced CW professionals to provide estimates for average recommended case servicing time is preferred over other methods (e.g., benchmarks with other states) as this method takes any specific circumstances across the WV CW system into consideration. Average recommended case servicing time estimates were used to establish caseload standards (i.e., how many cases a caseworker is assigned to manage per month) which was then used to determine recommended staffing levels.

This Time Study sought to determine the recommended staffing levels for CPS and YS caseworkers, CPS and YS supervisors, and CW support staff. The method for estimating CPS and YS caseworker recommended staffing levels was to multiply the average recommended case service times from Table 28

by the January 2022 caseload by county data to establish the recommended workload. Then, this workload was divided by the time caseworkers have available each month (102.8 hours as described in Appendix K) to find the estimated CPS recommended staffing.

CW supervisors have responsibilities outside of direct casework and often do not carry CW cases, so a different method to that used for caseworkers was needed to determine supervisors' recommended staffing level. Two methods were used to estimate recommended staffing for CPS and YS supervisors: 1) the "Zero Sum" method, and 2) the "Caseload" method.

The "Zero Sum" method provides estimates for distributing the total number of allocated supervisors, by county, and does not recommend adding any additional supervisors to the current allocation. It does, however, rely on the overall ratio of caseworkers to supervisors to estimate the appropriate number of supervisors at the county level, using the statewide ratio of caseworkers to supervisors (1:5.7 based on the overall January 2022 state-level allocation of supervisors to caseworker staff).

It is important to note that CPS caseworker staff included the CPS caseworker, senior CPS caseworker, and FDTA staff in the computation of supervisor to caseworker ratios. YS caseworker staff included only the SSW3-YS position in the computation of supervisor to caseworker ratios because this was the only YS caseworker position. The overall state-level, allocated supervisor-to-YS-staff ratio was 1:10.6. This ratio is nearly double the CPS ratio and therefore warrants attention given the similarity of the work and workload between the two programs. It is recommended that the YS allocated supervisor-to-caseworker ratio be commensurate with the CPS ratio. Therefore, the CPS supervisor to caseworker ratio (1:5.7) was used for YS supervisor staffing recommendation estimates.

The "Caseload" method uses the Time Study average case servicing time recommendations for caseworkers as the template for estimating increases or decreases in supervisor staffing, based upon the recommended caseworker staffing levels. This method will increase or decrease county supervisor staffing levels at the same rate as caseworkers based on the additional time recommended for case servicing.

The method to estimate case support staff recommended staffing levels (e.g., HHS case aide, case coordinator) was to use the recommended CPS and YS caseworker staffing in each county and then apply the ratio of allocated case support staff to caseworkers at the state level to each county CPS and YS caseworker staffing value. The ratio of statewide allocated case support staff to CPS and YS caseworkers is one support staff for every 5.58 caseworkers (i.e., 120 support staff and 669 CPS and YS caseworkers currently allocated). CW support staff levels could not be estimated for the CPS and YS programs separately because in WV these staff often support both CPS and YS work. This information was discussed during the small group interviews and focus groups and verified by the results of the Time Survey.

Another important note to consider is that 0.1 FTE translates to 120 hours of case-related work over a year. There may be opportunities to use staff outside of their normal position (e.g., use case support staff to assist case-carrying staff) within WV. Particularly during times of high vacancies, which WV is currently experiencing, even incremental increases in staff that would equate to one- or two tenths of an FTE may have significant impact on the ability of a county to service their workloads and could help maintain greater staff well-being.

The recommended staffing levels can be compared to WV allocated staffing levels, done below using January 2022 allocated staffing levels, to determine if recommended staffing levels exceed allocated staffing levels. If recommended staffing levels do exceed allocated staffing levels, it is an indicator that more positions may be needed to effectively complete CW work across WV.

Refer to Appendix K for more details about the caseload and staffing standards.

8.2 Evaluation Questions

This step of the Workload Study was designed to answer the following evaluation questions:

- What are the recommended caseload standards for WV?
- What are the recommended staffing levels by position (i.e., caseworker, supervisor, and case support)?
- How do recommended staffing levels differ, by county, from allocated levels?

8.3 Recommended Caseload and Staffing Findings

Findings related to the recommended caseload standards (Section 8.3.1), CPS and YS caseworker recommended staffing (Section 8.3.2), CPS and YS Supervisor Recommended Staffing (Section 8.3.3), and case support staff recommended staffing (Section 8.3.4) are provided in the subsections below.

8.3.1 Caseload Standards

Table 23 shows the recommended caseload standards across the Core Practice Functions compared with the estimated current WV caseloads, based on the Time Study findings arrived at in Section 7.3 of this report. An approximately +/- 10% bound (rounded to a whole case) was placed around the recommended caseloads to provide a range of caseload values rather than a single point estimate. As can be seen in Table 23, the recommended caseload standards for all Core Practice Functions are lower than the estimates of current caseloads, indicating that current caseloads are higher than recommended. Recommended caseload standards are lower for Ongoing cases than for Initial Assessment cases for both CPS and YS.

Table 23: Comparison of WV Caseload Standards with Current WV Caseloads

Source	CPS Initial Assessment	CPS Ongoing -In-Home	CPS Ongoing-Out-of-Home	YS Initial Assessment	YS Ongoing -In-Home	YS Ongoing-Out-of-Home
WV Time Study Estimated Current (2022)	12–14	15–18	13–15	13–16	22–25	19–23
WV Time Study Recommended (2022)	11-13	8-9		12-14	10-11	
<i>Note.</i> CPS = Child Protective Services, YS = Youth Services.						

However, Table 24 presents a summary of the recommended monthly caseloads developed through this Workload Study in comparison with another publicly available workload study recommended caseloads,

namely the Wisconsin study.⁹ This recently completed (i.e., 2021) study had nearly identical Core Practice Functions to the present study. Also, Wisconsin was experiencing significant caseworker vacancies similar to WV.⁹ Thus, throughout the Time Study analysis phase, the results of the Wisconsin average case service times were used to compare with the WV average case service times.

Based on the results of the Time Study, significant SME input, and a comparison of recommended caseloads with Wisconsin’s recommended caseloads,⁹ the ICF project team believes the recommended WV caseloads are reasonable and should be used in determining allocated staffing levels.

Table 24: Comparison of Various State Workload and Caseload Standards

Source	CPS Initial Assessment	CPS Ongoing -In-Home	CPS Ongoing-Out-of-Home	YS Initial Assessment	YS Ongoing -In-Home	YS Ongoing-Out-of-Home
WV Time Study Recommended (2022)	11-13	8-9		12-14	10-11	
Wisconsin Recommended (2021)⁹	7-8	8-10		N/A	N/A	14-17
<i>Note. CPS = Child Services, YS = Youth Services, N/A = Not Available.</i>						

8.3.2 CPS and YS Caseworker Recommended Staffing

Table 25 provides the individual district and county 1) CPS recommended caseworker staffing levels, 2) the January 2022 allocated CPS staffing levels, and 3) the percent difference between the recommended and allocated numbers. A negative percentage indicates that the recommended staffing level is higher than the January 2022 allocated staffing (i.e., the county, even if fully staffed, is understaffed compared to the recommendations from this Workload Study). Note that some counties do not have allocated CPS caseworker staff, and therefore their percent difference figures cannot be calculated given that the percent difference formula uses the caseworker allocated staff count as a denominator in deriving the percent difference figure. As such, these cells in the table are marked as N/A.

The counties that appear to be the most in need of additional recommended staffing are those that have the lowest staff numbers and the greatest negative percent difference values in Table 25 (i.e., counties with few caseworkers but high need for additional staff). These counties have fewer staff to handle the current overload of cases (e.g., a county with two allocated caseworkers and one vacancy has fewer staff to help “cover for” that vacancy than a county with 20 allocated caseworkers and five vacancies). These counties with fewer than 10 allocated staff and a recommended increase in staffing are Barbour, Clay, Doddridge, Gilmer, Hampshire, Jefferson, Lewis, Marshall, Mason, Mingo, Pocahontas, Preston, Putnam, Ritchie, Roane, Summers, Upshur, and Wirt. Other counties also appear to be understaffed in terms of the difference between their recommended and allocated levels, but they may be in less need of additional staff because they have higher allocated staffing than the counties listed as having the greatest need. These counties with a 10 or more allocated staff that are still lower than the recommended number are Berkeley, Boone, Cabell, Fayette, Harrison, Kanawha, Lincoln, Logan, Marion, McDowell, Monongalia, Monroe, Ohio, Randolph, Taylor, Wayne, Wood, and Wyoming. It is critically important for BSS to provide

caseworker staffing in counties where no caseworker staffing exists so that these counties can address the CW needs within their counties. The situation where there are no allocated staff in a county, but CW caseloads indicate a need for at least two FTEs, is present in Brooke, Hardy, Morgan, and Tyler counties. Caseworkers are also needed in Pendleton and Tucker counties because there are no allocated staff in these counties, but CW caseloads indicate a need for staff.

Although many counties appear to need additional allocated staff, some appear to be adequately staffed, at least in terms of a similarity between their recommended staffing levels and the January 2022 caseload data. Those counties that appear to be adequately staffed in terms of their allocated staffing are Braxton, Calhoun, Grant, Greenbrier, Hancock, Jackson, Mineral, Nicholas, Pleasants, Raleigh, Webster and Wetzel. Overall, the findings indicate that allocated CPS caseworker staffing should increase by approximately 31%.

The above estimates concern the allocated levels of caseworker staffing. The current reality is that allocated levels may not be achievable for most, if not all, counties and districts due to the challenges experienced with regard to hiring and retaining staff. Vacancies, staff in training, and staff on extended leave take away from allocated levels and leave counties understaffed regardless of allocated levels.

Table 25: CPS Caseworker Recommended Staffing and Comparison with CPS Caseworker Allocated Staffing

District/County	CPS Recommended Staffing*	Allocated CPS Staffing (January 2022)	Percent Difference
Brooke/Ohio/Hancock	37.3	27	-38.1
Brooke	5.8	0	N/A
Hancock	11.0	13	15.7
Ohio	20.5	14	-46.6
Marshall/Tyler/Wetzel	16.9	12	-40.8
Marshall	7.4	5	-48.4
Tyler	2.7	0	N/A
Wetzel	6.8	7	3.0
Wirt/Wood	36.2	26	-39.1
Wirt	3.9	1	-291.8
Wood	32.2	25	-29.0
Braxton/Clay/Gilmer/Webster	17.6	15	-17.2
Braxton	6.3	7	10.0
Clay	3.9	2	-94.6

Gilmer	3.9	2	-93.7
Webster	3.5	4	12.3
Harrison	27.9	15	-86.0
Marion	15.8	13	-21.4
Monongalia	22.4	14	-60.4
Preston/Barbour/Taylor	35.9	23	-56.0
Preston	14.4	8	-80.5
Barbour	10.9	5	-118.8
Taylor	10.5	10	-5.0
Randolph	15.4	12	-28.7
Grant/Mineral/ Tucker/Hampshire/ Hardy/Pendleton	28.1	19	-48.1
Grant	4.4	8	45.6
Mineral	5.4	7	22.4
Tucker	1.3	0	N/A
Hampshire	7.6	4	-90.0
Hardy	8.5	0	N/A
Pendleton	1.0	0	N/A
Berkeley/Jefferson/ Morgan	40.2	27	-48.8
Berkeley	26.6	22	-21.0
Jefferson	10.4	5	-108.9
Morgan	3.1	0	N/A
Lewis/Upshur/ Doddridge/ Pleasants/Ritchie	22.6	16	-41.1
Lewis	5.8	4	-44.6
Upshur	8.6	4	-114.6
Doddridge	2.6	1	-161.8
Pleasants	2.3	4	42.8
Ritchie	3.3	3	-10.1

Mason/Jackson/ Roane/Calhoun	32.2	31	-4.0
Mason	11.3	6	-87.7
Jackson	11.7	15	21.8
Roane	6.0	5	-19.5
Calhoun	3.3	5	34.9
Cabell	38.8	34	-14.2
Logan/Mingo	24.9	22	-13.1
Logan	16.5	14	-17.7
Mingo	8.4	8	-5.2
McDowell/Wyoming	23.1	20	-15.6
McDowell	11.2	10	-11.6
Wyoming	12.0	10	-19.7
Mercer	29.9	29	-3.0
Raleigh	21.1	23	8.1
Greenbrier/ Pocahontas/ Monroe/Summers	17.0	16	-6.1
Greenbrier	9.7	12	18.8
Pocahontas	2.6	1	-161.7
Monroe	2.3	2	-12.8
Summers	2.4	1	-135.1
Kanawha	105.1	65	-61.7
Wayne	15.4	12	-28.2
Boone/Lincoln/Putnam	42.4	32	-32.5
Boone	20.5	15	-36.6
Lincoln	10.7	10	-7.0
Putnam	11.2	7	-60.1
Fayette/Nicholas	30.4	30	-1.2
Fayette	18.9	17	-10.9
Nicholas	11.5	13	11.5

Total	696.6	533	-30.7
<p><i>Note.</i> CPS = Child Protective Services. Rows with bolded text represent districts. Rows that are not bolded represent the counties that comprise the bolded district above. Some districts are comprised of single counties.</p> <p>The total row in this table shows the overall sum of CPS recommended staffing and allocated CPS staffing. In this row, the percent difference is the overall estimate of understaffing for CPS caseworkers in West Virginia. Also, some counties have no allocated caseworker staff, and therefore their percent difference figures cannot be calculated given that the percent difference formula uses the current caseworker allocated staff count as a denominator in deriving the percent difference figure. As such, these cells are indicated as N/A in in this table.</p> <p>Due to rounding, some totals may not correspond with the sum of the separate figures.*0.1 FTE translates to 120 hours of case-related work over a year. FTEs could be shared across counties, and even incremental increases in allocated staffing could be beneficial.</p>			

Table 26 provides the individual district and county YS recommended caseworker staffing levels, the January 2022 allocated staffing levels, and the percent difference between the recommended and allocated FTE numbers. Of the 37 counties that currently have allocated YS caseworkers, the great majority (29) have fewer allocated staff than the recommended number of staff based on this Workload Study. The counties with fewer than half the recommended number of YS caseworkers are Fayette, Gilmer, Hampshire, Harrison, Lincoln, Logan, Marion, Marshall, Mason, Monongalia, Preston, and Randolph. Additionally, 18 counties do not currently have any YS caseworkers allocated, and based on January 2022 caseloads, 14 of these counties would need at least one full FTE staff for YS estimated casework. Overall, the findings indicate that currently allocated YS caseworker staffing should increase by approximately 67%; however, this is a known underestimate given YS Initial Assessment cases were estimated in the computation. Therefore, the best estimate of recommended YS caseworker staff would be significantly higher than that recommended here.

Table 26: YS Caseworker Recommended Staffing and Comparison with YS Caseworker Allocated Staffing

District/County	YS Recommended Staffing*	Allocated YS Staffing (January 2022)	Percent Difference
Brooke/Ohio/Hancock	11.3	7	-60.9
Brooke	2.0	0	N/A
Hancock	2.6	3	11.7
Ohio	6.6	4	-65.6
Marshall/Tyler/Wetzel	4.4	3	-47.7
Marshall	2.9	1	-191.6
Tyler	0.6	0	N/A
Wetzel	0.9	2	52.7
Wirt/Wood	10.6	8	-32.0

Wirt	1.1	0	N/A
Wood	9.4	8	-17.8
Braxton/Clay/ Gilmer/Webster	5.3	3	-76.6
Braxton	1.1	1	-13.5
Clay	0.5	1	52.7
Gilmer	2.5	1	-146.0
Webster	1.2	0	N/A
Harrison	14.7	6	-145.7
Marion	8.3	4	-108.2
Monongalia	6.4	3	-114.5
Preston/Barbour/Taylor	5.2	4	-30.1
Preston	2.6	1	-155.5
Barbour	1.6	0	N/A
Taylor	1.0	3	65.3
Randolph	8.0	4	-100.6
Grant/Mineral/ Tucker/Hampshire/ Hardy/Pendleton	8.4	4	-110.5
Grant	0.9	2	52.7
Mineral	1.0	1	-4.1
Tucker	0.9	0	N/A
Hampshire	2.2	1	-117.6
Hardy	3.0	0	N/A
Pendleton	0.4	0	N/A
Berkeley/Jefferson/ Morgan	10.0	11	9.4
Berkeley	5.7	9	36.5
Jefferson	2.5	2	-27.2
Morgan	1.7	0	N/A
Lewis/Upshur/ Doddridge/ Pleasants/Ritchie	7.1	2	-254.8

Lewis	1.6	2	19.6
Upshur	1.5	0	N/A
Doddridge	0.7	0	N/A
Pleasants	1.3	0	N/A
Ritchie	2.0	0	N/A
Mason/Jackson/ Roane/Calhoun	13.6	6	-126.8
Mason	6.1	2	-202.8
Jackson	3.4	3	-13.5
Roane	2.3	0	N/A
Calhoun	1.9	1	-89.2
Cabell	17.3	10	-73.0
Logan/Mingo	12.5	4	-212.3
Logan	10.7	2	-434.6
Mingo	1.8	2	10.1
McDowell/Wyoming	2.5	0	N/A
McDowell	1.0	0	N/A
Wyoming	1.4	0	N/A
Mercer	9.6	9	-7.0
Raleigh	6.0	6	0.6
Greenbrier/ Pocahontas/ Monroe/Summers	5.3	4	-32.5
Greenbrier	1.7	3	43.2
Pocahontas	0.7	1	33.8
Monroe	1.7	0	N/A
Summers	1.2	0	N/A
Kanawha	26.6	18	-47.9
Wayne	3.6	4	10.1
Boone/Lincoln/Putnam	23.4	13	-80.4
Boone	1.5	2	24.3

Lincoln	9.5	4	-138.5
Putnam	12.4	7	-77.1
Fayette/Nicholas	6.8	3	-127.1
Fayette	3.2	1	-221.7
Nicholas	3.6	2	-79.8
Total	227.0	136	-66.9

Note. YS = Youth Services. Rows with bolded text represent districts. Rows that are not bolded represent the counties that comprise the bolded district above. Some districts are comprised of single counties.

The total row in this table shows the overall sum of YS recommended staffing and allocated YS staffing. In this row, the percent difference is the overall estimate of understaffing for YS caseworkers in West Virginia. Also, some counties have no allocated caseworker staff, and therefore their percent difference figures cannot be calculated given that the percent difference formula uses the current caseworker allocated staff count as a denominator in deriving the percent difference figure. As such, these cells are indicated as N/A in this table.

Due to rounding, some totals may not correspond with the sum of the separate figures.

*0.1 FTE translates to 120 hours of case-related work over a year. FTEs could be shared across counties, and even incremental increases in allocated staffing could be beneficial.

When reviewing the casework staffing recommendations for CPS and YS caseworkers it is important to keep in mind that caseloads and workloads can vary significantly depending on the rate of incoming new cases per month, sometimes by more than 20% from month-to-month. This variation means that staff availability to provide case-related services, and the overall pressure of workload on staff, can also vary greatly. A county that appears to be adequately staffed in the study timeframe may find themselves understaffed when caseloads rise.

Although allocated staffing levels are important in reaching recommendations for future staffing, of greater urgency in WV is filling job vacancies, particularly in counties that appear to be well below the recommended staffing levels. Where vacancies cannot be immediately addressed and filled, it is recommended that alternatives to staffing be pursued in counties that are understaffed. These recommendations regarding staffing alternatives are described further in Section 9.

The ability of counties not currently overwhelmed by casework to aid other counties is limited by several factors, not the least of which is their geographical proximity to provide direct client contact, travel, and other work activities in support of casework. Nevertheless, administrative services such as FACTS documentation and phone-based contact services could be provided regardless of distance. In addition, it was documented during the Time Study that often counties combine their efforts when providing out-of-state child services; BSS should consider working with the counties to identify other case-related services that could be shared between understaffed and adequately staffed counties, until such time as understaffing due to high vacancy rates is addressed throughout WV.

8.3.3 CPS and YS Supervisor Recommended Staffing

As described in the introduction to Section 8, two different methods were used to estimate recommended supervisor staffing for CPS and YS: the “Zero Sum” method and the “Caseload” method. Table 27 shows the estimates for the recommended number of supervisors based on both methods for CPS, by district and county. The ICF project team recommends that WV consider both values and the range represented between these values when determining optimal CPS supervisor allocation. Overall, an approximately 30.2% increase in overall CPS supervisor staffing is recommended, and some redistribution of supervisors may also be warranted.

Table 27: CPS Supervisor Recommended Staffing for "Zero Sum" and "Caseload" Methods Estimates

District/County	CPS Allocated Supervisor Staffing (January 2022)	“Zero Sum” Estimate for Recommended Supervisor Staffing*	“Caseload” Method Estimate for Recommended Supervisor Staffing*
Brooke/Ohio/Hancock	4	4.7	6.5
Brooke	0	0.0	1.0
Hancock	2	2.3	1.9
Ohio	2	2.5	3.6
Marshall/Tyler/Wetzel	2	2.1	3.0
Marshall	1	0.9	1.3
Tyler	0	0.0	0.5
Wetzel	1	1.2	1.2
Wirt/Wood	4	4.6	6.3
Wirt	0	0.2	0.7
Wood	4	4.4	5.7
Braxton/Clay/Gilmer/Webster	4	2.6	3.1
Braxton	1	1.2	1.1
Clay	1	0.4	0.7
Gilmer	1	0.4	0.7
Webster	1	0.7	0.6
Harrison	3	2.6	4.9
Marion	2	2.3	2.8
Monongalia	2	2.5	3.9

Preston/Barbour/Taylor	4	4.0	6.3
Preston	2	1.4	2.5
Barbour	1	0.9	1.9
Taylor	1	1.8	1.8
Randolph	2	2.1	2.7
Grant/Mineral/ Tucker/Hampshire/ Hardy/Pendleton	4	3.3	4.9
Grant	2	1.4	0.8
Mineral	1	1.2	1.0
Tucker	0	0.0	0.2
Hampshire	1	0.7	1.3
Hardy	0	0.0	1.5
Pendleton	0	0.0	0.2
Berkeley/Jefferson/ Morgan	4	4.7	7.0
Berkeley	3	3.9	4.7
Jefferson	1	0.9	1.8
Morgan	0	0.0	0.5
Lewis/Upshur/ Doddridge/ Pleasants/Ritchie	5	2.8	4.0
Lewis	2	0.7	1.0
Upshur	1	0.7	1.5
Doddridge	0	0.2	0.5
Pleasants	1	0.7	0.4
Ritchie	1	0.5	0.6
Mason/Jackson/ Roane/Calhoun	5	5.4	5.7
Mason	1	1.1	2.0
Jackson	2	2.6	2.1
Roane	1	0.9	1.0
Calhoun	1	0.9	0.6

Cabell	6	6.0	6.8
Logan/Mingo	4	3.9	4.4
Logan	2	2.5	2.9
Mingo	2	1.4	1.5
McDowell/Wyoming	4	3.5	4.1
McDowell	2	1.8	2.0
Wyoming	2	1.8	2.1
Mercer	5	5.1	5.2
Raleigh	4	4.0	3.7
Greenbrier/ Pocahontas/ Monroe/Summers	3	2.8	3.0
Greenbrier	3	2.1	1.7
Pocahontas	0	0.2	0.5
Monroe	0	0.4	0.4
Summers	0	0.2	0.4
Kanawha	9	11.4	18.4
Wayne	3	2.1	2.7
Boone/Lincoln/Putnam	6	5.6	7.4
Boone	2	2.6	3.6
Lincoln	2	1.8	1.9
Putnam	2	1.2	2.0
Fayette/Nicholas	5	5.3	5.3
Fayette	3	3.0	3.3
Nicholas	2	2.3	2.0
Total	94	93.5	122.2

Note. CPS = Child Protective Services. Rows with bolded text represent districts. Rows that are not bolded represent the counties that comprise the bolded district above. Some districts are comprised of single counties.

Due to rounding, some totals may not correspond with the sum of the separate figures.

*0.1 FTE translates to 120 hours of case-related work over a year. FTEs could be shared across counties, and even incremental increases in allocated staffing could be beneficial.

Table 28 shows the estimates for the recommended number of YS supervisors based on “Zero Sum” and “Caseload” methods, by district and county. Note that because the CPS supervisor to caseworker ratio is being used for YS, in Table 28 the total of the “Zero Sum” estimate (column 3) will not equate to the actual allocated YS supervisors (column 2) as it did in Table 36 for CPS supervisors. The table indicates that Cabell, Harrison, Lincoln, Kanawha, Monongalia, and Putnam counties are most in need of additional supervisors based on either method of estimation. Overall, the findings indicate that allocated YS supervisor staffing numbers should be increased by 232%.

Table 28: YS Supervisor Recommended Staffing for "Zero Sum" and "Caseload" Method Estimates

District/County	YS Allocated Supervisor Staffing (January 2022)	“Zero Sum” Estimate for Recommended Supervisor Staffing*	“Caseload” Method Estimate for Recommended Supervisor Staffing*
Brooke/Ohio/Hancock	2	1.2	2.0
Brooke	0	0.0	0.3
Hancock	1	0.5	0.5
Ohio	1	0.7	1.2
Marshall/Tyler/Wetzel	0	0.5	0.8
Marshall	0	0.2	0.5
Tyler	0	0.0	0.1
Wetzel	0	0.4	0.2
Wirt/Wood	1	1.4	1.9
Wirt	0	0.0	0.2
Wood	1	1.4	1.7
Braxton/Clay/Gilmer/Webster	0	0.5	0.9
Braxton	0	0.2	0.2
Clay	0	0.2	0.1
Gilmer	0	0.2	0.4
Webster	0	0.0	0.2
Harrison	0	1.1	2.6
Marion	1	0.7	1.5
Monongalia	0	0.5	1.1
Preston/Barbour/Taylor	0	0.7	0.9

Preston	0	0.2	0.4
Barbour	0	0.0	0.3
Taylor	0	0.5	0.2
Randolph	1	0.7	1.4
Grant/Mineral/ Tucker/Hampshire/ Hardy/Pendleton	0	0.7	1.5
Grant	0	0.4	0.2
Mineral	0	0.2	0.2
Tucker	0	0.0	0.1
Hampshire	0	0.2	0.4
Hardy	0	0.0	0.5
Pendleton	0	0.0	0.1
Berkeley/Jefferson/ Morgan	2	1.9	1.7
Berkeley	2	1.6	1.0
Jefferson	0	0.4	0.4
Morgan	0	0.0	0.3
Lewis/Upshur/ Doddridge/ Pleasants/Ritchie	0	0.4	1.2
Lewis	0	0.4	0.3
Upshur	0	0.0	0.3
Doddridge	0	0.0	0.1
Pleasants	0	0.0	0.2
Ritchie	0	0.0	0.3
Mason/Jackson/ Roane/Calhoun	0	1.1	2.4
Mason	0	0.4	1.1
Jackson	0	0.5	0.6
Roane	0	0.0	0.4
Calhoun	0	0.2	0.3
Cabell	1	1.8	3.0

Logan/Mingo	0	0.7	2.2
Logan	0	0.4	1.9
Mingo	0	0.4	0.3
McDowell/Wyoming	0	0.0	0.4
McDowell	0	0.0	0.2
Wyoming	0	0.0	0.2
Mercer	1	1.6	1.7
Raleigh	1	1.1	1.0
Greenbrier/ Pocahontas/ Monroe/Summers	0	0.7	0.9
Greenbrier	0	0.5	0.3
Pocahontas	0	0.2	0.1
Monroe	0	0.0	0.3
Summers	0	0.0	0.2
Kanawha	2	3.2	4.7
Wayne	0	0.7	0.6
Boone/Lincoln/Putnam	0	2.3	4.1
Boone	0	0.4	0.3
Lincoln	0	0.7	1.7
Putnam	0	1.2	2.2
Fayette/Nicholas	0	0.5	1.2
Fayette	0	0.2	0.6
Nicholas	0	0.4	0.6
Total	12	23.9	39.8

Note. YS = Youth Services. Rows with bolded text represent districts. Rows that are not bolded represent the counties that comprise the bolded district above. Some districts are comprised of single counties.

Due to rounding, some totals may not correspond with the sum of the separate figures.

*0.1 FTE translates to 120 hours of case-related work over a year. FTEs could be shared across counties, and even incremental increases in allocated staffing could be beneficial.

8.3.4 Case Support Staff Recommended Staffing

Table 29 provides the January 2022 allocated support staff FTE numbers and the individual district and county estimates for recommended support staff, computed based on the ratio of support staff to CPS and YS caseworkers. Support staff estimates were combined for the CPS and YS programs, because case support staff often work across CPS and YS programs (as noted in the Time Study). Table 29 shows almost all counties with no allocated support staff have significant estimated need for staff (i.e., approximately 0.5 staff or more). These counties most notably include Brooke, Hardy, and Jefferson, but also Doddridge, Gilmer, Mineral, Monroe, Morgan, Pleasants, Pocahontas, Summers, Tyler, and Wirt. Counties with allocated staff who were identified as having the highest need for additional staff were Cabell, Harrison, Kanawha, Mercer, and Wood. Overall, the findings indicate that allocated case support staffing should increase by approximately 38%.

Table 29: Case Support Staff Allocated and Recommended Staffing

District/County	Allocated Support Staff (January 2022)	Estimate for Recommended Case Support Staff Staffing*
Brooke/Ohio/Hancock	6	8.7
Brooke	0	1.4
Hancock	3	2.4
Ohio	3	4.9
Marshall/Tyler/Wetzel	3	3.8
Marshall	1	1.9
Tyler	0	0.6
Wetzel	2	1.4
Wirt/Wood	6	8.4
Wirt	0	0.9
Wood	6	7.5
Braxton/Clay/Gilmer/Webster	5	4.1
Braxton	1	1.3
Clay	2	0.8
Gilmer	0	1.1
Webster	2	0.8
Harrison	3	7.6
Marion	2	4.3
Monongalia	3	5.2

Preston/Barbour/Taylor	4	7.4
Preston	1	3.0
Barbour	1	2.2
Taylor	2	2.1
Randolph	3	4.2
Grant/Mineral/Tucker/ Hampshire/Hardy/Pendleton	4	6.6
Grant	2	0.9
Mineral	0	1.2
Tucker	0	0.4
Hampshire	2	1.8
Hardy	0	2.1
Pendleton	0	0.2
Berkeley/Jefferson/Morgan	7	9.0
Berkeley	7	5.8
Jefferson	0	2.3
Morgan	0	0.9
Lewis/Upshur/ Doddridge/ Pleasants/Ritchie	5	5.3
Lewis	1	1.3
Upshur	2	1.8
Doddridge	0	0.6
Pleasants	0	0.6
Ritchie	2	0.9
Mason/Jackson/Roane/ Calhoun	7	8.2
Mason	1	3.1
Jackson	3	2.7
Roane	1	1.5
Calhoun	2	0.9
Cabell	7	10.1
Logan/Mingo	7	6.7

Logan	4	4.9
Mingo	3	1.8
McDowell/Wyoming	4	4.6
McDowell	1	2.2
Wyoming	3	2.4
Mercer	6	7.1
Raleigh	6	4.9
Greenbrier/ Pocahontas/ Monroe/Summers	2	4.0
Greenbrier	2	2.1
Pocahontas	0	0.6
Monroe	0	0.7
Summers	0	0.6
Kanawha	11	23.6
Wayne	4	3.4
Boone/Lincoln/Putnam	9	11.8
Boone	3	3.9
Lincoln	4	3.6
Putnam	2	4.2
Fayette/Nicholas	6	6.7
Fayette	3	4.0
Nicholas	3	2.7
Total	120	165.5

Note. Rows with bolded text represent districts. Rows that are not bolded represent the counties that comprise the bolded district above. Some districts are comprised of single counties. Due to rounding, some totals may not correspond with the sum of the separate figures. *0.1 FTE translates to 120 hours of case-related work over a year. FTEs could be shared across counties, and even incremental increases in allocated staffing could be beneficial.

8.4 Development of the Workload and Staffing Tool

In this portion of the Workload Study, a CW Workload and Staffing Tool was developed that provides recommended staffing levels for the number of cases identified (i.e., entered into the tool), based upon the recommended casework staffing estimates developed in Section 8.3. The statewide model uses input data including case types, caseloads, average case servicing time, and the average monthly availability of

caseworkers to service cases to estimate CPS and YS caseworker staffing requirements. The tool provides data fields where users enter case type and caseload data, as well as current staffing levels. The tool then calculates the number of staff hours needed to service the indicated workload, based on the statewide model for case service time, and then translates the resulting number of staff hours needed to service the workload into an estimated recommended staffing level for a county in terms of FTE staff. The tool also includes the case complexity factor time estimates derived from the Time Study. The tool offers flexibility by allowing the user to set the number of CW caseworker hours available in a given month that equate to one FTE (i.e., FTE hours could change if the typical number of hours worked changes), if desired. The statewide model was built to include all case-related, non-case-related (e.g., training, case support, administrative), and non-work hours.

The CW Workload and Staffing Tool was developed using a Microsoft Excel workbook that includes instructions for its use. Excel allows for the implementation of a user-friendly staffing-to-caseload decision tool to store caseload data (or input from WV’s current caseload system) and provide staffing estimates. Yearly data can also be easily archived, and staffing levels and caseloads over time can be compared. As such, Excel provides an excellent platform to explore “what ifs” by examining changes to casework servicing (e.g., increases or decreases in time spent on certain work activities/task categories), work allocation between positions, and caseworker availability. Other benefits of an Excel-based tool are that it is a widely used and understood platform that allows for inputting, manipulating, and changing key staffing-to-caseload data and staffing estimation parameters in the event of changes to work processes, standards, or caseloads. Excel also allows for cell protection (to prevent inappropriate changes to the tool functionality) and color coding and formatting of sheets to optimize data input, direct user attention to the appropriate cells, and increase visual appeal of the tool.

Table 30 provides an overview of the worksheets included in the Excel-based Workload and Staffing Tool.

Table 30: Overview of CW Workload and Staffing Tool Content

Excel Sheet Name	Description of Content
Instructions	Provides an overview of all sheets included in the Workload and Staffing Tool, with a description of each sheet and directions for use. These directions include the data to be input, where to enter it, and results included within each sheet.
Case Servicing Times	Provides an overview of the average monthly CPS and YS case servicing times for initial assessment and ongoing cases, as determined through the 2022 Time Study. Case servicing times refer to the amount of time that each case requires from caseworkers each month. This sheet also includes the caseworker availability estimate, which is the average number of hours that caseworkers have available for case-related work each month.
CPS Caseworker Staffing	Provides individual county estimates of recommended CPS caseworker FTE based on total caseloads, estimated hours per case, and caseworker availability. In this sheet, users can input or adjust the number of monthly cases, by county, to update the estimates for the needed number of CPS caseworkers.
YS Caseworker Staffing	Provides individual county estimates of recommended YS caseworker FTE based on total caseloads, estimated hours per case, and caseworker

Excel Sheet Name	Description of Content
	availability. In this sheet, users can input or adjust the number of monthly cases, by county, to update the estimates for the needed number of YS caseworkers.
CPS and YS Supervisor Staffing	Provides individual county estimates of the recommended supervisor staffing levels for CPS and YS programs, based on the two different methods described in the report. It also shows the difference between the estimated number of supervisors required and the current supervisor allocations.
Case Support Staffing	Provides individual county estimates of recommended case support staffing levels for combined CPS and YS programs based on ratio of case support to recommended caseworker staff.
Case Complexity Effects	Provides the case complexity factor results (See Section 6) so that they can be taken into consideration when assigning cases to caseworkers.
CPS YS Caseload Ratios	Provides the caseworker caseload ratio for CPS and YS caseworkers by district, county, and state level.

The Workload and Staffing Tool is provided as a separate Microsoft Excel document, which can be used to estimate recommended staffing levels as needed.

9 Operational Efficiencies

9.1 Purpose and Overview

The purpose of the Operational Efficiencies section of this report is to provide BSS with suggested operational efficiencies that may help reduce the workload of caseworkers, supervisors, case aides, and other CW staff at the county and state levels, as applicable. Workload studies often provide data-based evidence that a state's workload is too heavy given the current number of staff. Although the most obvious solution to address excessive workload is to hire more staff, adding staff is often not feasible due to budgetary constraints or recruiting challenges. Thus, implementation of operational efficiencies is another method to help alleviate workload concerns, regardless of whether more staff are added in WV. The suggested operational efficiencies were developed primarily from the small group interview and focus group data and secondarily from the information gathered during the SME workshops, an informal review of relevant literature and best practices, and the ICF project team's expertise. It is important to note that these recommendations are primarily based upon staff experiences, observations, and ideas and are intended as starting points that should be explored further by BSS and tailored prior to implementation.

More information on the methods involved in identifying the operational efficiencies can be found in Appendix M.

9.2 Evaluation Questions

Although a formal evaluation process was not conducted as part of the operational efficiency identification, the following questions framed their development:

- Is this action likely to help reduce workload concerns within WV?
- Does this action address a challenge raised by CW staff?
- Is there best practice evidence or relevant literature to support this action?

It is not within the scope of this Workload Study to conduct a detailed review of each of these actions to determine feasibility. These actions are meant as suggestions that WV can review and investigate further to determine which may be most appropriate to implement.

9.3 Operational Efficiencies Findings

Small group interview and focus group findings are provided in Section 4.3 of this report. The challenges identified within that section impact the time it takes to complete work and can be addressed to make work more efficient. Recommendations to address these challenges are provided in the following section. Specific recommendations focused on the challenges related to bureaucracy (Section 9.3.1), hiring (Section 9.3.2), and retention (Section 9.3.3). Recommendations regarding organizational structure are also provided (Section 9.3.4).

9.3.1 Recommendations to Address Bureaucratic Challenges

To address the lack of availability and/or accessibility of resources (e.g., technology to facilitate remote work in the field):

- Investigate the potential utility of technology that could be purchased to streamline administrative tasks and processes and facilitate remote work in the field. The quality of technology available can have a significant impact on the time it takes to complete work. By providing technology that helps to eliminate redundancy and is available throughout the range of locations where staff work, the time to complete relevant administrative tasks can be reduced.¹⁰
- Maintain an updated library of federal and state laws, regulations, rules, policies, standard operating procedures, and procedure memoranda that can be used among CW staff and shared with other professions working with these staff. This information could be organized within a file sharing platform organized by type of information (e.g., federal laws, state laws) and links to the appropriate documentation. Consolidating requirements provides a mechanism to help with workload management by providing a single location to find guidance and reduce time spent locating needed resources.¹⁰

To address concerns from caseworkers that laws and policies do not take into consideration high caseloads, BSS could potentially:

- Conduct a detailed policy review to identify where improvements could be made, where unnecessary requirements could be eliminated, or where procedures could be streamlined.^{10,11}

To address issues with alignment with the court systems which could lead to increased workload, potential recommendations include:

- Investigate the potential utility of training for judges and prosecutors about the “family first” goals and other goals of the CW system. Implementation of this recommendation may help to increase alignment between the CW and court systems by ensuring a shared knowledge and understanding of desired outcomes.¹²
- Investigate the potential utility of training for judges and prosecutors about the implications of their decisions on gaining access to funding (e.g., Title IV-E). Similar to the above, implementation

of this recommendation may help to increase alignment between the CW and court systems by ensuring a shared understanding of funding processes.¹²

- Increase transparency, open a dialogue, and clearly communicate expectations between courts and the CW system. Improved transparency and communication may help to reduce misunderstandings between the two systems.¹²

To address perceptions related to leadership communication and support, BSS supervisors could:

- Increase support and empathy for caseworkers with high caseloads. Although there are numerous ways to implement this recommendation, one simple way is to encourage supervisors to have open conversations with staff and regular check-ins on how they are managing. Feeling supported and appreciated by leadership can help stressful work feel more manageable and may help with retention.¹³⁻¹⁵

To address perceptions related to leadership communication and support, BSS senior managers and executives could:

- Provide clear communication through improved information dissemination channels about new initiatives to best support staff through transitions. Communications about new initiatives should be developed in a strategic and thoughtful manner that provides a series of key messages to staff. For example, implementation of this recommendation may include creating an intentional communication strategy, sending important information via multiple methods, increasing interactivity in email to encourage engagement, providing channels for feedback from staff, increasing transparency in communication, and including guidance on where to obtain more information or support.¹⁵
- Listen to staff and ensure their concerns are heard and suggestions are considered. Implementation of this recommendation could include providing specific methods for staff to provide suggestions to BSS leadership (e.g., a dedicated email inbox or an intranet idea submission function), as well as encouraging local leaders to regularly solicit input.^{14,15}

9.3.2 Recommendations to Address Hiring Challenges

To address concerns related to recruitment and the applicant pool, BSS could:

- Evaluate the job descriptions to determine if they should be updated to provide candidates with a more realistic preview of the job since small group interview and focus group participants expressed that even after completing training, some new hires are unprepared for fieldwork. Realistic job previews are intended to help job candidates or new hires understand what to expect on the job, so they are not surprised by challenges that may lead them to quit quickly.¹⁰

To address concerns related to the time to hire, a potential recommendation includes:

- Review the hiring process to identify methods to streamline. For example, improve the usability of the Division of Personnel register or reduce the number of approvals required. Approvals can often serve as bottlenecks in this hiring process, so reducing approvals to include only the most critical can help to reduce hiring time. Overall, reducing time to hire can help workload concerns

by getting vacancies filled more quickly as well as reducing the number of applicants that drop out of the process before the hire is complete.¹⁵

9.3.3 Recommendations to Address Retention Challenges

Retention challenges include ineffective training, high work demands, and employee stress and burnout. To address training-related challenges, potential recommendations for consideration include the following:

- To address time constraints that limit mentorship of new hires, reduce caseloads and work demands for the staff serving as mentors. While this recommendation may be a challenge when workload is high, it may be possible to shift case assignments to free some time for mentors or to have case aides complete more of their administrative work, for example.^{10,13,14}
- Evaluate the processes and outcomes of training(s) to determine how the training(s) could be more effective. Four examples are noted as follows (1) in response to perceptions that the virtual training mode is ineffective, evaluate the training process and outcomes and, based on the findings, potentially conduct trainings in-person; (2) in response to tight timelines for ongoing training completion, evaluate the training process and, based on the findings, potentially modify the training(s) timeline(s); (3) In response to the steep learning curve for new hires, low retention of information for new hires, and concerns that the new hire training takes too long, evaluate the training process and outcomes and, based on the findings, potentially decrease the time spent on lecture-based training and increase on-the-job training (although it is critical to ensure new caseworkers are not placed on-the-job unprepared, steps to pair new caseworkers with current staff to learn on-the-job can help facilitate the retention and transfer of knowledge and help new hires understand what to expect on the job); and (4) in response to certain ongoing trainings are not perceived as valuable by staff, evaluate training outcomes and, based on the findings, potentially drop or modify the training(s).^{10,15,16}
- Provide training on updated processes. Training could reduce the time required to complete the processes.^{10,14,15}

To address high work demands, BSS could explore the following recommendations:

- Set realistic expectations, timelines, and goals for supervisors, caseworkers, and new hires. As noted previously, staff held perceptions that there are unrealistic expectations, and holding open communication about these issues and adjusting accordingly may help to make employees feel heard and the workload seem more manageable.^{10,17,18}
- Create a pool of senior caseworkers who can assist units across WV that are experiencing staffing shortages. This type of shared pool of support could help offices experiencing the most problematic workload concerns.^{10,13,15}
- Encourage caseworkers to continue to utilize the assistance of case aides. Case aides may be able to handle a number of caseworkers' support tasks to help reduce their workloads.^{10,14,15}
- Streamline or eliminate redundant administrative tasks and non-essential documentation (e.g., being required to document contacts within FACTS but also on a separate contact sheet; having to enter contacts separately for each child in the same family rather than the children in the family being grouped; having to do duplicate data entry, which could be removed by linking data fields). Although a detailed process review was outside the scope of this Workload Study, a process

review may be a valuable exercise to streamline certain administrative and documentation tasks. Although documentation is a critical component of casework, there may be certain tasks that can be streamlined or eliminated.^{10,14,15}

- Improve the user interface of the FACTS system or consider alternatives with staff input. Enhancing the case management system could reduce the time required to work within the system.^{10,15}
- Pilot test using “geographical case distribution” (i.e., assigning caseworkers to certain areas within their counties) and “zip code mapping” to reduce in-region travel time.^{13(p39)}
- Reduce transportation-related demands on caseworkers by using alternative transportation providers. The use of other transportation providers could help reduce travel time for caseworkers.¹¹

To address employee stress and burnout:

- Streamline the process for staff to apply for reimbursements (e.g., travel/mileage). Implementation of this recommendation could help reduce time requirements for this task, as well as help ensure staff take the time to submit all relevant expenses and are reimbursed in a timely manner.^{10,14,15}

9.3.4 Recommendations Related to Organizational Structure

This Workload Study occurred during a period of organizational change. In summer 2021, the Bureau for Children and Families was split into two separate agencies, BSS and the Bureau for Family Assistance and Supports. Additionally, BSS changed its regional structure from four regions to two, a northern and a southern region. At the time of data collection for this Workload Study, it was too early to assess the impacts of these changes, so no further large-scale changes are recommended to the organizational structure at this time.

Instead, it may benefit BSS to explore small-scale changes to the organizational structure, particularly innovative ways to share workload across counties as it was evident from the Workload Study that workload varied considerably across counties, with some managing at a reasonable level and others experiencing substantial struggles. While BSS is sharing workload across counties to some degree already, they could explore ways to expand or formalize workload sharing further, such as implementing a flex team or travel team that could provide surge support to help to alleviate workload for counties with the highest workload demands. For example, Alaska’s Office of Children’s Services has implemented alternative work schedules, which includes a travel team of employees who work a 2-weeks on/2-weeks off schedule who are deployed to over 25 field offices to provide case coverage as needed due to vacancies.¹⁰

10 Conclusions

This Workload Study examined salary, staffing, caseload, and workload for CW Professionals, including both CPS and YS positions within BSS. The Salary Study, conducted as part of the overall Workload Study, revealed that for certain positions, salaries in states surrounding WV (i.e., Virginia, Maryland, Kentucky, Pennsylvania, and Ohio) were higher than those in WV, while for other positions, salaries in WV were higher than those in some surrounding states. WV CW average annual salaries were lower than one or more neighboring states’ average annual salaries for all positions where data is available. Findings

included detailed dollar comparisons for annual minimum, maximum, and average salaries, where available. Additionally, position vacancies across WV were identified. This work highlighted that CPS caseworkers and YS caseworkers have the highest vacancies in WV. Salaries, the nature of the position, the individual's quality of life and health, as well as other "complexity" factors may play a significant part in the vacancies. Identifying what factors and when they are important to consider will be key in future steps to hire qualified individuals within the system and sustain their employment over time.

Employee quality of life might be influenced by caseload, time allocation for each case, and work-life balance opportunities. The findings in this Workload Study revealed that the CW staff allocated in WV was lower than what was estimated as needed. Specifically, it was estimated that:

- 697 total CPS caseworkers were estimated as needed, compared to the 533 CPS caseworkers allocated in WV
- 227 total YS caseworkers were estimated as needed, compared to the 136 YS caseworkers allocated in WV

While these values suggest only 164 CPS caseworkers and 91 YS caseworkers would be needed to reach the recommended staff allocation levels, when existing vacancies (Table 4) are considered these values jump to 323 CPS caseworkers and 131 YS caseworkers. This finding represents a strong need to address low staffing levels.

Factors that contribute to low staffing levels may lead to a higher proportion of cases per caseworker. Caseworkers with higher caseloads than recommended will have less time to devote to each case. Caseworkers with a large number of complex cases may have even less time for each case. Among other CW staff, the recommended CPS supervisor staffing needs to be increased by about 30% over the existing allocation of 94 CPS supervisors in WV. Based on recommendations for YS supervisor staffing, a significant increase (232%) is required versus the 12 YS supervisors WV currently has allocated. Lastly, the recommended case support staffing (i.e., HHS case aides and case coordinators) across CPS and YS programs was reviewed. An increase (approximately 38%) in case support personnel is needed compared to the 120 case support staff WV currently has allocated.

To address workload challenges identified in this report, suggested operational efficiencies were outlined in Section 9. These key operational efficiencies focus on identifying improvements related to bureaucratic challenges, hiring challenges, retention challenges, and organizational structure. Several recommendations based on findings from participants in this study, national sources (e.g., Child Welfare Information Gateway) and other literature, best practices, and the ICF project team's expertise have been provided and are intended to be starting points for further consideration and should be discussed and tailored before implementation.

Taken together, the detailed findings of this Workload Study were intended to highlight changes that could be made to BSS's service delivery to ensure the safety, permanency, and well-being of all children and youth in WV. Additional recommendations and considerations are discussed in the next section of the report.

Although informative, these findings are not without limitations. First, the described approach for gathering information on employee experiences was based on convenience samples. The number of

individuals who contributed information in the small group interviews, focus groups, SME workshops, or by survey was limited, which may limit generalizability of the information to the larger experiences of most employees. Secondly, a number of the recommendations are based on work conducted in other states. While like WV in many ways, the needs and circumstances in those states may significantly differ from WV. The recommendations may need to be modified or tailored to the county or region within WV. Finally, the tools we used to capture information, in some instances, were developed particularly for this study and have not been validated. Individually or collectively, these and other limitations may limit the usefulness of the report moving forward. The context and unique experiences should be factored into the interpretation of findings and any future planning.

11 Additional Recommendations and Considerations

Additional recommendations that follow are offered to directly address recruitment and retention challenges. Recommendations include:

- Evaluate current recruitment methods and pilot test and evaluate strategies to broaden the applicant pool (e.g., offering alternative work arrangements, providing tuition stipends, offering recruitment bonuses).¹⁰
- Pilot test and evaluate expanding benefits to retain qualified candidates (e.g., childcare subsidies, counseling).^{13,19}
- Address factors that could help improve CW staff retention in WV. Small group interview and focus group findings suggest that there are factors impacting employee retention in WV, including the quality of employee onboarding; satisfaction with the work environment; the quality, effectiveness, and efficiency of training; the availability of promotion opportunities and salary increases; and having a fair and effective performance management process. Engaging in efforts to help address these factors could help improve employee retention in WV. These areas and related findings are further described in Section 4.
- Adjust pay levels to make WV more competitive with neighboring states and private sector CW agencies. Improving pay will likely help with both the recruitment and retention of staff. It is also important to consider career progression in relation to pay to retain staff over time and ensure yearly wage increases match or exceed inflation.^{13,17}

Additional recommendations and considerations are also offered to address challenges related to workload and allocated staffing levels being insufficient to handle current workloads. The recommendations that follow are offered to directly address one or both of these challenges.

- Improve the case distinctions recorded within FACTS related to counting In-Home and Out-of-Home services. Such distinctions are important to more finely measure workload based on ongoing service factors that affect service time. Specifically, Out-of-Home cases typically involve greater travel time, more time spent with placement service providers, and administrative tasks than In-Home cases.
- Increase the number of allocated positions (e.g., allocate more YS caseworker staff to a level at least commensurate with the allocation of CPS caseworker staff). In some offices, increasing the number of allocated positions may be useful. This recommendation was mentioned in small group

interviews and focus groups and is also reflected in the Time Study results where staffing levels are recommended. Both YS caseworker and YS supervisor staffing is well below that of CPS staff, relative to their workload estimates. It is important to note that in certain offices, filling current vacancies is already a challenge, so recruiting strategies to fill those positions would be of more urgency than creating additional positions.

- Gain a better understanding of why child and parent contacts per month may not be performed in 100% of CPS and YS ongoing service cases. During the small group interviews, it was suggested that child and parent contacts in certain counties were below the state mandated levels of 100% contact each month. It could not be determined whether this finding was due to effects of COVID-19, staffing shortages, or other reasons. It is therefore recommended that county child and parent contact frequencies be investigated to ensure these critical services are being maintained at mandated levels.
- Additional time should be allocated in cases where there are multiple children and multiple parents based upon the results of the Time Study and case complexity analyses. It is recommended that the number of children and parents, along with travel time, be considered as a priority factor when assigning cases to caseworkers. Caseworkers assigned to cases that have multiple children or parents, or that require extensive travel time, could be assigned fewer overall cases. The CW Workload and Staffing Tool provides the case complexity factor results (See Section 6) so that they can be taken into consideration when making assignments.
- Initial Assessment workload varies from month to month, so this must be considered when estimating current case time for initial assessment servicing. As described in the Time Study sections, variation in caseloads and case servicing should be considered by caseload managers when assigning cases to staff, to ensure a more equitable workload distribution. Case complexity factors also affect workload and should be considered on a case-by-case basis. Caseworkers with cases that have many complexity factors could be assigned a smaller overall caseload.
- Set a maximum number of cases per caseworker and develop procedures for handling an overflow of cases (e.g., a statewide support team or pool of on-call support similar to telework units that have been successfully implemented in New Hampshire) when caseworkers have reached their maximum.¹¹
- Find alternatives to weeklong on-call schedules to improve sleep. For example, it may be beneficial to have assigned night and weekend-specific investigators rather than having on-call staff perform this work. Doing so could help to improve the issues with minimal sleep when employees are on call.¹³
- Find alternatives to caseworker-provided childcare. Implementation of this recommendation would help to free additional time for caseworkers to spend on core activities that could not be performed by others.
- Continue to invest in substance use disorder services since many CW cases result from drug use. In addition to the benefit for families, implementation of this recommendation may help to reduce time required to service cases by reducing the case complexity; Time Study results showed that a caregiver with a substance use disorder adds almost three hours per month to case servicing times.^{10,20,21}

11.1 Efforts to Improve Workload, Hiring, and Retention in Other States

Other states have been implementing strategies to improve workload, hiring, and retention. Efforts included:

- Raising minimum salaries for CW caseworkers

In Kentucky, social workers received a 10% raise on December 16, 2021, in response to heavy caseloads, low morale, and high turnover rates.

- Reducing the time required to hire entry-level workers

Kentucky also announced a pilot program to condense the hiring process for entry-level social workers to seven business days to alleviate their staffing shortages.²²

- Providing digital resources about CW services and related needs to help educate the public

States and organizations are working to develop resources for youth, service providers (e.g., home visiting programs), and the public, to provide information that may be able to help reduce and prevent child abuse. With support from the Virginia Department of Social Services, the Virginia organization Families Forward provides the Child Abuse Prevention Toolkit²³ as a resource for the public, with a variety of information such as the benefits of home visits, facts on opioid overdoses, the use of trauma-informed approaches, tips on preventing bullying, and advice on supporting youth who identify as lesbian, gay, bisexual, transgender, and queer.

- Creating two Bills of Rights that establish the rights of foster youth and their caregivers.

In Ohio, the Department of Job and Case Services released the Foster Youth Bill of Rights and the Resource Case Bill of Rights to establish and clarify the rights of youth in foster care and their caregivers.²⁴ Information on the evaluation of these changes in Ohio is not yet available; however, these efforts to inform and engage the public in understanding their rights and early intervention practices can aid in reducing the severity and number of incoming CW cases.²³

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13 Appendix A: Local Communication and Outreach

Local outreach was conducted to ensure county CW offices and CW staff were aware of the Workload Study, its goal and objectives, and the process involved to complete the Workload Study.

13.1 Development of Communication and Outreach Plan

The ICF project team developed a communications plan and associated communications in order to gain the necessary participation from CW staff within BSS. The communications contained in the communications plan were used throughout the project to facilitate engagement with individuals participating in the various activities conducted as part of this Workload Study.

A study-specific e-mail address was used to send communications throughout the project. Email was selected as the mode of communication as it is an efficient two-way method of communication that allowed the ICF project team to send detailed information while providing an easy mechanism for recipients to respond with questions or comments. Information used to contact individuals to request participation in the small group interviews and focus groups, Time Survey, and SME workshops (e.g., name, email address, position, county) was provided by BSS.

13.2 Initial Outreach

The Workload Study was announced by BSS to office managers and CW staff across WV in October 2021. The announcement provided background information about the Workload Study, the goals of the study, a high-level timeline for the study, a request for participation in the project if selected, and a point of contact for any questions. BSS contacted office managers and CW staff via email on October 19, 2021, to provide information about an upcoming series of webinars covering an introduction to the Workload Study, a description of each phase, and an explanation of what each county's voluntary involvement in the study entailed. On October 20, 2021, ICF emailed invitations to the webinar sessions to office managers and staff. The webinars were then conducted from October 21 to 26, 2021. Confirmed attendees were sent an email one business day prior to the webinar to remind them of the upcoming webinar.

13.3 Implementation of the Communication and Outreach Plan

Table 31 provides a brief description of each communication and when it was sent. The full communication plan that was approved by BSS is provided as a standalone file accompanying this report.

Table 31: Communication included in the Communications Plan

Communication	Audience	Date	Description
Office Manager Participation Survey Invitation	Office Managers	November 1, 2021	Email with link to survey to gauge interest in having their district participate in each phase of the data collection (i.e., small group interviews and focus groups, Time Survey, and SME workshops). The survey remained open

Communication	Audience	Date	Description
			through November 5, 2021. Input was used in sampling plan development.
Office Manager Participation Survey Reminder	Office Managers	November 3, 2021	Reminder to participate in the survey described above.
Interview Request	Selected Supervisors	November 9, 2021	Requested Community Service Managers (CSMs) to identify 1–2 supervisors from their district to participate in a 60-minute virtual interview. CSMs were asked to reach out to supervisors and provide them with information on how to sign up for a virtual interview time using an online scheduling platform (i.e., SignUpGenius).
Interview Reminder	Selected Supervisors	November 12, 2021	Reminded CSMs to identify 1–2 supervisors from their district to participate in a 60-minute virtual interview. CSMs were asked to reach out to supervisors and provide them with information on how to sign up for a virtual interview time using an online scheduling platform (i.e., SignUpGenius).
Focus Groups Request	Selected CW Staff	November 12, 2021	Requested CSMs to identify 3–5 caseworkers, 1–2 case aides/case coordinators, and 1–2 FDTC staff (if applicable) to participate in a 90-minute virtual focus group. CSMs were asked to reach out to selected CW staff and provide them with information on how to sign up for a virtual focus group time using an online scheduling platform (i.e., SignUpGenius).
Reminder: Focus Group Request	Selected CW Staff	Sent by BSS in Mid-November, 2021	Reminded CSMs to invite staff from their district to participate in a focus group, as described above. This email was sent by BSS to help increase focus group participation.
Final Reminder: Focus Group Request	Selected CW Staff	December 6, 2021	Notified CSMs of remaining time slots still available for focus groups and served as a final reminder for CSMs to recruit staff to participate in the focus groups.
Request for Time Survey Data Collection	Sample of selected CW staff	January 12, 2022	Requested participation in pilot testing of the Time Survey.

Communication	Audience	Date	Description
Tool Pilot Tester Participation	identified by BSS		
Workload Time Study Training Session Email	Selected CW Staff	February 1, 2022	Invitation to attend a virtual training session to learn how to complete the Time Survey.
Workload Time Study Training Session Zoom Invitation	Selected CW Staff	February 3,7,8, and 9, 2022	Outlook calendar invitations accompanying the Workload Time Study Training Session Email (above). Each invitation included the documents necessary for completing the Time Survey (i.e., training materials, two versions of the Time Survey [i.e., Time Survey for WV CW case-carrying staff and Time Survey for WV CW non-case-carrying staff], and the Core Practice Functions and Work Activity Table) and a Zoom meeting link for the training session.
Email from BSS Leadership – Workload Study Time Survey	Selected CW Staff	Early February 2022	This email from BSS encouraged participation in the Time Survey data collection. This email highlighted the importance of participation and reinforced WV's dedication to making improvements to ensure all employees are safe, supported, and engaged.
Workload Study: Time Survey Kick-Off	Participating CW Staff	February 14, 2022	A reminder that the Time Survey was kicking off. The email included a link to a recording of a training session, for optional viewing, as well as attachments containing associated materials for completing the Time Survey (i.e., training session presentation materials, the two versions of the Time Survey, and the Core Practice Functions and Work Activity Table).
Workload Study: Time Survey Check-In	Participating CW Staff	February 22, 2022	Reminder after week one of the data collection period for participants to submit their completed Time Survey by February 28, 2022.
Workload Study: Time Survey Completion	Participating CW Staff	February 24, 2022	Reminder sent two business days before the end of the data collection period for participants to submit their completed Time Survey by February 28, 2022.

Communication	Audience	Date	Description
Workload Time Study: Time Survey Final Day	Participating CW Staff	February 28, 2022	Reminder sent the morning of the final day of the data collection period for participants to submit their completed Time Survey by the end of the day.
Workshop Participation Request	SMEs Identified by BSS	April 5, 2022	Request to participate in a SME workshop to validate the Time Survey results. Requested SMEs to provide their availability during the week of April 11, 2022, to assist in scheduling each workshop.
Follow-Up Workshop Participation Request	SMEs Identified by BSS	April 7, 2022	Reminder email sent to staff who had not responded to the initial SME workshop participation request sent on April 5, 2022.

14 Appendix B: Salary Study Data Collection

The Salary Study data collection process included identifying CPS and YS job positions for inclusion in the study. Salary and job description data were collected from neighboring states (i.e., Virginia, Maryland, Kentucky, Pennsylvania, and Ohio) for all relevant job positions, including CPS caseworker, senior CPS caseworker, CPS supervisor, CPS worker trainee, case coordinator, case aide, YS caseworker, and YS supervisor. States directly bordering WV were specifically examined because they compete for the same limited applicant pool of CW staff and may draw potential applicants away from WV.

14.1 Identifying CPS and YS Job Positions and Titles

Based on discussions with BSS, the required CPS and YS job positions and titles from WV were identified. The target positions identified for the Salary Study included CPS caseworker, senior CPS caseworker, CPS supervisor, CPS worker trainee, case coordinator, case aide, YS caseworker, and YS supervisor. A team of experts used the WV position titles as well as other key search terms (e.g., “social worker”, “family services”, “social services”) to help locate job descriptions of comparable positions in the other states for inclusion in the Salary Study. Position titles differed by state for all positions examined (e.g., a CPS caseworker may be referred to as a county caseworker, social service worker, or family services worker in another state). In order to verify that the positions were comparable, the team compared the job qualifications and requirements, along with the knowledge, skills, and abilities required for WV CW positions to those required for similar positions in other states. No specific inclusion and exclusion criteria were used to verify the positions were comparable to WV CW positions because every state posts job openings differently.

14.2 Collecting Salary and Job Description Data from Neighboring States

The Salary Study relied on publicly available information to find salaries for jobs similar to those in WV. To gather comprehensive salary data from neighboring states, more than 100 job postings from state employment websites and third-party recruitment platforms (e.g., LinkedIn, Indeed, Salary.com, JobSearcher) were reviewed. Similar data related to WV position salaries were gathered from BSS in the form of an Excel document. Multiple job postings were examined for each position in each state (the number of postings that were examined varied depending on what was available for each position). Job postings were identified at the city, county, and statewide level, where available. In instances where job postings for a position did not provide comprehensive salary information, or a full job posting was unavailable, salary data from official state salary transparency websites were reviewed to help supplement information provided in the job posting. Each job posting was reviewed and compiled into an Excel Compensation Study Database Workbook. For each position, information including full position title, salary, job location, and proximity to WV (in hours) was documented. Additionally, any key job qualifications and requirements were noted for each position along with links to job postings or websites from where the job postings were pulled. A senior researcher, with expertise in job analysis, reviewed the Excel Compensation Study Database Workbook to ensure a direct mapping of the position requirement to a WV position could be made.

15 Appendix C: Salary Study Analytic Methods

Position description information was collected and organized into an Excel Compensation Study Database Workbook, as described in Appendix B. The Excel Compensation Study Database workbook was used to organize position description information by position type, for each state. Salary analyses were presented at the WV state level as salaries do not vary by district or county.

The Excel Compensation Study Database Workbook was organized by state and contained data collected from job postings for each position type, as identified during data collection. After being entered into the database, the salary data from every relevant job posting for a position was examined to derive the minimum, maximum, and average annual salary. Every data point was taken into consideration in deriving these values. For example, in Ohio, ten CPS caseworker data points for salary were used from a list of eight job postings identified. Within these job postings, the minimum salary was \$30,000, the maximum salary was \$60,756, and the average salary was \$41,203.

After this process was conducted for all positions in each state, a summary of the minimum salary, maximum salary, and average salary for each position across WV, neighboring states, and the WV private sector (i.e., comparable CPS or YS work for a private sector organization) was organized. The Excel Compensation Study Database Workbook is available as a standalone file accompanying the Final Report.

16 Appendix D: Small Group Interview and Focus Group Data Collection Methods

This appendix describes the initial review of current CW work processes, staffing, and standards data, which was done in preparation for the small group interviews (defined as a small focus group in this study) and focus groups. It also presents the process for selecting a sample of counties for small group interviews and focus groups. The small group interviews and focus groups were conducted with CW supervisors, caseworkers, case aides, and case coordinators to gather information about the daily work and work experiences of WV CW staff; workload and caseload assignment practices; current challenges, process inefficiencies, and possible solutions to CW workload challenges; and other issues that affect proper service delivery in WV. These small group interviews and focus groups were also conducted to help refine the Core Practice Functions and Work Activity Table (initially developed by the ICF project team using the documentation in section 16.1) and also the case complexity factors list (initially developed by the ICF project team by collecting input from BSS regarding the factors they wanted to include). The Core Practice Functions and Work Activity Table provide a framework for describing the work performed by CW staff in WV, by specifying the case types (i.e., Core Practice Functions), work activity categories, and example tasks for each work activity. The case complexity list outlines the factors that may impact the amount of time required to provide service on a case. These lists were used to develop the Time Survey data collection tool.

16.1 Data and Documentation Review in Preparation for Small Group Interviews and Focus Groups

Both qualitative and quantitative data were collected prior to the small group interviews and focus groups. This process began with the collection and review of current background materials relevant to the study. The purpose of this phase was to more fully understand current WV CW work policies, regulations, casework processes and practices, and staffing and workloads prior to developing the sampling plan and protocol.

The ICF project team reviewed and synthesized current background information about the types of work activities and tasks conducted by CW staff from previous similar projects^{8,9} as well as information provided by BSS related to CW caseworkers and supervisory jobs. The review was focused on gathering information regarding workload and caseload standards, WV CW practices, information about the different stages of casework, and how the job may differ across local CW counties. Specifically, BSS provided documentation related to:

- Current caseloads by county and region
- Statewide resources available for WV CW staffing
- CW caseworker organization, staffing levels, map of regions, and other information pertinent to staffing and workload allocation
- Management and assignment of workloads and caseloads, including associated challenges and other factors impacting workloads and caseloads
- Work activities and tasks, both case-specific and non-case specific, performed by CW caseworkers in each Core Practice Function

- Descriptions of activities related to current case management data fields, data entry, and data management
- Current CW practices, including alternative or pilot study systems of care, and any other innovative or best practices and procedures

This information was used to inform the development of the interview and focus group sampling plan and protocol and the initial draft of the Core Practice Functions and Work Activity Table. For the sampling plan, the information was used to identify and select diverse counties to participate to ensure that any differences across WV could be captured through the data collection. For the protocols, the information was used to ensure that the questions asked were relevant to the current understanding of CW work in WV.

16.2 Sampling Plan for Small Group Interviews and Focus Groups

A sampling plan was developed to help select counties from which to obtain CW staff for participation in small group interviews and focus groups. To develop the sampling plan, information was collected from BSS data about the counties (e.g., county size, number of CW cases, types of CW cases). The sampling plan was designed to optimize adequate representation in the sample when considering the following factors:

- The total population of the district/county
- The total number of CW cases for the district/county
- The percentage of children removed from the home to total ongoing cases in the district/county
- The percentage of children placed in residential facilities to total Out-of-Home cases in the district/county
- Whether or not the district/county participates in the FDTC program

The sampling plan took these data elements into consideration when identifying counties for participation in small group interviews and focus groups to ensure that counties with diverse situations across the four regions provided by BSS were included. Additionally, consideration was given to not over sample districts with high case-to-worker ratios to not adversely affect these counties by taking already overwhelmed staff away from their jobs. BSS leadership reviewed the draft sampling plan and provided feedback that included indicating counties that may not be able to participate based on their understanding of current staffing and workload condition. The final list of counties included in the sample is provided in Table 32.

Table 32: Sample of Districts/Counties for Small Group Interviews and Focus Groups

District/County
Marion
Monongalia
Ritchie/Pleasants/Doddridge
Wood
Boone/Lincoln
Kanawha
Berkeley/Jefferson/Morgan
Grant/Tucker/Hardy/Pendleton
Randolph

Raleigh
Mercer
McDowell/Wyoming
<i>Note.</i> Rows with more than one county listed indicate the counties that are combined into a district. Some districts are composed of a single county. A bolded row indicates a district that is missing one or more counties. For example, Wood is bolded because the district is Wood/Wort; Ritchie/Pleasants/Doddridge is bolded because the district also included Lewis and Upshur.

16.3 Small Group Interview and Focus Group Questions

The small group interview and focus group protocols were developed to ensure that consistent and comprehensive questions were asked in each session. The small group interviews and focus groups first focused on the nature of CW work in WV and the work experiences of current staff. The second key element of these small group interviews and focus groups was discussing and refining the Core Practice Functions and Work Activity Table and the case complexity factors list. Tables 33 and 34 present a summary of the topics addressed in the small group interview and focus group protocols, respectively.

Table 33: Supervisor Small Group Interview Protocol

Topic	Focus of Topic
Introduction	Participants provided an overview of their current role and how CW practices are delivered in their county in comparison to the rest of WV.
Management of CW Staff	Participants described how they manage workloads and caseloads of the CW caseworkers they supervise and any associated challenges. Participants also shared any county-specific work activities, pilot programs, or best practices.
Challenges	Participants were asked to provide input regarding challenges that may impact caseworkers' ability to do their jobs effectively and the impact of these challenges.
Recommended Improvements	Participants were asked to provide input regarding potential solutions that would help address challenges that CW caseworkers experience and provide support to help improve caseworker performance.
Review and Discussion of Draft Core Practice Functions and Work Activity Table	Participants individually reviewed the draft Core Practice Functions and Work Activity Table. Participants were asked to review and provide feedback on the content of the list, to ensure the case types, work activities, and example tasks accurately reflected how work is performed in WV and that the terminology used would resonate with all CW staff.
Case Extenuating Circumstances/Complexity Factors	Participants were asked to review a draft list of case extenuating circumstances/complexity factors that could be present in a case and provide feedback on any extenuating circumstances/complexity factors that should be added or removed.

Table 34: CW Caseworker, Case Aide/Coordinator, and FDTC Focus Group Protocol Overview

Topic	Focus of Topic
Introduction	Participants provided an overview of their current role.
Daily Activities	Participants described their typical day and variations in caseload and case type.
Workload and Caseload Assignments	Participants described how caseloads and workloads are assigned.
Review and Discussion of Draft Core Practice Functions and Work Activity Table	Participants were asked to individually review the draft Core Practice Functions and Work Activity Table and provide feedback as a group on the content of the list, to ensure the case types, work activities, and example tasks accurately reflected how work is performed in WV and that the terminology used would resonate with all CW staff. Participants discussed the content of the draft Core Practice Functions and Work Activity Table and provided feedback on potential changes needed (e.g., work activities that were missing, adjustments to wording of tasks to align with language used in WV).
Case Extenuating Circumstances/Complexity Factors	Participants were asked to review a draft list of case extenuating circumstances/complexity factors that could be present in a case and provide feedback on any extenuating circumstances/complexity factors that should be added or removed.
Current Challenges and Potential Solutions	Participants were asked to provide input regarding challenges that may impact their ability to do their job effectively, as well as any suggestions for addressing current challenges.

16.4 Small Group Interview and Focus Group Participants

A series of small group interviews and focus groups were conducted from November to December 2021, by virtual meeting. Small group interviews (i.e., two to three participants) were conducted with CW supervisors. This format was used because there are fewer supervisors than caseworkers, case aides/case coordinators, and FDTC staff and supervisors may have more sensitive internal staffing issues to discuss. As such, the smaller format was intended to help participants feel comfortable speaking freely. Two small group interviews, with two to three CW supervisors each, were planned per region. Focus groups of six participants each were planned for CW caseworkers, case aides/case coordinators, and FDTC staff. This number of participants enables conversations and building off the input of others, while still allowing each participant time to share their experiences. For each region, there were two focus groups planned for CW caseworkers and one focus group for case aides and case coordinators. Two total FDTC focus groups including participants from across all four regions were planned. This resulted in a total of 14 focus groups with six participants each for the target sample. The total target number of participants, by region and participant type, is shown in Table 35.

Table 35: Small Group Interview and Focus Group Targeted Number of Participants

Region	Small Group Interview Participants	Focus Group Participants		
	Supervisors	Caseworkers	Case Aides & Case Coordinators	FDTC*
I	6	12	6	--
II	6	12	6	--
II	6	12	6	--
IV	6	12	6	--
Total	24	48	24	12

Note. FDTC = Family Drug Treatment Court. WV was organized into four regions at the time that the small group interviews and focus groups were conducted. As part of the project methodology, participants were sampled across the four regions to gather representation from across WV.
*Focus groups for FDTC staff were structured to include participants across all four regions.

Due to the limited availability of supervisors and staff, six of the eight total small group interviews scheduled were conducted and five of the 14 scheduled focus groups were conducted. A total of 28 participants agreed to participate in the small group interviews and focus groups. In all, 16 supervisors participated in the six supervisor small group interviews and 12 CW staff (i.e., caseworkers, case aides) participated in the five focus groups, as shown in Table 36. The final number of interviews and focus groups conducted was below the initial target of eight small group interviews and 14 focus groups. Additionally, no focus groups with FDTC staff were conducted because no individuals were available to participate in the two focus groups. As a result, stakeholders were unrepresented (e.g., FDTC staff) or underrepresented (e.g., CW supervisors, CW caseworkers, case aides, and case coordinators) in the final sample compared to the target number of participants. Despite participation being lower than planned, the ICF project team was still able to achieve diverse county representation in the sessions.

Table 36: Small Group Interview and Focus Group Participants

	Supervisor Small Group Interviews	Caseworker Focus Groups	Case Aide & Case Coordinator Focus Groups
Number of Interviews/Focus Groups	6	2	3
Number of Participants	16	6	6
Core Practice Function Performed by Participants	CPS Intake CPS Ongoing YS Intake	CPS Intake CPS Ongoing YS Ongoing	CPS

Note. CPS = Child Protective Services, YS = Youth Services.

Small group interviews and focus groups were conducted by region, based on project methodology, so multiple counties could be represented in a single session. The final sample of regions that participated in small group interviews and focus groups is provided in Table 37.

Table 37: Regions Participating in Small Group Interviews and Focus Groups

Region	Supervisor Small Group Interview	Caseworker/CPS Senior Focus Group	Case Aide/CPS Coordinator Focus Group
I	X		X
II	X		
III	X	X	X
IV	X	X	X

Note. CPS = Child Protective Services. WV was organized into four regions at the time that the small group interviews and focus groups were conducted. As part of the project methodology, participants were sampled across the four regions to gather representation from across WV. No individuals were available to participate in the two focus groups designated for Family Drug Treatment Court (FDTC) staff.

16.5 Conducting Small Group Interviews and Focus Groups

Each semi-structured, virtual small group interview and focus group was conducted by a single facilitator through the Zoom online meeting platform (different facilitators were used across the small group interviews and focus groups). Participation was voluntary, and to encourage participants to speak freely, the small group interview and focus group sessions were not recorded and were attended by participants in similar positions within the WV CW system. In each small group interview and focus group, a single notetaker was present to capture notes electronically about what was said, which were later organized for analysis (different notetakers were used across the small group interviews and focus groups). The facilitator had the opportunity to review the notes after the session to ensure all findings were appropriately captured. WVU OHA staff opened each small group interview and focus group by introducing the session and discussing the overall project goals. After this introduction, the facilitator would provide further information to the participants about the purpose of the session, explain the voluntary nature of the session, and note that the information shared by participants would be aggregated across all small group interviews and focus groups for final reporting.

After participants confirmed that they wished to continue participating in the small group interview or focus group, the facilitator followed the appropriate small group interview or focus group protocol to guide the discussion. The structure of the small group interviews and focus groups is described in Section 4 of the report, and consisted of two sections:

- **Section 1 Nature of CW work in WV and the CW Staff Experience:** Open-ended questions on the nature of the daily work in CW jobs, workloads and case assignment practices, work challenges impacting CW staff, potential process inefficiencies, and ways to help address the work challenges or improve service delivery in WV.
- **Section 2 Inform the Development of the Time Study:** Participants reviewed the draft Core Practice Functions and Work Activity Table together with a separate list of case complexity factors

that could be present in a case and were asked to provide feedback regarding the comprehensiveness and clarity of each list.

Small group interviews lasted one hour and focus groups lasted 1.5 hours. At the conclusion of the small group interviews or focus groups, participants were thanked for their time and the session was concluded.

16.6 The Core Practice Functions and Work Activity Table

Information gathered during the small group interviews and focus groups was used to refine the Core Practice Functions and Work Activity Table used during the Time Study. Table 38 presents the Core Practice Functions and Work Activity Table provided to Time Study participants.

Table 38: Core Practice Functions and Work Activity Table

Core Practice Function/Case Types	Work Activity Categories	Example Tasks (not comprehensive)
<p>Case-Related:</p> <ul style="list-style-type: none"> ▪ CPS <ul style="list-style-type: none"> ▪ Intake/Referrals ▪ Initial Assessment ▪ Ongoing <ul style="list-style-type: none"> ▪ In-home (non-court) ▪ Out-of-home (court) ▪ YS <ul style="list-style-type: none"> ▪ Intake/Referrals ▪ Initial Assessment ▪ Ongoing <ul style="list-style-type: none"> ▪ In-home (non-court) ▪ Out-of-home (court) 	<p>Child Contact</p>	<ul style="list-style-type: none"> ▪ Coordinating face-to-face contact with child ▪ Face-to-face contact with child in field (e.g., home, school) ▪ Face-to-face contact with child in office ▪ Phone or other contact with child ▪ Coordinating face-to-face contact with child and other individuals involved in the case ▪ Face-to-face contact in field (e.g., home, school) with child and other individuals involved in the case ▪ Face-to-face contact in office with child and other individuals involved in the case ▪ Phone, email, or other contact with child and other individuals involved in the case ▪ Supervising visitation
	<p>Parent Contact</p>	<ul style="list-style-type: none"> ▪ Coordinating face-to-face contact with parent ▪ Face-to-face contact with parent in field (e.g., home) ▪ Face-to-face contact with parent in office ▪ Phone, email, or other contact with parent
	<p>Out-of-Home Care Provider Contact</p>	<ul style="list-style-type: none"> ▪ Coordinating face-to-face contact with alternative care provider

		<ul style="list-style-type: none"> ▪ Face-to-face contact with alternative care provider in field (e.g., home) ▪ Face-to-face contact with alternative care provider in office ▪ Phone, email, or other contact with alternative care provider ▪ Provider support (e.g., referral to supportive services, locating socially necessary services)
	Other Contact	<ul style="list-style-type: none"> ▪ Coordinating other contact ▪ Contact with reporter ▪ Face-to-face contact with others ▪ Phone, email, or other contact with others
	Attempted contact	<ul style="list-style-type: none"> ▪ Attempted contact with child ▪ Attempted contact with parent ▪ Attempted contact with others involved in case
	Placement/Removals	<ul style="list-style-type: none"> ▪ Locating placement for child coming into out-of-home care ▪ Changing placement of child already in out-of-home care ▪ Making referrals to placement ▪ Making placement ▪ Preparing placement documentation ▪ Making referrals for home study ▪ Searching for family connections ▪ Conducting safety screen ▪ Completing home study referral form ▪ Completing Automatic Placement Referral (APR) ▪ Removal from home ▪ Supervision of children (e.g., hotels or offices) ▪ Investigating complaints about the placement caregiver
	Travel	<ul style="list-style-type: none"> ▪ Travel time to destination in county ▪ Travel time to destination out of county ▪ Transporting children or parents
	Administration	<ul style="list-style-type: none"> ▪ FACTS documentation ▪ Case review and research

		<ul style="list-style-type: none"> ▪ Other clerical or administrative, case related (e.g., writing referrals, record request) ▪ Case/Service planning ▪ Conducting record review/check (e.g., internal record review, records from outside entities, sending records)
	Case-related Training, Consultation, and Meetings	<ul style="list-style-type: none"> ▪ Participating in or leading Reflective Supervision (e.g., reflecting on casework to improve outcomes or for staff worker satisfaction or performance) ▪ Coordinating case related meeting (e.g., medical, wraparound, or other team meeting) ▪ Attending case related meeting (e.g., medical, wraparound, or other team meeting) ▪ Peer consultation ▪ Supervisor/management consultation ▪ Staff meeting with case discussion ▪ Other case-related training or consultation ▪ Preparing for and participating in multidisciplinary team meetings (MDTs)
	Court related time	<ul style="list-style-type: none"> ▪ Preparing petitions ▪ Preparing documentation for court (e.g., 7-day letter, court reports) ▪ Research, requesting, and review of records, files, and case notes ▪ Preparing witnesses ▪ Wait for and participate in hearings ▪ Wait for and participate in mediation
Non-case-related	Training and Consultation	<ul style="list-style-type: none"> ▪ Attending required training ▪ Attending optional training or participating in other professional development ▪ Providing training to staff within agency

		<ul style="list-style-type: none"> ▪ Providing training or guidance to others outside of agency (non-case-related) ▪ Peer consultation (non-case-related) ▪ Formal mentorship
	Travel	<ul style="list-style-type: none"> ▪ Non-case-related travel time
	Administrative	<ul style="list-style-type: none"> ▪ Documentation, non-case-related ▪ Filing, scanning, shredding ▪ Other clerical or administrative, non-case-related ▪ Reconciling Purchasing-cards ▪ Collecting Reimbursement forms ▪ Answering receptionist phone calls
	Recruitment, Licensing & Community-related Activities	<ul style="list-style-type: none"> ▪ Recruitment of out-of-home care and adoptive homes ▪ Recruitment of service providers ▪ Community outreach and prevention activities ▪ Fairs, events, and community activities ▪ Licensing activities
	Meetings	<ul style="list-style-type: none"> ▪ Staff/agency meetings ▪ Committee meetings ▪ Management meetings ▪ Community meetings ▪ Other non-case-related meetings

17 Appendix E: Small Group Interview and Focus Group Data Analytic Methods

17.1 Overview

Small group interviews and focus groups allow investigators to gather information about the perceptions, experiences, and attitudes of participants.²⁵ Findings from these small group interviews and focus groups were analyzed to 1) better understand the nature of CW work conducted in WV and the experiences of CW staff, 2) inform the development of the Time Study, and 3) inform the development of the operational efficiency recommendations.

17.2 Data Analysis

Small group interview and focus group session note documents were analyzed by the ICF project team. To analyze responses to questions, small group interviews and focus group note documents were analyzed using a conventional content analytic approach, which is an approach to qualitative data analysis in which the coder allows themes to emerge directly from the data.²⁶ Using this approach, the coder first reads all of the note documents to gain a high-level view of the experiences and thoughts reported by participants. This approach allows for findings to be identified without using preconceived notions about the experiences of CW staff in WV; it allows for the codes and themes to be developed based on the unique situations and experiences of these staff. The coding process consisted of uploading the Microsoft Word note documents into an automated content analysis program and a codebook was created using Microsoft Excel.

The case complexity factors list and the Core Practice Functions and Work Activity Table were refined using an iterative process. Following each small group interview or focus group, the ICF project team considered the findings and determined if updates were to be made to the draft(s). If a determination was made to update the draft(s), the draft(s) were updated and the revised draft(s) were shown to the next small group interview or focus group. The case complexity factors list and the Core Practice Functions and Work Activity Table were finalized after the completion of the small group interviews and focus groups.

17.2.1 Identification of Themes

To analyze the small group interview and focus group notes, a single coder first read through all the interview and focus group note documents to familiarize themselves with the documents. Then, the coder reviewed the note documents a second time and, for each question asked by the facilitator, the coder would highlight the responses to the question and assign codes using open coding. When a new topic was identified, the coder created a unique code and assigned the code to the quotation. If the topic was identified in response to a different question, the code was re-used to code the response to the question. After the coder completed the coding of each interview and focus group note document, they merged any redundant or closely related codes and re-read the note documents and corrected any coding errors where the code did not align with the content or an incorrect code had been identified. Then, three researchers jointly identified themes, using a consensus approach, by reviewing the codes and combining similar codes into an overarching theme. The identified themes were CW Staff Well-Being and Work

Experience, Impact of COVID-19, Key Challenges Experienced by CW Staff, and Recommendations to Improve the WV CW system.

17.3 Reporting of Results

The findings related to the themes of CW Staff Well-Being and Work Experience, Impact of COVID-19, and Key Challenges Experienced by CW Staff can be found in Section 4. Findings related to the theme of Recommendations to Improve the WV CW system were used to inform the operational efficiency recommendations (see Appendix M) and are presented in Section 9 of this report.

17.4 Evaluation of Trustworthiness

Quantitative methods for assessing the validity, reliability, and objectivity of a study are not used to assess the findings of qualitative studies. Instead, qualitative research evaluates the “trustworthiness” of a qualitative study, which is determined through the evaluation of the study’s credibility, transferability, dependability, and confirmability.²⁷ The operationalization of these terms and an evaluation of the present study’s trustworthiness related to each of these dimensions is discussed in the following sections.

17.4.1 Credibility

The credibility of qualitative data is related to the accuracy of a researcher’s interpretation of the data. During the small group interviews and focus groups, member checking was conducted by either summarizing or restating information shared by participants to confirm the accuracy of what they discussed. Another method of evaluating the credibility of a qualitative research study is to use structural corroboration, described as the use of multiple data sources that utilize different methodologies to support or contradict the interpretation of the findings.²⁸ The small group interview and focus group findings were one data source in a larger project which used data from various archival (e.g., previous CW research, WV CW documentation), qualitative (e.g., SME Workshops), and quantitative data sources (e.g., Time Survey) to draw conclusions and make recommendations. The small group interview and focus group findings were taken into consideration during the subsequent data collection activities conducted as part of the Workload Study. The small group interview and focus group findings added nuance to the interpretation of the overall project findings and prevented researchers from misinterpreting or overstating the findings of the study.

17.4.2 Transferability

Transferability, which is analogous to external validity, refers to the applicability of the research study findings across contexts.^{26,29} To ensure transferability and accurate understanding and interpretation of project findings, the methods and time frames for the data collection are described in this report to provide context. Since small group interviews and focus groups were conducted during the COVID-19 pandemic, the transferability of findings may differ from pre- and post-pandemic contexts, and interpretation of these findings should account for the historical context. To better understand the COVID-19-related impacts on CW work in WV, small group interview and focus group participants were asked about any impacts of COVID-19 on CW work in WV. This line of inquiry allowed for the ICF project team to account for COVID-19 related changes that have occurred since March 2020. Worker-reported COVID-19 impacts are summarized in Section 4.

17.4.3 Dependability & Confirmability

Dependability and confirmability are confirmed by evaluating the research processes. Dependability is defined as the susceptibility to change and instability of the research findings, and confirmability is the degree to which research findings can be confirmed by others. Researchers can use structured data collection protocols and data analysis procedures to improve the dependability and confirmability of research findings.²⁶ Therefore, to improve the dependability and confirmability, the small group interview and focus group protocols (i.e., the script each facilitator used) were developed prior to the start of data collection. Then, an a priori analysis plan was constructed by the researcher to code the data. By standardizing these processes, both the dependability and confirmability of the research study findings can be strengthened.

17.5 Limitations

Although themes emerged from the qualitative data, several limitations should be taken into account when considering the findings. First, recordings of the small group interview and focus groups were not taken so transcripts were unavailable for a quality assurance review. Additionally, the analysis was dependent on the notetakers note documents which means some information may not have been captured, data analyzed was not verbatim from the participants, and participant quotes were unavailable to include in the report to further support the findings. Second, the small group interview and focus group protocols were extensively long. This design choice led to many of the questions not being asked and limited time for participants to provide feedback on the case complexity factors list and the Core Practice Functions and Work Activity Table. The length of the small group interview and focus group protocols also likely contributed to a lack of data saturation in some areas, which means further inquiry may have uncovered additional information that could have influenced the findings. Third, although two additional researchers reviewed the codes and the themes were developed jointly by the three researchers, results were initially coded by a single coder, while using at least two coders can help to ensure consistency in the results. Fourth, although member checking was done during the small group interviews and focus groups, member checking was not done after data analysis, so the findings are not corroborated by the study participants. Finally, an audit trail³¹ was not maintained which limits one's ability to conduct an external audit. Taken together, these limitations suggest taking caution when considering the "trustworthiness" of the findings.

17.6 Informal Audit

Despite an audit trail³⁰ not being maintained, three WVU OHA staff conducted an informal audit of the small group interview and focus group findings. Researcher 1 read through each set of note documents and researchers 2 and 3 read through approximately half of the note documents. Then, researchers 1 and 2 read the small group interview and focus group findings (Section 4) to see if the themes and findings noted in this report were the same as what emerged from the note documents. The researchers determined consistency was seen between the findings in this report and the note documents. Minor adjustments were made to the small group interview and focus group findings (e.g., revision of phrases to accurately reflect the note documents, removal of a sentence that did not align with the note documents).

Next, researchers 1 and 3 reviewed the operational efficiencies outlined in Section 9 of this report to assess if the challenges and recommendations identified in this section largely reflected the note documents, which the researchers agreed to be true. Adjustments were made to the operational efficiencies section (e.g., revision of phrases to accurately reflect the note documents, removal of bullets that were determined to be recommendations but not operational efficiencies).

18 Appendix F: Time Survey Data Collection Methods

18.1 Overview

This appendix includes information regarding the features of the Time Survey, Time Survey pilot testing, and the Time Survey data collection process. Prior to administering the Time Survey, the draft instrument was pilot tested with a small group of CW staff and recommendations for modifications were implemented. Prior to distributing the Time Survey, training sessions were conducted with CW staff to provide instructions on how to use the Time Survey to properly record their time (see Section 18.4 below). Following the training sessions, the ICF project team was available to provide participant support for any questions sent to the project email inbox.

The initial proposal for the project was to conduct a Time Study in which a sample of approximately 25% of all current WV CW staff recorded their time associated with each work activity (work activities are an aggregate representation of tasks) over the course of one calendar month by completing a daily timesheet. However, during the review of the CW staffing data (See Section 3) and the implementation of the small group interviews and focus groups (as described in Section 4), the ICF project team uncovered significant CW caseworker vacancies and other challenges being encountered by CW staff related to workload in WV (e.g., extremely long working hours, being overwhelmed with the amount of work). Therefore, the ICF project team and BSS leadership discussed an alternative method for gathering Time Study data compared to the original Time Study approach. BSS leadership and the ICF project team agreed that a more simplified Time Study approach would be used, to be completed by a smaller sample of WV CW staff. This simplified, four-part iterative Time Study approach is described in the following sections. It is important to note that time data was collected at the work activity level to reduce burden on staff.

A sample of WV CW staff participated in the Time Survey (i.e., the first step in the four-part iterative Time Study) from February 14 to 28, 2022. At the conclusion of the two-week data collection period, the ICF project team analyzed all workload data associated with the Time Survey data collection. Data analysis involved four primary steps: data preparation, data cleaning and initial sample reporting, data integration, and data analysis. More information regarding the Time Survey data analytic methods, including demographic information about the sample, is provided in Appendix G.

18.2 Time Study Overview

This section contains information about the features of the Time Survey and the case complexity factors assessed in the Time Survey.

18.2.1 Features of the Time Survey

Based upon the review of current materials (e.g., Core Practice Functions and Work Activity Table, documentation in Section 16.1) and findings from the small group interviews and focus groups (as described in Appendix D), a Time Survey was developed that consisted of a Microsoft Excel-based timesheet expressly tailored for WV CW staff. Two versions of the Time Survey were created, one for case-carrying staff (e.g., caseworkers, senior caseworkers, FDTC, SSW3-YS, and supervisors) and one for non-case-carrying staff (e.g., HHS case aides, supervisors, and case coordinators). Utilizing two forms of the Time Survey was important in order to distinguish between time provided by case-carrying staff (with an

assigned caseload) and case-related and non-case-related time provided by non-case-carrying staff (i.e., without a dedicated caseload).

All of the sheets included in the Time Survey Excel files are described in Table 39.

Table 39: Overview of Time Survey Excel Files

Sheet	Description of Contents
Instructions	<p>The Time Survey included an initial instructions sheet that provided an overview of each subsequent sheet included in the Excel workbook and instructions for entering data.</p> <p>The version of the Time Survey completed by case carrying staff contained all of the sheets listed below (i.e., sheets 1–6), while the version of the Time Survey completed by non-case-carrying staff contained only sheets 1 and 2.</p>
1 – Demographics	<p>All participants entered demographic data including county, current position, year in current position, average monthly overtime, average monthly unpaid hours, annual hours of job training, level of workload (i.e., from 1-Very Low to 5-Very High), and case type(s) on which they work.</p>
2 – Non-case-related Time	<p>All participants entered estimates of how much time they spend, per month, on non-case-related work activities, including administrative tasks (e.g., timecards, HR requests); training and consultation (not related to cases); attending meetings (not for specific cases); travel (work related, but not case specific and excluding time to commute to work); recruitment, licensing, and community-related activities; and any work that falls under a different job position than their own.</p> <p>For non-case-carrying staff, this sheet also included a section for participants to enter estimates of how much time they spend, per month, on the 10 case-related work activity categories (as detailed in the Core Practice Functions and Work Activity Table).</p>
3 – Caseloads and Activities	<p>Case-carrying participants entered their current monthly caseload by case type (i.e., Intake/Referral, Initial Assessment, Ongoing-In-Home, Ongoing-Out-of-Home) and their recommended monthly caseload by case type. Participants also entered the percentage of their cases, by case type, that receive work in a month, for each of the 10 case-related work activity categories (as detailed in the Core Practice Functions and Work Activity Table).</p>
4 – Current Time per Case	<p>Case-carrying participants entered the number of hours they spend in a month, per case, on each of the 10 case-related work activities. Participants completed these estimates for each case type on which they work.</p>
5 – Optimal Time per Case	<p>Case-carrying participants entered the number of hours they felt they should optimally spend in a month, per case, on each of the 10 case-related work activities, to ensure the safety, permanency, and well-being</p>

Sheet	Description of Contents
	of children, youth, and families. Participants completed these estimates for each case type on which they work.
6 – Complexity Factors	Case-carrying participants were provided with a list of 20 case complexity factors that could impact the average amount of time required to work on a case. Participants entered the percentage of their monthly cases that have each complexity factor and how many hours, per month, the complexity factor adds to (or decreases from) the time required for a single case.

The Time Survey was formatted to minimize any input errors on the part of participants by providing the total number of monthly hours that should be entered for aggregated case-related, non-case-related, and non-work hours. The total monthly work hours were derived by taking the total average number of paid hours each month (i.e., 173.3 hours) and subtracting out the amount of non-work hours each month. Non-work hours were estimated to be 42.8 hours per month, based on the number of holidays, average paid time off, and break times for WV state employees. Each participant also received additional work hours for any time the participant indicated they spend working overtime or working uncompensated hours.

The two versions of the Time Survey are available as standalone Microsoft Excel files accompanying this Final Report.

18.2.2 Case Complexity Factors

Data related to the possible effects of case complexity factors present for each case receiving service were collected in the Time Survey. Case complexity factors were defined as factors that may impact the amount of time required to provide service on a case. The following 20 factors were included in the Time Survey.

1. Multiple children in case (added time for each child)
2. More than 2 parents in case (added time for each parent)
3. Children in residential treatment facilities
4. Child(ren) in relative/kinship care
5. Child(ren) in foster care
6. Child(ren) in adoption
7. Child(ren) out of home – Other (e.g., Psychiatric Residential Treatment Facility [PRTF])
8. Child(ren) out of state
9. Caregiver substance use disorder
10. Presence of domestic violence or intimate partner abuse
11. Presence of language barriers (e.g., translation services needed/required, alternate communication devices necessary)
12. Presence of homelessness or significant housing instability
13. Caregiver has physical, cognitive, and/or health-related disabilities
14. Caregiver has significant mental health issues
15. One or more of the caregivers are currently incarcerated

16. One or more of the caregivers currently live out of state
17. One or more of the child(ren)/youth in the case have physical, cognitive, and/or health-related disabilities
18. One or more of the child(ren)/youth in the case have significant mental health issues
19. Question or confusion about eligibility for services, referral, or other services
20. Legal involvement differs from state plan of care

18.3 Time Survey Pilot Testing

The Time Survey was pilot tested in January 2022 with a sample of six individuals identified by BSS, including caseworkers, supervisors, case aides, and case coordinators. Pilot test participants were contacted by email to request their participation. Each pilot tester participated in a 1-hour virtual session where the ICF project team provided a step-by-step walk-through of each section of the Time Survey and explained how to enter data into each sheet.

Pilot testing was conducted to confirm the accessibility and functionality of the Time Survey, ensure that the Time Survey would be easy for all participants to use and understand, and to help estimate the time required by CW staff to accurately complete the Time Survey. Based on the pilot testing sessions, minor adjustments were made to the Microsoft Excel workbook to refine and finalize the content, format, and functionality of the Time Survey prior to administration. Most of the changes were related to formatting of the information, and to add additional words to certain questions to clarify the question. At this point, it was also determined that two versions of the Time Survey should be developed and administered. One for case-carrying staff and one for non-case carrying staff. Pilot testers also provided feedback that they felt the Time Survey was understandable and would be feasible for staff to complete, with minimum burden, after receiving basic training.

18.4 Time Survey Training and Support

To make certain all participating CW staff were trained on how to complete the Time Survey and understood how to submit their completed survey back to the ICF project team, all CW staff identified to participate in the Time Survey were invited to participate in a virtual training session. The ICF project team facilitated four 1-hour virtual training sessions, from February 3-9, 2022, to present the project background and objectives, provide information about the Workload Study, explain the process for assigning time based on the Core Practice Functions and Work Activity Table, and demonstrate how to use the Time Survey. During the training sessions, participants were also able to ask questions. Although the sessions were voluntary, participants were strongly encouraged to attend a training session. However, training session attendance was extremely limited, with a total of only six participants across the four training sessions, which were held on the following dates:

- Thursday, February 3, 10:00 AM–11:00 AM EST
- Monday, February 7, 11:00 AM–12:00 PM EST
- Tuesday, February 8, 10:00 AM–11:00 AM EST
- Wednesday, February 9, 3:00 PM–4:00 PM EST

Each training session invitation included the documents necessary for completing the Time Survey (i.e., training materials, the two versions of the Time Survey, and the Core Practice Functions and Work Activity Table). At the conclusion of the training sessions, the ICF project team provided a link to a recording of a training session to all invited Time Study participants. The reference materials provided to participants included:

- **Training Session Presentation Slide Deck:** This slide deck was presented to participants during the training session. As discussed above, the presentation included the project background and objectives, information about the Workload Study, detailed instructions for how to complete the Time Survey, and guidance for where to go for additional support.
- **Core Practice Functions and Work Activity Table:** The Core Practice Functions and Work Activity Table 38 (see Appendix D) provided a structure for how work activities are organized in the Time Survey. The list is divided into case-related and non-case-related work activity categories. Example tasks are provided for each work activity category.
- **Project Support Email:** The ICF project team support email address was distributed to all participants. Participants could send an email to this address with questions at any time throughout the duration of the data collection period. The email account was closely monitored by the ICF project team throughout data collection, and all questions were addressed within the next business day after being submitted. The ICF project team was also available to schedule a phone call with participants, if desired.

18.5 Time Survey Data Collection

The Time Survey was administered to CPS and YS case-carrying and non-case carrying staff. This section discusses the sampling plan used to recruit participants for the Time Survey and provides an overview of the Time Survey data collection period.

18.5.1 Time Study Sampling

Discussions were held with BSS leadership in October 2021 regarding sampling suggestions to best ensure representation of counties throughout WV. Considerations for sampling included county size, population, caseloads for CPS and YS programs, county CW funding levels, and whether the county participated in the FDTC. The districts/counties selected for participation in the Time Study consisted of a modified list that included many of the same counties sampled for the small group interviews and focus groups. Table 40 provides the districts/counties identified for participation in the Time Study based on staff availability. Participant names for each county were provided by BSS. Participation was voluntary, and not all individuals ultimately elected to complete the Time Survey.

Table 40: Sample of Districts/Counties for Time Study

District/County
Marion
Monongalia
Ritchie/Pleasants/Doddridge
Wood
Boone/Lincoln

Cabell
Kanawha
Berkeley/Jefferson/Morgan
Grant/Mineral/Tucker/Hampshire/Hardy/Pendleton
Randolph
Raleigh
Fayette
Mercer
McDowell/Wyoming
<i>Note.</i> Rows with more than one county listed indicate the counties that are combined into a district. Some districts are composed of a single county. A bolded row indicates a district that is missing one or more counties. For example, Wood is bolded because the district is Wood/Wort; Ritchie/Pleasants/Doddridge is bolded because the district also included Lewis and Upshur.

18.5.2 Data Collection Period

The Time Survey data collection was conducted for two weeks, from February 14 to 28, 2022. As described in Appendix A, an email was distributed to all participants on February 14 to provide them with all the materials necessary to complete the Time Survey (i.e., training materials, two versions of the Time Survey, and the Core Practice Functions and Work Activity Table). These materials were also previously provided as part of the training session invitations. Participants were given two weeks to complete the Time Survey and were permitted to return their completed Time Survey to the ICF project team at any point during the two-week data collection period by emailing their completed file to the ICF project team inbox. The ICF project team also offered phone support to participants. All data were kept confidential and secure by the ICF project team.

19 Appendix G: Time Survey Data Analytic Methods

At the conclusion of the two-week data collection period, the ICF project team analyzed all workload data associated with the Time Survey data collection. Data analysis involved four primary steps: data preparation, data cleaning and initial sample reporting, data integration, and data analysis.

19.1 Data Preparation

To begin the analysis of Time Survey data, master data files (MDFs) were prepared for CW case-carrying and non-case-carrying staff that contained all the fields necessary to analyze the Time Survey data. Data from individual participant files were consolidated into the MDFs using a data consolidation Microsoft Excel macro that enabled direct transposing of the provided data. The data were reviewed for quality assurance. Further cleaning and validation of the data is described in the next section.

The MDFs contained all the data submitted by participating CW staff during the Time Survey data collection period. The MDFs were structured so that each row of the file included the data collected from a single participant. New variables (e.g., total case-related time, total non-case-related time) were created within the MDF, using formulas, to aid in analyzing the data by creating categories of work and allowing for calculation of percentages.

The variables created for translating task categories into case-specific and non-case specific time allowed for targeted analysis of case-specific data in subsequent portions of the analysis. The codebook contained a list of the variables included in the MDFs. Each variable included a variable description, the survey topic the variable was associated with, and the structure of the variable (e.g., numeric, yes/no, percentage). An overview of the variables included in the MDFs is provided in Table 41. Profile variables contain general demographic data about the participants. Time entry variables contain data about time spent on case-related and non-case-related work activities. Created variables are variables that were developed to help analyze the time data entry variables.

Table 41: Master Data File Variable Overview

Profile Variables	Time Entry Variables	Created Variables
<ul style="list-style-type: none"> ▪ Worker County ▪ Worker Position ▪ Years in Current Position ▪ Average hours of overtime each month ▪ Average hours of unpaid time each month ▪ Estimated hours of training each year ▪ Estimated workload (5-point scale) ▪ Core Practice Function in which work is done 	<p>For all staff:</p> <ul style="list-style-type: none"> ▪ Monthly average hours spent on 6 non-case-related work activities ▪ Monthly average hours spent on work that falls under a different job position than their own <p>For non-case carrying staff:</p> <ul style="list-style-type: none"> ▪ Monthly average hours spent on 10 case-related work activities <p>For caseworkers:</p>	<ul style="list-style-type: none"> ▪ Average amount of overtime by position ▪ Average amount of unpaid time by position ▪ Frequency of estimated workload on 5-point scale ▪ Total time and percentage of time spent on case-related, non-case-related, and non-work time (e.g., vacation, paid time off) ▪ Average time per case per work activity, by case type

<ul style="list-style-type: none"> ▪ Case closing and hours spent per month (caseworkers only) 	<ul style="list-style-type: none"> ▪ Average monthly caseload by case type ▪ Recommended monthly caseload by case type ▪ Percent of monthly cases receiving service in 10 case-related work activity categories ▪ Average hours spent, per case, by case type, on 10 case-related work activities ▪ Recommended hours spent, per case, by case type, on 10 case-related work activities ▪ Estimated percent of monthly cases with each case complexity factor ▪ Estimated hours/minutes added to a case, per month, for each case complexity factor 	<ul style="list-style-type: none"> ▪ Average case complexity factor time
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19.2 Data Cleaning and Initial Sample Reporting

Once the MDFs were created, the ICF project team reviewed the data and performed data cleaning to ensure the records and variables within records were logical and accurate regarding the Time Survey data entered. Reports of basic descriptive statistics for various fields were produced to examine the frequencies of responses, examine missing or out-of-range data, and make determinations about any records or field entries that were to be excluded from the final analyses. After reviewing and cleaning the MDFs, the ICF project team determined the final sample results in terms of total valid records and hours recorded from 11 participating case-carrying staff and 21 participating non-case-carrying staff.

In order to determine the final sample, the ICF project team implemented an initial quality assurance review of all completed Time Survey data files that were received. In instances where a completed survey contained data that were notably out of range from expected values (e.g., the total amount of hours being worked in an average month being extremely high or extremely low), the ICF project team conducted a follow-up with the participant via email. Of the 21 total Time Surveys received from CW case-carrying-staff, the ICF project team contacted 14 individuals to request survey revisions and ended up with 11 useable surveys. Of the 23 total Time Surveys received from non-case-carrying staff, the ICF project team contacted eight non-case-carrying staff to request revisions. The email provided an overview of the potential discrepancy and asked the participant if they would like to make any adjustments or revisions to their survey based on this information. Several surveys were updated as a result of this follow-up communication. Surveys that were not updated were removed from the final sample. All completed surveys were subsequently prepared for analysis.

Tables 42 and 43 provide the demographic information of the final sample of CW case-carrying and non-case carrying staff that participated in the Time Survey, including the average years in position, average hours of monthly overtime, average hours of extra monthly unpaid work hours, and average hours of annual training. On average, participating case-carrying staff were in their position for two to four years, worked 15 hours of overtime per month, had worked five unpaid hours per month, and had 53 hours of training per year. On average, non-case-carrying staff were in their position for more than four years, worked 15 hours of overtime per month, had worked four unpaid hours per month, and had 23 hours of training per year.

Table 42: Case-Carrying Staff Demographics (N = 11)

Position	Average Years in Position	Average Hours of Overtime per Month	Average Unpaid Hours Per Month	Average Hours of Training per Year
YS Case-Carrying Staff	> 4 years	11.2	6.8	57.0
CPS Case-Carrying Staff Other*	< 2 years	18.0	3.0	50.0
Total	2–4 years	14.9	5.1	53.2

Note. CPS = Child Protective Services, YS = Youth Services
 *Positions were collapsed to protect participant confidentiality due to sample sizes being less than 5 for each position.

Table 43: Non-Case-Carrying Staff Demographics (N = 21)

Position	Average Years in Position	Average Hours of Overtime per Month	Average Unpaid Hours Per Month	Average Hours of Training per Year
Case Coordinator	< 2 years	12.5	1.6	16.6
CPS Supervisor	> 4 years	17.8	1.8	27.2
HHS Aide	2–4 years	20.0	4.4	22.4
Other*	> 4 years	4.5	10.8	7.4
Total	> 4 years	14.9	3.8	22.7

Note. CPS = Child Protective Services, HHS = Health and Human Services
 *Positions were collapsed to protect participant confidentiality due to sample sizes being less than 5 for each position.

19.3 Data Integration

Data including caseload and staffing levels as of January 2022, by position and program (i.e., CPS and YS), were also integrated into the MDFs by copying them into the Excel files. These data were provided to the ICF project team by BSS. This was necessary to allow for analyses of caseloads, workloads, and staffing for subsequent aspects of the Workload Study.

19.4 Data Analysis

Once the MDFs were finalized with the additional data integrated, the ICF project team performed data analysis to answer critical questions regarding workload and the time currently being allocated to perform services and tasks across the various Core Practice Functions and work activity categories, including non-case-related work activities. Basic descriptive statistics were performed on various fields to examine the frequencies of responses and the average hours associated with work activity categories within the Core Practice Functions. The ICF project team analyzed all workload data associated with the Time Survey data collection and extrapolated the results to arrive at monthly work time estimates. Data analyses of the Time Survey results focused on four areas.

First, all Time Survey recorded hours were categorized as either case-related, non-case-related, or non-work, according to the Core Practice Functions and Work Activity Table (see Appendix D). These data were used in the development of the workload model (i.e., the total amount of case-related and non-case-related work to be completed in a given period) and staffing model (i.e., the number of staff needed to service the workload). However, it was also important to examine the amount of non-case-related work and non-work time taken for non-case related items, to more accurately depict work-related versus non-work-related hours and to estimate the number of hours that will comprise an average monthly FTE. Case-related, non-case-related, and non-work hours are defined as:

- **Case-related hours:** Includes time spent on each case-related work activity, including administration (e.g., FACTS documentation, case review, and research); child contact; parent contact; out-of-home provider contact; other contact (e.g., coordinating other contact, contact with reporter of abuse or neglect); attempted contact; placement/removal; case-related travel; case-related training, consultation, and meetings; and court-related time
- **Non-case-related hours:** Includes time spent on non-case-related work activities, including administrative tasks (e.g., timecards, HR requests); training and consultation (not related to cases); attending meetings (not related to cases); travel (work-related, not case-related, excludes time to commute to work); recruitment, licensing, and community-related activities; other non-case-related activities; and any work that falls under a different job position than one's own position
- **Non-work hours:** Includes estimated annual leave (e.g., holiday, vacation/PTO) and breaks

Second, caseworker monthly availability was calculated. The percentage of time CW caseworkers spend on case-related work must be incorporated into the workload and staffing model in order to translate total case-related work hours into FTE staffing estimates. On average, there are 173.3 paid hours for each individual per month (based on 40 paid hours per week inclusive of lunch [30 minutes a day, 2.5 hours total per week] and breaks [30 minutes a day, 2.5 hours total per week, when practical]). Of these hours, a certain percentage is dedicated to case-related work activities, and the remaining hours are dedicated to non-case-related work activities and non-work. Having accurate estimates of hours spent in training and on other non-case-related work activities is, therefore, important to inform the estimates of staff availability to perform case-related work activities. However, there was high variability in the training hours reported by staff, even within position types, and state records of staff training hours were not available to be incorporated into the final analyses. Leave is also highly variable given the different types

of leave (e.g., vacation leave, extended leave, sick leave) and variability in how much people use it. Thus, training and non-work time proxies were used, derived from results from recent county-based workload studies conducted with similar methodology by ICF in other states (e.g., Colorado and Wisconsin)^{8,9}, to ensure these demands on WV staff time were appropriately represented in the availability estimation.

Third, the average time spent per case per month for each Core Practice Function was calculated. The Time Survey results were analyzed to find 1) the percentage of cases receiving service each month, 2) the average current time spent per case receiving service in a month, and 3) the product of both which is the contributed time per case per month for each work activity category. This indicator represents how much time is required for a specific work activity during the month. The contributed time per case per month for each work activity category was summed to calculate the total contributed time per case, per month within the Core Practice Function.

Fourth, the estimated effects of case complexity factors on average monthly case servicing time per case were calculated and formatted for presentation in the SME workshops. The case complexity factors were initially developed by the ICF project team by collecting input from BSS regarding the factors they wanted to include and refined using the small group interviews and focus groups in Section 4. Case complexity factors are case and family characteristics that may impact the amount of time required to provide service on a case. The Time Survey data was analyzed to report on the estimated effects of case complexity factors on average monthly case servicing time per case. It was anticipated that cases with complexity factors would have an increased average case service time compared to cases without the complexity factors. Investigating the case complexity factors and how they impact the cases in WV is important because there are no national or other standards available with which to evaluate these results.

20 Appendix H: Time Survey Data Findings

20.1 Evaluation Questions

As part of the overall Workload Study, the Time Study was designed to answer the following evaluation questions:

- How much time do CW staff spend on case-related, non-case-related, and non-work activities?
- How much time do CW caseworkers have available to complete case-related work?
- What is the average current time spent per case per month for each Core Practice Function?
- How do various case complexity factors impact the time required to provide service for a case?

Beyond these four main evaluation questions, there were supplemental evaluation questions related to worker-to-supervisor ratios, caseload ratios, and other workload-related factors, which were answered through the Time Study. The responses to these questions are provided within Appendix N below.

This appendix provides some of the reference material that informed Sections 5 through 8 of the main report. This includes a detailed description of the Time Survey findings which, owing to the limitations experienced in its implementation, did not warrant inclusion in the main report.

20.2 Time Survey Findings

The Time Survey methodology and limitations are described in Appendix F. More information regarding the Time Survey data analytic methods, including demographic information about the sample, is provided in Appendix G. Case servicing times shown in tables in this section are preliminary and served only as a starting point for further refinement as described in Section 6 of this report, which presents data analysis results from the SME workshops, including the case complexity factor analysis findings. Similarly, the figures below showing recorded hours were eventually superseded by proxy values derived from ICF work in other states.

20.2.1 Categorization of Recorded Hours

The pie charts in Figures 2 and 3 display the average monthly percentage hours of total CPS and YS caseworker staff, respectively, by case-related, non-case-related, and non-work hours. The sample size for CPS case-carrying staff was six and for YS case-carrying staff was five. CPS caseworkers estimated that they dedicated approximately 75% of their total paid hours to case-related services. YS caseworkers estimated that they dedicated approximately 79% of their total paid hours to case-related services. These findings help establish how much paid time per month caseworkers have available to service families.

Figure 3: CPS Caseworker Percent Hours by Type (Monthly Average)

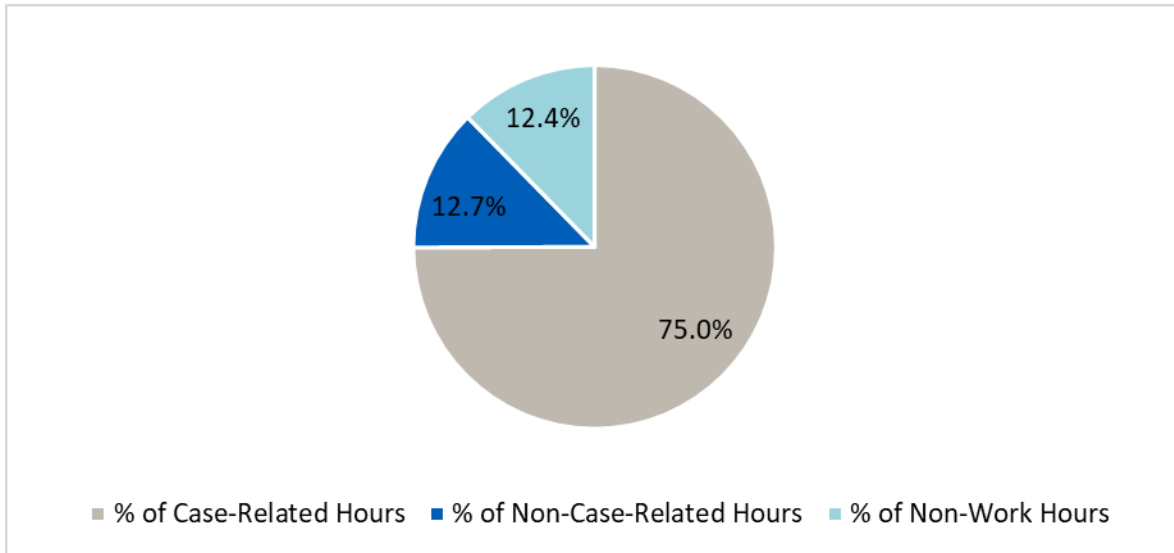
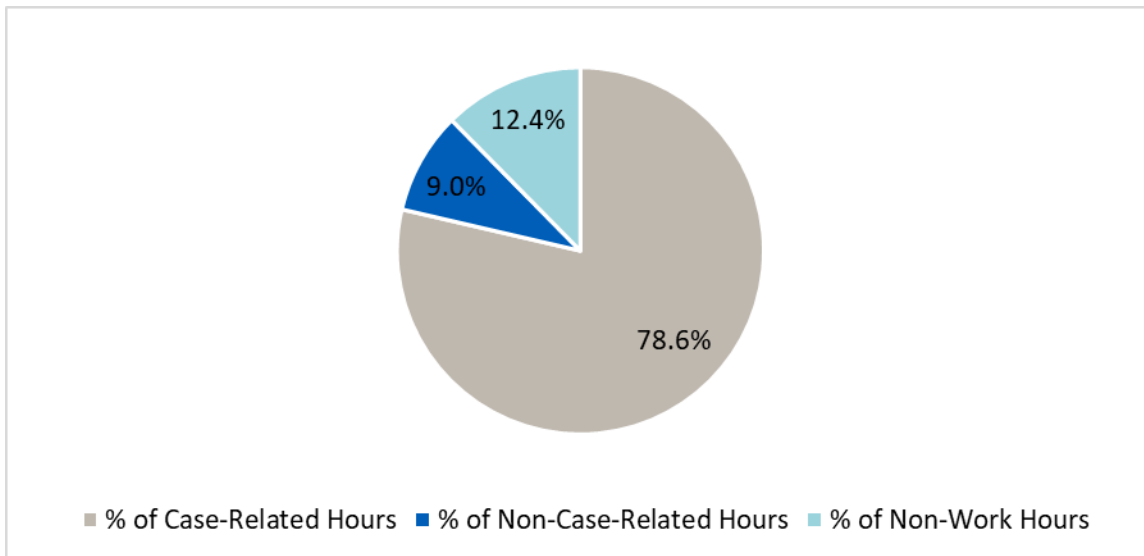


Figure 4: YS Caseworker Percent Hours by Type (Monthly Average)



Findings for the average monthly percentage of case-related hours for CPS and YS caseworkers were significantly higher than estimates from other states, particularly from CW studies in Colorado⁸ and Wisconsin⁹ conducted with similar methodology by the ICF project team. Given the small sample size, limited insight into the amount of time staff spent in training, SME workshop feedback, and the inclusion of overtime hours in the Time Survey data collection (e.g., total monthly hour estimates that exceed two to five times the number of monthly work hours available), the ICF project team determined the above percentages were higher than might be expected across all state caseworkers if vacancies were filled. Thus, the ICF project team made adjustments to the percentage of time available each month for casework by caseworkers and arrived at a figure of 70% of paid hours. However, taking into account required lunch and other breaks amounting to one hour per working day in each 40-hour week reduced

this number to 59%. Note that the Time Survey did not include break times in its questions about paid time off, and many staff said they were often unable to take the required breaks prescribed in WV staffing policies. All caseload calculations in this report are based on the figure of 59%.

5Based on all the above considerations this report uses four numbers for worker hours:

- 173.3 represents the total paid hours for all staff (52 weeks at 40 hours per week, divided by 12 months in the year)
- 149.3 represents the total work hours available after deducting paid time off (leave, public holidays, training, and sickness days) estimated at 36 days per year, a proxy value derived from other ICF studies (e.g., Colorado and Wisconsin)^{8,9} but which aligns closely with WV staffing policies.
- 130.5 represents the total productive work hours available after further deducting a half hour lunch break and two other 15 minute breaks per day from the total work hours for all work days (i.e. excepting the 36 days per year of paid time off, in which break times do not feature), in line with WV staffing policies.
- **102.8** represents the total case-related productive work hours for casework staff. As described earlier in this section, this number is derived from 70% of total paid hours, minus the time required for lunch and other breaks, and amounts to 59% of paid hours

20.2.2 Caseworker Monthly Availability Estimate

Taking into account lunch and other break times, other paid time off, and non-case related work hours it was estimated that CPS and YS case-carrying staff could dedicate 102.8 hours, or 59%, of their total 173.3 paid hours, on average per month to case-related activities. **The figure of 102.8 hours was used in all FTE calculations to translate workload into staffing estimates in the remainder of this report and the workload to staffing model.**

20.2.3 Average Current Time Spent per Case per Month for Each Core Practice Function

Tables 45 through 50 present: 1) the percentage of cases receiving service each month, 2) the average current time spent per case receiving service in a month, and 3) the resulting contributed time per case per month for each work activity category. The total contributed time per case per month within each Core Practice Function is also shown. These numbers are presented in a separate table for each Core Practice Function: CPS Initial Assessment (Table 45), CPS Ongoing-In-Home (Table 46), CPS Ongoing-Out-of-Home (Table 47), YS Initial Assessment (Table 48), YS Ongoing-In-Home (Table 49), and YS Ongoing-Out-of-Home (Table 50), respectively. It is important to note that the results for CPS Initial Assessment cases and YS Initial Assessment cases were the same due to limitations in the Time Survey data for generating YS Initial Assessment case estimates. Therefore, Tables 45 and 48 show the same results. Also, the results for CPS Ongoing-In-Home cases and Ongoing-Out-of-Home cases were the same due to limitations in the data to distinguish between these Core Practice Functions. Therefore, Tables 46 and 47 show the same results. The findings in the tables are important because they served as the baseline for case service time for SMEs to review in the workshops and either verify as accurate or revise as necessary based on the SMEs' experience. The SME workshops were also used to understand any differences between CPS Initial Assessment cases and YS Initial Assessment cases and any differences between Ongoing-In-Home and Ongoing-Out-of-Home cases.

Table 44: CPS Initial Assessment Average Current Time per Case per Month - used for SME Workshops

Work Activity Category (CPS Initial Assessment)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Administration	100	4:00	4:00
Child Contact	100	0:59	0:59
Parent Contact	93	0:45	0:42
Out-of-Home Care Provider Contact	5	0:15	0:01
Other Contact	100	0:15	0:15
Attempted Contact	33	0:15	0:05
Placement/Removal	20	0:30	0:06
Case-Related Travel	100	1:00	1:00
Case-Related Training, Consultation, Meetings	45	1:08	0:30
Court-Related Time	23	1:00	0:14
Total	N/A	N/A	7:52

Note. CPS = Child Protective Services. The results for CPS Initial Assessment cases and YS Initial Assessment cases were the same due to limitations in the Time Survey data for generating YS Initial Assessment case estimates. Therefore, Tables 45 and 48 show the same results. Due to rounding, some totals may not correspond with the sum of the separate figures.

Table 45: CPS Ongoing-In-Home Average Current Time per Case per Month - used for SME Workshops

Work Activity Category (CPS Ongoing-In-Home)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Administration	100	7:00	7:00
Child Contact	13	0:45	0:05
Parent Contact	8	0:45	0:03
Out-of-Home Care Provider Contact	50	0:30	0:15

Other Contact	20	0:15	0:03
Attempted Contact	100	0:15	0:15
Placement/Removal	10	0:15	0:02
Case-Related Travel	35	1:00	0:21
Case-Related Training, Consultation, Meetings	35	0:45	0:16
Court-Related Time	10	2:00	0:12
Total	N/A	N/A	8:32

Note. CPS = Child Protective Services. The results for CPS Ongoing-In-Home cases and Ongoing-Out-of-Home cases were the same due to limitations in the data to distinguish between these Core Practice Functions. Therefore, Tables 46 and 47 show the same results. Due to rounding, some totals may not correspond with the sum of the separate figures

Table 46: CPS Ongoing-Out-of-Home Average Current Time per Case per Month - used for SME Workshops

Work Activity Category (CPS Ongoing-Out-of-Home)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case, per Month (Hours: Minutes)
Administration	100	7:00	7:00
Child Contact	13	0:45	0:05
Parent Contact	8	0:45	0:03
Out-of-Home Care Provider Contact	50	0:30	0:15
Other Contact	20	0:15	0:03
Attempted Contact	100	0:15	0:15
Placement/Removal	10	0:15	0:02
Case-Related Travel	35	1:00	0:21
Case-Related Training, Consultation, Meetings	35	0:45	0:16
Court-Related Time	10	2:00	0:12
Total	N/A	N/A	8:32

Note. CPS = Child Protective Services. The results for CPS Ongoing-In-Home cases and Ongoing-Out-of-Home cases were the same due to limitations in the data to distinguish between these Core Practice Functions. Therefore, Tables 46 and 47 show the same results.
Due to rounding, some totals may not correspond with the sum of the separate figures

Table 47: YS Initial Assessment Average Current Time per Case per Month - used for SME Workshops

Work Activity Category (YS Initial Assessment)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Administration	100	4:00	4:00
Child Contact	100	0:59	0:59
Parent Contact	93	0:45	0:42
Out-of-Home Care Provider Contact	5	0:15	0:01
Other Contact	100	0:15	0:15
Attempted Contact	33	0:15	0:05
Placement/Removal	20	0:30	0:06
Case-Related Travel	100	1:00	1:00
Case-Related Training, Consultation, Meetings	45	1:08	0:30
Court-Related Time	23	1:00	0:14
Total	N/A	N/A	7:52

Note. YS = Youth Services. The results for CPS Initial Assessment cases and YS Initial Assessment cases were the same due to limitations in the Time Survey data for generating YS Initial Assessment case estimates. Therefore, Tables 45 and 48 show the same results.
Due to rounding, some totals may not correspond with the sum of the separate figures

Table 48: YS Ongoing-In-Home Average Current Time per Case per Month - used for SME Workshops

Work Activity Category (YS Ongoing-In-Home)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Administration	95	1:11	1:08

Work Activity Category (YS Ongoing-In-Home)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Child Contact	93	1:07	1:02
Parent Contact	69	0:43	0:30
Out-of-Home Care Provider Contact	20	0:33	0:06
Other Contact	62	0:41	0:25
Attempted Contact	8	0:18	0:01
Placement/Removal	11	0:45	0:05
Case-Related Travel	94	0:43	0:40
Case-Related Training, Consultation, Meetings	51	0:25	0:12
Court-Related Time	27	0:36	0:09
Total	N/A	N/A	4:24

Note. YS = Youth Services.

Due to rounding, some totals may not correspond with the sum of the separate figures

Table 49: YS Ongoing-Out-of-Home Average Current Time per Case per Month - used for SME Workshops

Work Activity Category (YS Ongoing-Out-of-Home)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Administration	100	1:29	1:29
Child Contact	100	3:37	3:37
Parent Contact	93	0:54	0:50
Out-of-Home Care Provider Contact	40	0:31	0:12
Other Contact	55	0:26	0:14
Attempted Contact	55	0:12	0:06
Placement/Removal	70	0:30	0:21

Work Activity Category (YS Ongoing-Out-of-Home)	Current % of Cases Receiving Service Each Month	Current Time Spent per Case Receiving Service, per Month (Hours: Minutes)	Contributed Time per Case per Month (Hours: Minutes)
Case-Related Travel	100	1:13	1:13
Case-Related Training, Consultation, Meetings	75	0:52	0:39
Court-Related Time	80	1:23	1:06
Total	N/A	N/A	9:51

Note. YS = Youth Services.

Due to rounding, some totals may not correspond with the sum of the separate figures

21 Appendix I: SME Workshop Data Collection Methods

SME Workshops were conducted following the completion of the Time Survey and initial analysis of the data. During the workshops, SMEs were able to provide feedback, if desired, regarding work activities that appeared to be the most significant contributors to staffing imbalance, significant service time differences, or any perceived inequity in workload distribution and input related to the validity of the findings. SMEs were also able, if desired, to provide feedback about the effects current staffing and servicing times have on service delivery quality and CW outcomes.

This appendix presents the process for selecting a sample of participants for the SME workshops for each Core Practice Function (i.e., CPS Initial Assessment, YS Initial Assessment, CPS Ongoing-In-Home, YS Ongoing-In-Home, CPS Ongoing-Out-of-Home, YS Ongoing-Out-of-Home) and conducting the SME workshops.

21.1 SME Workshop Sampling

BSS identified individual participants to participate in the SME workshops, based on guidelines established by the ICF project team for identifying a sample of SMEs. The guidelines included the target population, number of participants optimally required per workshop, participant inclusion/exclusion criteria, and the participant information to be collected from SMEs to address the evaluation questions.

21.1.1 Target Population

Experienced CW staff within WV were the target population for the SME workshops. In this population, an "experienced" worker was defined as having three or more years of experience working in the Core Practice Function for the workshop they would be attending.

21.1.2 Number of Participants

Recruitment of four to six individuals, per Core Practice Function, from across WV was requested in order to achieve a minimum participation of two to three individuals per workshop (i.e., at least 50% participation from the sample of staff identified).

21.1.3 Participant Inclusion/Exclusion Criteria

Participants could be from across WV, as sampling from across WV enables the consideration of a diverse set of perspectives from SMEs who likely have different approaches to casework. Participants did not have to have participated in the Time Survey, but they needed to have sufficient casework experience to be able to provide feedback regarding any perceived discrepancies in the Time Survey results, the reasons for the discrepancies, or other issues related to interpreting the findings of the Time Survey. Additional participant inclusion and exclusion criteria are provided below.

Criteria for inclusion in a workshop included that the participant:

- Had three or more years of experience working on the Core Practice Function that was the focus of the workshop. Individuals may have experience in multiple functions, but they would be asked to focus their attention on a single function type during the workshop.
- Was a case-carrying worker (e.g., caseworker, senior caseworker, supervisor)

- Was willing and able to openly discuss and provide feedback regarding the initial Time Survey results

Criteria for exclusion from a workshop included that the participant:

- Had limited experience as a CW worker in WV (i.e., less than three years of experience)
- Did not carry a caseload (e.g., HHS case aide, case coordinator)
- Did not have the capacity/availability to participate in a 1-hour workshop or did not feel comfortable providing feedback regarding the initial Time Survey results

21.1.4 Participant Information

For each participant identified by WV, the following information was requested:

- Participant Name
- County
- Current Position Title
- Email Address
- Indication of which one of the six Core Practice Functions this individual is most experienced with (i.e., CPS Initial Assessment, YS Initial Assessment, CPS Ongoing-In-Home, YS Ongoing-In-Home, CPS Ongoing-Out-of-Home, or YS Ongoing-Out-of-Home)

21.2 Conducting SME Workshops

The SME workshop process included scheduling and facilitating five separate workshops, as described in this section.

21.2.1 Workshop Scheduling

Based on the workshop sampling guidelines, BSS assisted in identifying 12 individuals from counties across WV to participate in the SME workshops. The sample provided by BSS included individuals that participated in the Time Survey, as well as individuals that had not participated in the Time Survey. The 1-hour workshops were held virtually the week of April 11, 2022. Of the 12 individuals contacted, six volunteered to participate in a workshop.

Based on available participants in each Core Practice Function, a total of five workshops were conducted, with the number of participants in each workshop session identified in Table 51.

Table 50: SME Workshop Schedule

Workshop Date	Core Practice Function	Number of Participants
April 11, 2022	YS Initial Assessment	< 5
April 12, 2022	CPS Ongoing-Out-of-Home	< 5
April 13, 2022	CPS Initial Assessment	< 5
April 13, 2022	YS Ongoing-In-Home and Out-of-Home	< 5
April 13, 2022	CPS In-Home and Out-of-Home	< 5

Workshop Date	Core Practice Function	Number of Participants
Total		6
<i>Note.</i> YS = Youth Services, CPS = Child Protective Services		

21.2.2 Workshop Facilitation

Prior to conducting the workshops, six tables of the current Time Study results for each Core Practice Function were prepared to display the percentage of cases receiving service each month, the average current time spent per case receiving service in a month, and the resulting contributed time per case per month. These results were presented to participants during the workshop (see Tables 6 through 11). Participants were then asked to review the table of results for their Core Practice Function and provide any recommended adjustments. For each work activity category, participants were asked to consider the percentage of their cases receiving service each month and whether that aligned with the results of the Time Survey. Participants were also asked to consider the time they spend, per case, in an average month, by work activity category, in comparison to the Time Survey results. Adjustments were made to the percentage of cases receiving service within each work activity category and the average monthly time required per case for the work activity category, as needed. The average contributed times were then recalculated based on participants’ suggested changes and compared to the contributed times captured from the Time Study.

To assist in making the review task easier for participants, an Excel worksheet was prepared for each Core Practice Function. The worksheet allowed for participants to suggest modifications to either the current percentage of cases receiving service for each work activity, or the amount of time spent per case for each work activity, and see the impact, in real time, that these modifications had on the average current case servicing time. Case complexity factor added time results were also in an Excel sheet and verbally discussed during the SME workshops and participants were asked to comment on the perceived validity of the time effects. The worksheet also allowed participants to suggest changes to the recommended monthly caseload and see the resulting impact on the average current case servicing time (e.g., as caseload increases, average case servicing time decreases). Overall, the worksheet was intended to help participants more easily see the effects of any suggested modifications to the Time Survey results. During the workshops, participants verbally indicated that this activity was helpful for addressing any proposed changes to the current time estimates and especially for estimating recommended caseloads within the Core Practice Functions.

22 Appendix J: SME Workshop Data Analytic Methods

Following the data collection described in Appendix F, tables were developed for each Core Practice Function with the recommended monthly case time. Each table was organized by work activity category and included the recommended percentage of cases receiving service each month, the average recommended time spent per case receiving service in a month, and the resulting recommended contributed time per case per month.

22.1 Analytic Methods

An iterative process was used to adjust the percentages and times contained in the initial current average monthly time per case tables (see Section 6) in order to develop the final current average time per case per month, for each Core Practice Function. The same process was used to develop the recommended average time per case per month, for each Core Practice Function. As subsequent discussions with SMEs were conducted, the ICF project team continually refined and updated the case percentages and case times, as needed, to reflect feedback provided by the SMEs. During the analytic process, ad-hoc SME workshops were held before and after SME workshops to discuss specific data points or areas where the ICF project team was still seeking clarification regarding the revised tables. During these meetings, we reviewed the average case service times for existing and recommended servicing and the case complexity factor findings from the Time Study. Some adjustments were made based on very experienced BSS staff input and a final overview check with an independent SME. The main adjustment to the case complexity factor average case times was to change the time for travel to a range given the variation in travel distances from county to county.

It is important to note that recommended service times and case complexity factor effect times are generally best collected directly from experienced caseworkers. There are limited other methods, primarily benchmarking based on other states or the identification of possible other recommended standards. However, these methods have drawbacks due to the age of the standards, differences in services related to the Core Practice Areas, and other differences between state program requirements and other contextual conditions.

23 Appendix K: Determination of Current Caseload

This appendix describes how current case servicing times (i.e., the time spent per case per month) for each Core Practice Function were transformed into a caseload equivalent.

23.1 Analytic Methods

After finalizing the current average case servicing times for each Core Practice Function, the next step in the Time Study analysis was to transform these average case servicing times into caseload equivalents, based on the average amount of time available per month for CW caseworkers to spend on case-related activities (i.e., their availability). The formula detailed in Figure 5 was applied to each Core Practice Function to determine the average caseload per Core Practice Function. As described in the main body of the report, the average total number of work hours available for case-related activities was estimated to be 102.8 hours (i.e., 59% of the total 173.3 work hours available on average each month for case-related activities).

Figure 6: Caseload Standard Formula

$$\text{Monthly Caseload Estimate} = \frac{\text{Average total monthly hours, per CW caseworker, available for case servicing}}{\text{Average per case servicing time, per Core Practice Function}}$$

After first obtaining the single-point, monthly caseload estimates as described above, an approximate +/- 10% bound (rounded to a whole case) was placed around the recommended caseloads, in order to provide a range of caseload values, rather than a single point estimate. This method of providing a range of monthly caseloads allows for reasonable variation in case servicing given additional case complexity factors and other service variations across local CW counties that affect caseloads (e.g., experience level of CW caseworkers, travel distances required within local CW counties).

24 Appendix L: Caseload and Staffing Standards

24.1 Data Collection Methods Related to Caseload and Staffing Standards

The method for estimating CPS and YS caseworker recommended staffing levels was to apply the case service times from Table 27 to the January 2022 caseload by county data to establish the estimated workload and then translate that workload into FTE using the established caseworker availability figure. In other words, the number of hours required to provide service for a case are multiplied by the total number of cases to calculate the total number of hours required to service all cases across WV. Then, this total number is divided by the caseworker monthly case-related availability (i.e., 102. hours per month in this Workload Study) to determine the FTE required. These FTE estimates (i.e., estimated CPS recommended staffing) were then compared with allocated staffing levels provided by BSS as of January 2022.

The “Zero Sum” estimate for recommended supervisor staffing for CPS and YS supervisors, as described in the main body of the report, was based on the overall January 2022 state-level allocation of supervisors to caseworker staff. For CPS, caseworker staff were defined as the following positions: caseworkers, senior caseworkers, and FDTC staff. The overall state-level, allocated supervisor-to-staff ratio was 1:5.7 as of January 2022.

The second method for estimating recommended supervisory staffing, as described in the main body of the report, is referred to as the “Caseload” method. This approach uses the Time Study average case servicing time recommendations for caseworkers as the template for estimating either increases or decreases in supervisor staffing, based upon the recommended caseworker staffing levels for CPS and YS caseworkers, presented in Tables 33 and 34, respectively. This method will increase or decrease recommended overall county supervisor staffing levels at the same rate as caseworkers, based on the additional time recommended for case servicing.

The method for estimating recommended case support staff, for CPS and YS programs combined, was identical to the “Caseload” method described above. This method uses the average case servicing time recommendations for caseworkers as the template for estimating either increases or decreases in case support staffing, commensurate with the caseworker results displayed in Tables 33 and 34 of the main report.

24.2 Development of the Caseload and Staffing Standards

The development of the caseload and staffing standards is based upon the average monthly case service times, estimated monthly case-related time available for case servicing, and the translation of caseload into workload and then into recommended staffing levels. This method and all results are described in the body of the report.

24.3 Application of Caseload and Staffing Standards

The caseload and staffing standards, described in the body of the report, were used to determine recommended monthly caseloads per caseworker within each Core Practice Function. The total monthly workload, by county and across WV, was then used to determine recommended staffing as described in Section 8 of the report.

25 Appendix M: Operational Efficiencies

This appendix describes the development of the operational efficiencies presented in Section 9 of this report. Operational efficiencies, defined in this context as strategies to reduce the time and effort required to complete work while maintaining the same or better work quality, are potential ways to help alleviate workload concerns.

25.1 Data Collection Methods Related to Operational Efficiencies

The operational efficiencies were primarily based upon information gained within the small group interviews and focus groups and secondarily from the information gathered during the SME workshops, an informal review of relevant literature and best practices, and the ICF project team's expertise. Information about the processes for the small group interviews and focus groups is located in Appendix D and Appendix E.

25.2 Development of Operational Efficiencies

The intent of this section of the report is to provide BSS with suggested operational efficiencies that may help reduce the workload of caseworkers, supervisors, case aides, and other CW staff at the county and state levels, as applicable. As noted above, the operational efficiencies were derived from information gathered during the small group interviews, focus groups, SME workshops, an informal review of existing literature and best practices, and the ICF project team's expertise. These recommendations were developed specifically for WV based upon this information and considering them and their potential impact may be a useful exercise to determine the most viable solutions. It is important to note that these recommendations are primarily based upon staff experiences, observations, and ideas and are intended to be starting points for further consideration and should be discussed and tailored before implementation.

25 Appendix N: Supplemental Analyses

The Workload Study sought to address additional questions focused on workload and staffing ratios and other work activity and staffing relationships. These questions were addressed as best as possible using Time Study data, including Time Survey, caseload, and staffing data. The original question addressed is presented in **bold** font, while responses are in standard font. Specific references to tables and other findings are also provided in the responses.

Question: What is the amount of time spent:

- **On each task type, including entering information in FACTS**
- **On each task**
- **On non-CW-related programs and activities**
- **On travel**

Time entering data into FACTS was not specifically measured, but time spent on Administrative Tasks, which includes entering data into FACTS, is identified in each Core Practice Function workload model. Specific time spent on individual tasks is not included, as the review of the CW staffing data and the implementation of the small group interviews and focus groups led the ICF project team and BSS leadership to determine it would likely be too burdensome to gather this level of detail from staff participating in the Time Survey. However, time spent on each Task Category is included in each Core Practice Function workload model.

Question: What are the workload-to-worker ratios? Workload-to-worker ratios were not computed. It was determined by experts on the ICF project team that examining caseload-to-worker ratios would provide more useful information. Caseload represents a translation of workload by Core Practice Function. Caseload is the term used in CW and other services to refer to the number of cases receiving service in each timeframe. The timeframe is typically a one-month period. Based off this rationale, the decision was made by the ICF project team to focus on caseload, which is described in the question below.

Question: What are the case-to-worker ratios? The individual county, district, and overall state caseload ratios (Initial Assessment and Ongoing cases) for CPS cases were computed based on the January 2022 Initial Assessment and Ongoing cases and April 2022 Initial Assessment backlog. This backlog was included when deriving the caseload ratio estimates to adequately represent existing, available caseworker caseloads, up to April 2022. For this analysis, caseworkers were defined to include the following positions: caseworkers, senior caseworkers, and FDTC staff. In computing the number of available caseworkers for CPS, those caseworkers in training and those on extended leave were omitted from the calculations, as advised by BSS.

Table 52 depicts the overall caseloads by county and district as well as the overall state caseworker caseloads for CPS. For CPS, the overall state average caseload was 27.0 cases per caseworker available to service cases. Of the 23 districts, Raleigh was experiencing the lowest caseload of 11.6 cases per available caseworker and Berkeley/Jefferson/Morgan was experiencing the highest caseload of 52.6 cases per available caseworker. Five districts were experiencing caseloads over 40 cases per available caseworker. Among the 55 counties, Pleasants was experiencing the lowest caseload of 8.3 cases per available caseworker and Hampshire was experiencing the highest caseload of 85.0 cases per available caseworker.

Hampshire, Preston, Roane, Clay, Jefferson, and Gilmer counties were experiencing caseloads over 50 cases per available caseworker. When ratios in some counties reach upwards of three times the recommended caseloads, as described in Section 8, it has been reported to cause extremely stressful working conditions and likely also a reduction in the quality of the service delivered.

Table 51: CPS Total Cases, Caseworker Staff Available to Service, and Caseload Ratios

District/County	Total Cases (Initial Assessment + Ongoing + Initial Assessment Backlog)	CPS Caseworker Staff Available to Service Cases	Caseload Ratio (Cases per Caseworker)*
Brooke/Ohio/Hancock	487	21	23.2
Brooke	56	0	N/A
Hancock	164	10	16.4
Ohio	267	11	24.3
Marshall/Tyler/Wetzel	207	10	20.7
Marshall	89	4	22.3
Tyler	25	0	N/A
Wetzel	93	6	15.5
Wirt/Wood	389	15	25.9
Wirt	37	1	37.0
Wood	352	14	25.1
Braxton/Clay/Gilmer/Webster	271	7	38.7
Braxton	114	3	38.0
Clay	65	1	65.0
Gilmer	54	1	54.0
Webster	38	2	19.0
Harrison	315	13	24.2
Marion	235	6	39.2
Monongalia	352	8	44.0
Preston/Barbour/Taylor	574	13	44.2
Preston	224	3	74.7
Barbour	107	3	35.7

Taylor	243	7	34.7
Randolph	162	7	23.1
Grant/Mineral/ Tucker/Hampshire/ Hardy/Pendleton	291	11	26.5
Grant	44	5	8.8
Mineral	63	5	12.6
Tucker	12	0	N/A
Hampshire	85	1	85.0
Hardy	78	0	N/A
Pendleton	9	0	N/A
Berkeley/Jefferson/ Morgan	789	15	52.6
Berkeley	498	11	45.3
Jefferson	225	4	56.3
Morgan	66	0	N/A
Lewis/Upshur/ Doddridge/ Pleasants/Ritchie	304	13	23.4
Lewis	99	3	33.0
Upshur	127	3	42.3
Doddridge	23	1	23.0
Pleasants	25	3	8.3
Ritchie	30	3	10.0
Mason/Jackson/ Roane/Calhoun	446	17	26.2
Mason	191	5	38.2
Jackson	144	9	16.0
Roane	65	1	65.0
Calhoun	46	2	23.0
Cabell	387	28	13.8
Logan/Mingo	318	14	22.7
Logan	202	9	22.4

Mingo	116	5	23.2
McDowell/ Wyoming	249	10	24.9
McDowell	120	4	30.0
Wyoming	129	6	21.5
Mercer	349	15	23.3
Raleigh	208	18	11.6
Greenbrier/ Pocahontas/ Monroe/Summers	337	8	42.1
Greenbrier	217	6	36.2
Pocahontas	25	0	N/A
Monroe	74	2	37.0
Summers	21	0	N/A
Kanawha	1,409	29	48.6
Wayne	179	7	25.6
Boone/Lincoln/ Putnam	419	30	14.0
Boone	195	14	13.9
Lincoln	105	9	11.7
Putnam	119	7	17.0
Fayette/Nicholas	368	20	18.4
Fayette	262	11	23.8
Nicholas	106	9	11.8
Total	9,045	335	27.0

Note. CPS = Child Protective Services. Rows with bolded text represent districts. Rows that are not bolded represent the counties that comprise the bolded district above. Some districts are comprised of single counties.

*N/A indicates that caseload ratio was not calculated for the area given there are no caseworkers available in these counties.

Table 53 depicts the overall caseloads by county and district as well as the overall state caseworker caseloads for YS. All current YS caseworkers were included in this table and in the calculations for caseloads, as the data available did not identify those in training or on extended leave. Thus, it is important to consider that these caseloads may be underestimated given the limitations of the data for YS Initial Assessment cases (i.e., the potential underestimations of the number of Initial Assessment cases). For YS,

the overall state average caseload was 25.0 cases per caseworker available to service cases. Of the 23 districts, Wayne was experiencing the lowest caseload of 9.5 cases per available caseworker and Randolph was experiencing the highest caseload of 85.0 cases per available caseworker. Four districts were experiencing caseloads over 40 cases per available caseworker. Among the 55 counties, Clay and Grant were experiencing the lowest caseload of 5.0 cases per available caseworker and Randolph was experiencing the highest caseload of 85.0. Randolph, Mason, and Logan counties were experiencing caseloads over 50 cases per available caseworker. Again, as described in Section 4, it has been reported that high caseworker caseloads (reported in Section 8 as up to 3x-4x recommended levels) can cause extreme stress and lead to deficiencies in service delivery.

Table 52: YS Total Cases, Caseworker Staff Available to Service Cases, and Caseload Ratios

District/County	Total Cases (Initial Assessment + Ongoing)	YS Caseworker Staff Available to Service Cases	Caseload Ratio (Cases per Caseworker)*
Brooke/Ohio/Hancock	119	5	23.8
Brooke	21	0	N/A
Hancock	70	3	23.3
Ohio	28	2	14.0
Marshall/Tyler/Wetzel	47	2	23.5
Marshall	31	1	31.0
Tyler	6	0	N/A
Wetzel	10	1	10.0
Wirt/Wood	112	6	18.7
Wirt	12	0	N/A
Wood	100	6	16.7
Braxton/Clay/Gilmer/Webster	56	2	28.0
Braxton	12	0	N/A
Clay	5	1	5.0
Gilmer	26	1	26.0
Webster	13	0	N/A
Harrison	156	6	26.0
Marion	88	4	22.0
Monongalia	68	0	N/A
Preston/Barbour/Taylor	55	3	18.3

Preston	27	1	27.0
Barbour	17	0	N/A
Taylor	11	2	5.5
Randolph	85	1	85.0
Grant/Mineral/ Tucker/Hampshire/ Hardy/Pendleton	89	3	29.7
Grant	10	2	5.0
Mineral	11	1	11.0
Tucker	9	0	N/A
Hampshire	23	0	N/A
Hardy	32	0	N/A
Pendleton	4	0	N/A
Berkeley/Jefferson/ Morgan	107	5	21.4
Berkeley	61	5	12.2
Jefferson	28	0	N/A
Morgan	18	0	N/A
Lewis/Upshur/ Doddridge/ Pleasants/Ritchie	75	1	75.0
Lewis	17	1	17.0
Upshur	16	0	N/A
Doddridge	7	0	N/A
Pleasants	14	0	N/A
Ritchie	21	0	N/A
Mason/Jackson/ Roane/Calhoun	144	3	48.0
Mason	64	1	64.0
Jackson	36	1	36.0
Roane	24	0	N/A
Calhoun	20	1	20.0
Cabell	183	8	22.9
Logan/Mingo	132	4	33.0
Logan	113	2	56.5
Mingo	19	2	9.5

McDowell/ Wyoming	26	0	N/A
McDowell	11	0	N/A
Wyoming	15	0	N/A
Mercer	102	5	20.4
Raleigh	63	5	12.6
Greenbrier/ Pocahontas/ Monroe/Summers	56	2	28.0
Greenbrier	18	1	18.0
Pocahontas	7	1	7.0
Monroe	18	0	N/A
Summers	13	0	N/A
Kanawha	282	14	20.1
Wayne	38	4	9.5
Boone/Lincoln/ Putnam	248	12	20.7
Boone	16	1	16.0
Lincoln	101	4	25.3
Putnam	131	7	18.7
Fayette/Nicholas	72	1	72.0
Fayette	34	1	34.0
Nicholas	38	0	N/A
Total	2,403	96	25.0
<p><i>Note.</i> YS = Youth Services. Rows with bolded text represent districts. Rows that are not bolded represent the counties that comprise the bolded district above. Some districts are comprised of single counties. *N/A indicates that caseload ratio was not calculated for the area given there are no caseworkers available in these counties.</p>			

Question: What are the supervisor-to-caseworker ratios? As of January 2022, there were 374 current CPS caseworkers, senior caseworkers, and FDTC staff and 87 current CPS supervisors, resulting in a current supervisor-to-caseworker ratio of 1:(4.3). As of January 2022, there were 96 YS caseworkers and nine YS supervisors, resulting in a supervisor-to-caseworker ratio of 1:(10.6). Note these ratios include the supervision of case-carrying staff only and are based on current (rather than allocated) staffing levels. Additionally, they also include those CPS and YS caseworkers that are currently in training or on extended leave, which could lead to an overestimation of available caseworkers and higher supervisor-to-caseworker ratio.

Question: What is the breakdown of supervisors' time? Based on the reporting of five non-case-carrying CPS supervisors from the Time Survey, Table 54 presents the percentage of total work time spent on case-

related and non-case-related time for non-case-carrying CPS supervisors. There were no YS supervisors that participated in the Time Survey. Table 54 shows that non-case-carrying CPS supervisors spent the largest percent of their total work time on case-related administrative work (22.0%).

Table 53: Work Activity Category % of Time Spent by Non-Case-Carrying CPS Supervisors

Work Activity Category	% of Total Work Time
Non-Case Administrative	13.4
Non-Case Meetings	7.6
Non-Case Training and Consultation	8.6
Non-Case Different Job	3.7
Non-Case Travel	1.0
Non-Case Recruitment, Licensing, and Community-related Activities	0.6
Non-Case Other (Attending Court)	0.5
Case-Related Administrative	22.0
Case-Related Training, Consultation, and Meetings	20.5
Case-Related Child Contact	2.9
Case-Related Parent Contact	4.8
Case-Related Out-of-Home Provider Contact	3.3
Case-Related Other Contact	2.0
Case-Related Attempted Contact	0.9
Case-Related Travel	0.5
Case-Related Placement and Removal	4.4
Case-Related Court	3.4

Question: What are the case-aide/paraprofessional-to-caseworker ratios? As of January 2022, there were 374 CPS caseworkers, senior caseworkers, and FDTC staff and 93 case coordinators and HHS case aides, resulting in a case-aide-to-CPS-caseworker ratio of 1:4. As of January 2022, there were 96 YS caseworkers and 93 case coordinators and HHS case aides, resulting in a case-aide-to-YS-caseworker ratio of 1:1. However, case aide and paraprofessional staff indicated they work on both CPS and YS cases. Given that the same non-case-carrying staff are included in both the CPS and the YS ratios, it may not be appropriate to use these ratios. Additionally, caseworker values include those CPS and YS caseworkers in training or on extended leave, potentially overestimating the number of available caseworkers.

Question: What are the factors affecting high or low ratios/workload levels? Details regarding responses to this question are provided in the interview and focus group results (see Section 4). As a high-level summary of a key finding, high vacancy rates in CW positions produce high workload levels.

Question: Is there a correlation between workload and the experience level of the worker/worker turnover? From the Time Study, the correlations of average time in position with total workload hours estimated are as follows:

- CPS: $r = 0.33, p = .26$
- YS: $r = -0.64, p = .12$

These correlations are based on the sample size of six CPS case-carrying staff and five YS case-carrying staff. The correlations are moderate to large, but not statistically significant, and the sample sizes of case-carrying staff in both CPS and YS were too small to draw meaningful conclusions from these results. Additionally, CPS results included different CPS case-carrying staff positions, while YS results only included one YS case-carrying staff position. Therefore, these results should be interpreted with caution, and BSS may wish to access human resource files for caseworker time in service (i.e., tenure) and then correlate with estimated workload using the Time Study average case time estimates based on reported caseworker caseload from FACTS.

Question: Is there a correlation between the average workload in a county and the number of children in out-of-home placements in that county? A Pearson-product moment correlation was calculated between CPS Out-of-Home Placement as of September 2021 and workload estimates based on January–August 2021 caseloads for 46 counties reporting placements, averaged across the eight months. The resulting correlation was $r = 0.96, p < .01$, indicating a very strong positive relationship between out-of-home placements and overall workload estimated for caseworkers in the county. A positive correlation in this context means that as out-of-home placements increase, overall workload estimated for caseworkers also increases.

Question: Is there a correlation between workload and performance outcomes? This correlation was not addressed in the Time Study as it would have required service outcome data at the county/district level. Outcome data for each county were either not available and/or were linked to the caseworkers' specific services defined through this study. Although such an analysis would be valuable, the required data are not typically tracked by agencies and, to the ICF project team's knowledge, this question has never been addressed in a CW workload study.

Question: What is the impact of federal and state mandates on workload? This impact was not addressed in the Time Study as data related to the impact of federal and state mandates were not available. Small group interview and focus group participants suggested situations in which mandates have added to their workload but did not provide quantifiable information. To the ICF project team's knowledge, this question has never been addressed in depth in a CW workload study.

Question: What is the impact of workers being on-call on workloads? Although this impact was not specifically addressed in the Workload Study, the implication is that being on-call adds to workloads. In the focus groups, CW caseworkers indicated that being on-call negatively impacted their health (e.g., ability to sleep) and workload.

