



August 31, 2015

Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF)
c/o General Services Administration
Agency Liaison Division
1800 F Street NW, Room 7003D
Washington, DC 20006
Submitted via email: patricia.brincefield@cecanf.usa.gov

Re: Workforce and Outsourcing Issues Key to Reducing Fatalities; Comments for the CECANF

On behalf of the 1.6 million active members and retirees of American Federation of State, County and Municipal Employees (AFSCME), AFL-CIO, I appreciate the opportunity to submit comments to the Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF). Among our members are thousands of caseworkers, supervisors and clerical workers in state- and county-administered child welfare programs, who want the tools, resources and support to protect vulnerable children and strengthen at-risk families.

AFSCME applauds CECANF for developing recommendations to reduce child abuse, neglect, and fatalities. Child welfare systems are only as strong as the workers who make the life and death decisions required each and every day. Child welfare is labor-intensive work. Enhancing the ability of front-line workers to better serve children and families must be a top priority of any national strategy. AFSCME urges CECANF to look closely at the impact on children of contracting out in the child welfare system, especially case management.

OUTSOURCING

Historically, states contracted out child welfare services to non-profit agencies with very poor results. AFSCME is primarily concerned when policy makers shift the responsibility for running child welfare systems to private contractors as cost saving measures.

In 2009, Nebraska launched a statewide child welfare privatization initiative. Within a year, four of the five original private contractors lost or ended their contracts due to financial and management deficiencies. By early 2012, there was only one private contractor left – Nebraska Families Collaborative (NFC). NFC serves the state's Eastern region and the state Department of Health and Human Services (DHHS) serves the other regions (Northern, Southeast, Central, and Western). In February, an independent evaluation concluded that privatization in Nebraska did not produce "any measurable benefits." The study compared the performance of NFC workers with the performance of state child welfare workers in four areas: 1) compliance with laws and policy; 2) family engagement; 3) outcomes; and 4) cost. The study concluded that the private system did not produce savings or perform better than the public system. It also found that public sector child welfare workers are more thorough in their assessments and the public system is less confusing for families.

A related concern is monitoring contractors and subcontractors. When governments outsource services for vulnerable children, how carefully are they being observed? Experience shows that, too often, contract oversight is lax.

Florida began privatizing its child welfare system in 1997. In March 2015, the Auditor General of Florida released an operational audit that criticized the state's oversight of community-based care organizations, known as CBCs, which provide foster care, adoption and family-support services. The audit concluded that the Department of Children and Families (DCF) "did not always adequately conduct, document, review, and report the results of CBC monitoring" and the "CBCs could not always demonstrate that contract payments were properly supported by adequate documentation or made in accordance with applicable contract terms."¹

Accountability is further complicated when contractors subcontract. Most of Florida's 17 CBCs subcontract case management to other non-profit organizations. As Judge Larry Schack of the 19th Judicial Circuit Court of Florida noted, the system is "fragmented," "no one is in charge" and there is "no vertical control over the system."² Or as Howard M. Talenfeld, president of Florida's Children First, a state watchdog group, concluded, "[p]rivatization has resulted in too many providers in each community, with too little accountability and too many children falling through the cracks."³ Contractors should not be responsible for oversight of other contractors.

Chapin Hall's independent review of Arizona's Department of Child Safety (DCS) documented that the DCS does not report on the performance of its private sector partners, including those in foster care and community-based services. Further, DCS did not "implement tools or incentives to address noncompliance, leaving problems to linger and intensify as caseloads continue to grow."⁴

Making certain that the integrity of life or death decision-making is not compromised by private interests is a growing concern, especially in child welfare. Conflicts arise when contractors operate multiple reimbursable programs and services. For example, in Florida, CBC lead agencies, and in some cases the Case Management Organizations (CMO) with whom the CBC contracted to handle case management, operate group homes. Case managers make recommendations for placement, including placement into group homes. Devereux Community Based Care of Okeechobee and the Treasure Coast is the CBC for Region 19 and administers group homes in the same region. Children's Home Society is the CMO for several CBCs and they also operate group homes. It is an agreed-upon child welfare best practice to avoid group home settings whenever possible. Also, group homes cost the state more than \$37,000 per child annually, compared to the state foster rate of \$6,180 for children aged 13-17.⁵ This clear financial incentive for CBCs and CMOs to place children in group homes is unconscionable.

¹ [Department of Children and Families and Community-Based Care Agencies, Oversight of Foster Care and Related Services, Operational Audit, Report No. 2015-156](#). State of Florida Auditor General. March 2015.

² [Legislature to attempt to fix state's broken child welfare system](#). Miami Herald, September 24, 2013.

³ [Friday's letters: Death Points to Faults at Agency](#). Tampa Bay Times, August 23, 2013.

⁴ [Arizona Department of Child Safety Independent Review](#). Chapin Hall Center for Children. June 26, 2015.

⁵ [Study says group homes may not be best option for kids in the system](#). Orlando Weekly. January 9, 2015.

In a June 26, 2015 report, Florida's DCF found that there has been a sharp increase in the number of children in out-of-home care over the last 24 months to 22,004 in June 2015 from 17,591 in June 2013. Among the CBCs who rely most heavily on group care, Devereux has the highest rate at 43.5 percent of children placed in group care compared with the state average of 22.7 percent. Nationwide, only 14 percent of foster children lived in group homes or institutions.⁶

Recommendations:

- Given these serious concerns with contractor accountability and monitoring, AFSCME urges the CECANF to recommend that frontline child welfare caseworkers should be public employees.
- To prevent profiteering from vulnerable children, AFSCME urges the CECANF to recommend that the federal government require state and tribal IV-E agencies to adopt conflict of interest regulations.
- AFSCME urges CECANF to recommend requiring state and tribal IV-E agencies to provide assurances that they monitor and collect administrative and performance data from contractors and subcontractors, and to release that data to the public. Inclusion of this provision would send a clear message that the federal government is committed to holding contractors and subcontractors accountable for performance and ensuring that children receive the care and services they deserve.

CASELOADS AND WORKLOADS

If you ask 100 child welfare caseworkers what the biggest obstacle is to doing their jobs, 99 will tell you they have been assigned too many cases to serve each child and family well. The research widely supports that high caseloads and workloads negatively impact important child welfare indicators including safety and permanency outcomes for whom they are responsible; timeliness, continuity and quality of service delivery; family engagement and relationship-building; and worker retention. The Child Welfare League of America developed recommended caseload ratios for different child welfare services and functions, which have been adopted by a few states. While caseload standards are a step in the right direction, workloads, the time it takes to do the work required for each assigned case and complete other non-casework responsibilities, are not addressed.⁷

There must be greater recognition of workloads to ensure that programs have the resources to hire enough caseworkers so that each child and family receives the time they need. Some states fund workload studies to identify the appropriate level of work. For example, a 2014 workload study in Colorado concluded that the estimated workload levels would require between 18 to 157 percent more time per month per specific county than the child welfare workers had. It estimated

⁶ [Appendix 1 – Number and Percentage of Children in Foster Care, 1991-2013](#). Child Trends DataBank. December 2014.

⁷ [Caseload and Workload Management](#). Child Welfare Information Gateway. April 2010

that 574 additional caseworkers and 122 supervisors were needed to handle the workloads of study participants.

Manageable caseloads and workloads make a real difference in a worker's ability to spend enough time with children and families, improve staff retention, and, ultimately, ensure a child's future.

Recommendations:

- Eliminate income eligibility requirements for Title IV-E so that all children in foster care become eligible for Title IV-E regardless of their parents' income. States should be given the option to immediately make this change or to phase-in.
- Allow reimbursement for all activities for primary caseworker unit.
- Support funding to reduce caseloads and workloads for professionals in the child welfare system, including caseworkers, court personnel, and others.
- As a first step toward reasonable and effective workloads, CECANF should commission a national report that reviews child welfare caseload and workload studies and develop best practices for states on how to conduct workload studies. Ultimately there should be national caseload and workload standards.

PROFESSIONAL DEVELOPMENT

In addition to sufficient funding to hire an adequate number of caseworkers, the work environment for caseworkers must improve so that experienced caseworkers stay on the job. Child welfare systems have notoriously high turnover and job vacancy rates, which are attributed to low pay, overwork, lack of support from supervisors and administrators and violence. Many programs have increased the educational requirements for their professional staffs. This is a positive change given the difficulty and great responsibility of the work. However, salary and benefit increases have not kept pace.

Staff training is another area that needs improvement. Our members told us that both initial and in-service training are inadequate in quantity and quality. Staffing levels should allow for extensive training before a caseworker is given his/her own caseload. The experience of caseworkers and their unions should be incorporated in training programs to ensure that they are the most effective they can be.

Recommendations:

- Revise the caseworker loan forgiveness program to reduce the length of time that payments are made before educational loans are forgiven from 10 years to four years for borrowers who work in social work in a public child or family service agency.
- Allow reimbursement for competency-based child protective services training and training on how to help families.
- Allow Title IV-E training funds to be used for trainings on all topics relevant to ensuing safety, permanency and well-being for children.

WORKPLACE SAFETY

Child welfare workers are particularly vulnerable to workplace violence.⁸ In 2013, the Bureau of Labor Statistics reported more than 23,000 significant injuries due to assault at work. More than 70 percent of these assaults were in health care and social service settings.⁹ The recent murder of Lara Sobel, a 14-year veteran with the Vermont Department for Children and Families, is a sober reminder that these workers have a daunting job. Interaction with the child welfare system is involuntary. Families often have other volatile issues, such as domestic violence and substance abuse. Workers spend a large amount of time visiting families in their homes in sometimes dangerous neighborhoods.¹⁰

Safety concerns are a major factor in staff retention. Protecting the workforce goes a long way to boosting morale and retaining experienced staff. AFSCME worked with some state agencies to tackle this problem. In Indiana, the Department of Children and Families and the union distributed a survey on workplace violence, identified problems, and established new policies and staff training to prevent future occurrences.

Recommendations:

- While updating the Occupational Safety and Health Administration's *Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers* is a start,¹¹ we believe there should be national standards with an enforcement component applicable nationwide.
- State and tribal IV-E agencies should be required to demonstrate they have a comprehensive workplace violence prevention program that includes management commitment and worker participation; worksite analysis and hazard identification; hazard prevention and control; safety and health training; and recordkeeping and program evaluation.

CONCLUSION

AFSCME believes that our recommendations will contribute to a national strategy for reducing child abuse, neglect, and fatalities. Supporting workers and creating a positive workplace environment will result in maintaining qualified, effective, and dedicated professionals who are essential to ensuring children thrive. We look forward to working with you. To discuss any of these recommendations further, please contact Sookyung Oh at soh@afscme.org or 202-429-1095.

Sincerely,
 Steven Kreisberg
 Director, AFSCME Research and
 Collective Bargaining Services

⁸ [Public Child Welfare Workers' Safety Experiences: Predictors and Impact on Job Withdrawal Using Mixed-Methods Approach](#). Dr. HaeJung Kim, University of Maryland School of Social Work. 2013.

⁹ [If Work Came With a High Risk for Assault, Would You Go?](#) U.S. Department of Labor blog. April 2015.

¹⁰ [Safety on the Job: How Managers Can Help Workers](#). Child Welfare League of America. 2010.

¹¹ [Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers](#). OSHA. April 2015.