Testimony of
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Before the Joint Standing Committee on Health and Human Services

In Support of LD 1825:
An Act to Establish Limits on the Number of Hours Worked by and Workloads of Child Protective Services Caseworkers in the Department of Health and Human Services

Hearing Date: February 22, 2022

Senator Claxton, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

Thank you for your time and your consideration of our perspective as we reach out to you to express our support for LD 1825. We are a small group of current MSW students through UMO who have a special interest in improving the health, safety, and all-around wellbeing of both the child protective caseworkers and the children and families of Maine. We are in favor of the proposed steps this bill takes towards that objective, and we would like to take this opportunity to present further information that should be considered in regard to this bill.

Our group is intimately familiar with the staffing concerns that plague child welfare (CW) workers in Maine at this time. The reality is, CW caseworkers in Maine are often presented with workloads that far exceed what they are capable of doing in their contracted 40 hours/week schedule. They are balancing caseload requirements that are not sustainable within timeframes that are often impossible while being held accountable to quality assurance standards that are outdated and ill-informed of the realities of CW in Maine to this day. Some of us have experienced recruitment tactics of OCFS staff, who are candid in their descriptions of the grim work/life balance that CW employees in Maine must agree to. Others of us have experienced these circumstances personally.

One of our group members, Katrina Ladd, worked for District 3 for one year as a child protective caseworker doing investigations. During that time she commuted an hour to the office, often working 9 or 10 hour days (straight through lunch), to return home in time to go to bed. She spent many weekends and holidays (e.g. Christmas day that year) working 12-hour shifts at hotels with traumatized children who were in flux, not yet placed with foster parents. She put about 34,000 miles on her vehicle in one year, completing caseload requirements that brought her all over the state to places such as Kingfield, Bangor, Porter, and Biddeford. Perhaps one of the longest of these days involved transporting a parent to and from a visit at the Lewiston office, resulting in a total of almost 7.75 hours of driving on top of other required daily tasks.

DHHS recently released their 2022 annual OCFS Workload Report in which they acknowledged that they average a 5.2% vacancy rate of all caseworker positions. This represents a current need of about 33 additional caseworkers to meet the workload needs associated with the current child protective caseloads in Maine. While it is unclear exactly what the "appropriate" workload is that is being used to determine the caseload of a CW employee, the work of those 33 lacking individuals is being dispersed among the remaining staff who are working at full capacity. As one can clearly see, this creates a dangerous situation in which current caseworkers (many of which are still very new to the work) are overburdened with workloads that far exceed what was clearly determined to be safe and manageable. In fact, the Press Herald published an article in January 2022 that reported that, according to a recent union survey, 97% of caseworkers that responded were concerned about the number of cases they were assigned, 32% felt their caseloads were "beyond human capabilities," and 36% were concerned that their workloads/caseloads put the children on their caseloads in danger.

DHHS consulted with Casey Family Programs in 2021, the final report indicated they had found several factors that likely contributed to increased child fatalities in Maine during that year, such as high turnover rates, constraints of time frames which led to decreased supervision and standby staffing patterns. Our group also believes that vicarious traumatization (VT), burnout, and compassion fatigue (CF) of our child welfare caseworkers have a cyclical relationship with the factors above: they exacerbate those factors and contribute to them simultaneously. (For more information on VT, CF, and burnout, please reference testimony provided by Katrina Ladd to the Joint Standing Committee on Health and Human Services on 2/17/21 in reference to LD 1853: An Act to Support Improvements in Child Protective Services.) In the same article described above, it was reported that 80% of responding caseworkers worked off the clock to complete paperwork (39% of which did so daily), and 53% of them reported considering resigning on a daily or weekly basis.

As you may imagine, all of this information speaks to an environment in which self-care is not only neglected but often impossible. This is important to recognize as there is growing research that speaks to the necessity of self-care for ethical social work. In our MSW coursework, we are taught that self-care and healthy boundaries are critical parts of ethical social work. In fact, in 2021 the National Association of Social Work (NASW) released an update to the Code of Ethics that explains that,

> *"Professional self-care is paramount for competent and ethical social work practice. Professional demands, challenging workplace climates, and exposure to trauma warrant that social workers maintain personal and professional health, safety, and integrity. Social work organizations, agencies, and educational institutions are encouraged to*

promote organizational policies, practices, and materials to support social workers' self-care."

As Maine's colleges are churning out MSW graduates, those students are developing their skills in ethical social work. These students are undoubtedly seeing the work environment in our current CW system, and they are seeing the red flags that they were taught to identify- and avoid- if they are to engage in ethical social work. When we consider this, it is clear that Maine needs to make significant changes to its current approaches to workload balance (or lack thereof) for CW caseworkers if they are ever going to get the number of ethical social work providers they need to meet the needs of their communities.

There is a growing generation of social workers who will no longer accept employment conditions in which they are overworked. This situation poses a risk to a social worker's physical and mental health, which in turn impacts the safety and wellbeing of clients. If we hope to encourage social workers to work in Maine's child protective system, we must ensure that they are given the tools to do so effectively, ethically, and safely.

We believe that LD 1825 has the potential to start giving these tools to our CW workers, however, we would like to pose several suggestions and avenues that should be considered in the creation of this bill:

- Most OCFS districts cover more than one county, although not all of these counties have CW units operating out of them. If DHHS were to have CW units in each of these county offices and/or units covering by county, we believe:
    - There could be considerable savings in time and money associated with driving between clients
    - There would be an increase in social workers from rural areas interested in working for DHHS, given they would have a shorter commute to the office
        - (E.g., someone from Farmington commuting 10 minutes to the office as opposed to a 1 hour to the closest office)
- A decrease in hours worked throughout the week (e.g. 32 hrs/wk), without a cut in salary and with an increase in positions, would likely result in a return on investment associated with increased productivity, decreased payment of overtime, increased levels of self-care and decreased negative effects of VT, CF, and burnout.
- There is ever-increasing evidence that ethical decision-making requires proper sleep, nutrition, and self-care, which is severely lacking in the current model of our CW system
- A recent testimony was submitted to the Joint Standing Committee on Health and Human Services by the Maine Parental Rights Attorneys Association that suggested a change in the current model that would assign legal representation to families being investigated by child protective services.

    - Along similar lines, there is a promising, evidence-based model that uses a multidisciplinary team of lawyers and social workers with families that have had a petition filed against them.
    - This approach not only found this approach to be extremely cost effect (organizations experiencing a return on investment between $2.45-$7 per dollar spent on the program), but it resulted in significantly better outcomes for children and families (one program saw ZERO removals of children in this program at the jeopardy hearing).
    - The approach also drastically decreased the workload of CW workers as they were not tasked with balancing the needs of each family member; the social worker hired on as part of the multidisciplinary team did this piece of work.
- VT, CF, and burnout continue to be increasingly critical issues with alarming repercussions to our CW staff as well as Maine's children and families.

In closing, we would like to again say that we support the passing of LD 1825 as it provides structure to, and addresses some of the current holes in the projections our CW caseworkers deserve. We anticipate that the passing of this bill will demonstrate to this next generation of social workers that Maine is prioritizing ethical treatment of their staff, and ethical administering of their child protective services. We believe this messaging will increase interest in pursuing this line of work among ethically responsible social workers who are prepared to adequately meet the needs of children and families who access Maine's child welfare services. We hope that this bill will be the start of a pivotal and dire discussion about further improvements to the working conditions of those that serve our most vulnerable populations.

It is not enough to be compassionate. We need action. Please vote in favor of LD 1825.

Sincerely,

Danielle Keister, Katrina Ladd, Jenna Malvin, & Marissa Thompson