Dear Chair Keny-Guyer, Vice-Chair Noble, Vice-Chair, Sanchez and Reps Helt, Meek, Mitchell, Schouten, Williams, and Zika,

I am a social work educator of 19 years. I am currently an Associate Professor and BSW Director in the School of Social Work at Portland State University. My research expertise is child welfare service delivery. I have conducted more than 30 studies of child welfare and children's mental health, including as co-Principal Investigator of one of six demonstration projects (\$13 million) awarded nationally to increase successful implementation of evidence based practices in child welfare. I have written more than 80 state policy reports, research project reports, and peerreviewed articles on the matters of timely permanency, family reunification, child welfare workforce development, custom adoption among indigenous and tribal communities, overrepresentation of African American and Native American children in foster care, psychopharmacology among child Medicaid recipients, psychiatric hospitalization among child-welfare involved youth, and successful and stable reunification among child welfare involved families--both in the U.S. and Canada.

I understand the pressure DHS is under to fill vacant positions, and I appreciate Director Jones' desire to lower access barriers to potential child welfare workers with lived experience who may not have the means to attend four year college. However, based on years of extensive research, most of it conducted at the state or provincial level at the request of DHS administrators and policy makers, I do not support House Bill 2033, which removes minimum degree requirements for individuals who conduct child abuse investigations or make determinations regarding protective custody of children and which allows DHS to establish qualifications for such individuals.

Research evidence on the viability of the child welfare workforce clearly supports the desirability of <u>more education and training</u>, not less. For example, over the past 25 years, the following high level reports have concluded repeatedly that workforce shortages and turnover are due to <u>poor working conditions</u>, <u>not educational</u> <u>barriers</u>. Following are links to some of these many investigations into child welfare's notoriously high caseloads, exposure to violence, paperwork demands, inadequate training, and incommensurate salaries.

# American Federation of State, County and Municipal Employees (AFSCME) (1998)

Double Jeopardy: Caseworkers at Risk Helping At-Risk Kids: A Report on Working Conditions Facing Child Welfare Workers

#### http://www.afscme.org/pol-leg/djtc.htm

This survey of AFSCME members examined working conditions and caseloads, indicating that:

- Front-line workers are victims of violence;
- 60 percent of respondents' caseloads exceed standards set by the Child Welfare League of America (CWLA);
- Time in court and filling out paper work and documentation made demands of the heavy caseloads even more difficult;
- Training is inadequate and workers have little voice in sharing training; and

• Salaries are not commensurate with the job demands.

# American Public Human Services Association (APHSA) (2001)

Report from Child Welfare Workforce Survey: State and County Data and Findings www.aphsa.org/cwwsurvey.pdf

- Worker caseloads range from 10 to 110,
- States estimate 60 percent of turnover is preventable, and
- University partnerships are a useful but not sufficient strategy addressing recruitment and retention.

The study also indicates that states that require social workers in positions have: lower average vacancy rates; lower rates of turnover; lower rates of preventable turnover (except for supervisors); improvements in preventable turnovers in last three years; and higher salaries, by approximately \$2,500.

# Annie E. Casey Foundation Human Services Workforce Initiative (AECF) (2003)

*The Unsolved Challenge of System Reform: The Condition of the Frontline Human Services Workforce* 

### http://www.aecf.org/initiatives/hswi/

The initiative highlights the urgent need to recruit and retain workers who have the appropriate training and support to make crucial decisions that affect families.

### General Accounting Office (GAO) (2003)

*Child Welfare: HHS Could Play a Greater Role in Helping Child Welfare Agencies Recruit and Retain Staff* 

#### http://gaol.gov/new.items/d03357.pdf

This report, requested by Reps. Stark (D-CA) and Greenwood (R-PA), cites high caseloads and related administrative burdens, as well as lack of supervision and training, as affecting both the ability to carry-out child welfare tasks effectively and the decision to stay in child welfare work.

At the local level, I lead a vibrant BSW program whose enrollment is approximately 40% students of color, 90% of whom are first generation Oregonians--exactly the case workers that Director Jones wishes to hire. Last year, we launched a BSW Hybrid program, in part to address workforce needs across Oregon. The entire junior year is online and students travel to Eugene for face to face classes on Saturdays in their second year. In the coming years, to increase access across eastern and southern Oregon, we will launch an entirely online BSW program. We provide training and education and graduate approximately 120 students each year. About 30% go on to graduate school, but the remainder search for jobs, often at DHS. We wish to offer our support in filling DHS vacancies, and welcome a more formal partnership with Director Jones.

While removing minimum requirements may seem like a good short term solution to a workforce problem, I would strongly caution the committee to consider the possibility that lowering the standards will prove costly--in lives and money. Would representatives feel comfortable addressing any of the shortages in healthcare in this way? This decision is tantamount to removing minimum educational requirements of nurses and doctors. Would you feel equally comfortable leaving the determination of your doctor's competence to the discretion of their immediate supervisor rather than an accredited university or national medical association?

I ask you to reconsider this vote, to conduct more research on the potential costs to the state if an untrained worker makes the wrong life and death decision, and to support continued collaboration between the state, its educational institutions, and national child welfare initiatives to solve what is a local and national issue.

Respectfully Submitted,

Stephanie Bryson, PhD, MSW Associate Professor BSW Program Director, Portland State University