

# Technical Assistance Report for the

# State of Oregon

Department of Human Services

Lynda Arnold • Pat Devin • Sarah Webster

December, 2006



**National Child Welfare Resource Center for Organizational Improvement**  
A service of the Children's Bureau, U.S. Department of Health and Human Services

Muskie School of Public Service  
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## Executive Summary

At the State's request, the National Child Welfare Resource Center for Organizational Improvement (NRCOI) provided technical assistance to the Oregon Department of Human Services (DHS) to identify opportunities for enhancing services. This request followed a review of Oregon's child safety practices by the National Resource Center for Child Protective Services (NRCCPS).

As in most states, Oregon child welfare is undergoing dramatic change and experiencing increasing demand for services. DHS is to be commended for undertaking ambitious and creative initiatives to improve outcomes for Oregon children and families and for continually seeking opportunities to further improve the child welfare system.

This technical assistance report addresses four primary areas: staffing; organization; process, procedures and practice; and infrastructure—particularly automated tools to support services and enhance accountability. Recommendations for increasing efficiency and/or effectiveness are made in each broad area.

Staffing-related changes provide the greatest opportunities for service enhancement. In general, staff are dedicated and competent, but in many instances they struggle with heavy workloads and insufficient resources. Many are frustrated with inefficient processes and automated systems that don't work. Recommendations for staffing changes include strengthening supervision, reducing the supervisor to caseworker ratio, eliminating non-casework tasks from the caseworker's duties and standardizing the role of consultants.

Several years ago, the Department underwent several changes in organizational structure that impacted frontline staff and complicated communication. The primary recommendations in the area of organizational structure include further separating child welfare and self sufficiency services at the District level and enhancing communication, both within central office and between the field and central office.

Oregon child welfare process, procedures and practice have been strengthened by recent reforms such as the complete re-design of safety services. Reforms are appropriately targeted to improving safety, permanency and well-being outcomes and the Department has done an excellent job of identifying and implementing innovative practices that will strengthen services.

Recommendations in the area of process, procedures and practice include eliminating duplicative processes, shifting non-essential, administrative duties to non-casework staff and creating a procedure manual to guide front-line staff in the consistent delivery of child welfare services.

Easy-to-use tools to help caseworkers do their jobs efficiently and comprehensive data to help managers ensure the work is done effectively are critical elements in child welfare. Recommendations in the area of infrastructure include more training on quality assurance (QA) and the use of data; streamlining the hiring process; increasing training; and enhancing automated and online tools.

To complete the technical assistance and this resulting report, the NRCOI conducted individual interviews and focus groups, surveyed staff, reviewed policy and procedure and identified best practices in applicable areas. Report recommendations reflect the input of staff, research on best practices and the professional experience of NRCOI consultants. The NRCOI recognizes that State leaders, who have Oregon-specific knowledge and extensive child welfare expertise, will ultimately decide which recommendations are adopted.

# Introduction

Technical assistance was initiated through a request from the Oregon Department of Human Services (DHS) to the National Child Welfare Resource Center for Organizational Improvement (NRCOI) to identify opportunities for enhancing services to Oregon families and children. This technical assistance report explores issues affecting the quality of service delivery identified through examination of the Agency's organizational structure, use of human resources, and practices and procedures, and proposes options for improved program efficiency and effectiveness.

The NRCOI initiated this technical assistance in March 2006. Lynda Arnold, Pat Devin and Sarah Webster, consultants with the NRCOI employed the following processes to gain insight into the Oregon child welfare system: individual interviews; focus groups, both in field offices and in central office; review of current policy, procedure, applicable agency data and human resources information; and research on best practices in relevant topics.

*As in most states, child welfare in Oregon is undergoing dramatic change.*

Eight focus groups with a total of approximately 95 participants were held with caseworkers, Consultant Educator Trainers (CETs), Social Service Assistants (SSAs) and clerical staff; two supervisor-specific focus groups were also held, with approximately 30 supervisors participating. Mid-level managers in the small, medium and large offices where focus groups were conducted were briefed on the review process. Focus groups were also held with central office consultants (approximately 30 participants) and meetings were held with central office training, QA, budget and data staff and an executive level steering committee.

A short, voluntary survey gave all staff an opportunity to provide input. A total of 687 respondents answered one or more questions. This number included 83 supervisors, 324 caseworkers, 31 CETs and 60 SSAs. The remainder included responses from a variety of other management and support staff. Analysis of data from all sources was followed by a secondary validation process to ensure accuracy.

As in most states, child welfare in Oregon is undergoing dramatic change. Increased federal emphasis on child welfare outcomes, diminishing state and federal resources and the severity of challenges faced by client families have all led to a search for better ways to serve families. The Oregon Department

of Human Services is to be commended for its proactive, ongoing commitment to improving services to Oregon's families and children. Oregon is seen as being on the cutting edge in seeking out and implementing effective, innovative practices. These efforts include the rollout of the Oregon Safety Model, a well-designed tool to further enhance safety, and implementation of Family Decision Meetings and Team Decision Meetings. Additionally, community partners are recognized as valuable components of the entire child welfare system. Although much remains to be done, numerous efforts are already underway and progress is being made on achieving the ambitious goals set out in the State's Federal Child and Family Services Review Program Improvement Plan.

To understand the challenges facing the Department, it is necessary to understand the size of the child welfare program and the prevalence of abuse and neglect in Oregon. In 2005, there were 55,114 reports of child abuse and neglect reviewed by the Department, representing an 18.5% increase over 2004. Of these reports, there were 11,255 children found to have been abused or neglected. This represented an increase of 6% in the number of victims from 2004 and resulted in a corresponding increase in children entering foster care from 5,515 in 2004 to 6,178 in 2005.

As in most states, Oregon suffers from staff shortages, high caseloads, high worker turnover and low salaries. There are currently approximately 990 caseworkers (excluding foster home certifiers) providing child welfare services in Oregon in 2006, yet the average caseload remains high — approximately 20 children per worker. For certification, there are approximately 100 certifiers in Oregon covering over 5,300 foster homes.

Caseload considerations are especially significant since caseworker time with families (possible only with lower caseloads) is crucial to producing quality outcomes for families — a fact borne out in the Federal Child and Family Services reviews. Although it is difficult to determine a single, nationwide standard for child welfare caseloads, the 2006 Council on Accreditation (COA) standards recommend foster care caseloads that do not exceed 18 children or 8 children with special therapeutic needs. They also suggest the complexity of the specific needs of the child and family and the case plan be considered when determining appropriate caseload levels (COA, 2006). Because so many of the children in care in Oregon have special needs, it is important that caseloads be adjusted accordingly. According to the same COA standards, consideration should also be given to the qualifications and competencies of the caseworker and the difficulty of the cases assigned when determining appropriate caseload size.

# Staffing

There is no debating the importance of maintaining an adequate and experienced child welfare workforce. How that workforce is used to most efficiently and effectively serve families and children is one of the most important decisions child welfare administrators make.

In Oregon, staffing patterns vary from district to district and positions may be used differently within the districts. In fact, it was noted in the *Expert Review of the Safety System Intervention*, the report issued by NRCCPS, that "Staff roles, responsibilities, assignments and relationships to each other are not systematic. The connection and interdependence of CPS staff to ongoing service staff is not well formed." This finding is confirmed in this report.

The following section describes opportunities for improving the utilization of staff.

## **Caseworkers**

Child welfare caseworkers must engage and build rapport with their clients, understand and act upon risk, conduct complex and thorough child and family assessments, develop case plans with families, review and evaluate client progress and ultimately, make critical decisions affecting families and children. These activities require that caseworkers have: an education that has grounded them in the dynamics of human interaction and human services; skill in working with families; effective child welfare specific training; and finally, supported experience. However, without substantial face-to-face time with families and children, even the most skilled and tenured caseworker cannot produce desired outcomes, no matter what the caseworker's background or training. When caseworkers have responsibility for more families than they have time to serve, permanency for children is delayed, families stay in the system longer, and safety is difficult, if not impossible, to assure.

***...caseworker time with families (possible only with lower caseloads) is crucial to producing quality outcomes for families***

Because Oregon child welfare caseworkers carry high caseloads and have multiple duties in addition to those directly related to client contact, they function primarily as case managers, assigning many critical casework functions to others and spending much of their time managing and documenting services delivered to families by others.

Caseworkers report that, in addition to carrying large caseloads, they spend an inordinate amount of time on documentation, administrative tasks, and in court or court-related tasks. This leaves very little time to spend with the families and children they serve, even though they must make life and death decisions about those families. Not only does this present a significant risk to the families and the agency itself, it is counterproductive and inefficient in the long run. States are obligated to meet federal outcome standards in the areas of safety, permanency and well-being in order to qualify for federal funding and avoid substantial penalties. Oregon recognizes that when casework staff devote time in face-to-face contact with children and families, outcome goals are more likely to be achieved and has made monitoring face-to-face contacts a high priority. The state's Child and Family Services Review (CFSR) Program Improvement Plan, intended to remedy issues identified in the first CFSR, includes goals related to face-to-face contacts — a resource intensive activity.

***The heavy workload and the need for additional case-carrying staff was overwhelmingly the number one issue identified in the staff survey.***

Caseloads may not reflect true workload. The Federal Administration for Children and Families, Children's Bureau defines caseloads and workloads differently. "Caseloads are defined as the amount of time workers devote to direct contacts with clients. Workloads are defined as the amount of time required to perform a specific task" (Peat, Marwick, Mitchell, and Co., 1978). Workload studies, specific to an agency, are required to fully determine a caseworker's total responsibilities. Because practice and procedures vary widely from state to state (and frequently within states), workload studies that reflect a state's unique practice are important. No workload study has been conducted in Oregon since the 1980s even though practice and procedures have changed significantly.

Both supervisors and caseworkers reported being overwhelmed with administrative and documentation tasks, which makes having sufficient knowledge of or contact with client families and children impossible. They describe much of their work as crisis management. The heavy workload and the need for additional case-carrying staff was overwhelmingly the number one issue identified in the staff survey. A number of survey respondents recommended looking at all non-case-carrying field staff to see if more of them could become case-carrying workers.

## Supervisors

Supervisors have one of the most difficult and critical jobs in child welfare, a fact which is supported in child welfare research and literature. Caseworkers and their supervisors comprise the change agent team and supervisors can be appropriately considered front line staff. Critical casework decisions are made jointly, with supervisors needing firsthand, in-depth knowledge of the families and children caseworkers are serving. While in some programs and systems supervisors may be more accurately defined as management and part of administration, in child welfare they play an additional and important role in determining whether children are safe, when a child achieves permanency and how long a family is served by the Department.

According to COA standards, supervisors should have responsibility for no more than 8 caseworkers. However, nearly half of Oregon's child welfare staff have been employed for less than 5 years and a sizeable number have been employed less than one year, supporting the need for a lower supervisor to worker ratio. Currently, the supervisor to staff ratio averages 1:9.5 which results in supervisors having responsibility for literally hundreds of cases.

Lower supervisor to caseworker ratios not only improve the quality of services, they are also more efficient. Research shows that as the number of staff supervised decreases, organizational productivity increases (Mullen, et al, 1987). In addition, supervisor effectiveness and availability are tied directly to caseworker turnover and quality casework.

Inaccessibility and limited knowledge of child welfare or the respective specialty of many supervisors, was the second most frequently mentioned theme in the survey responses and focus groups. Approximately half of the caseworkers responding to the survey reported going first to people other than their supervisors for policy clarification. Many staff did recognize that inaccessibility was often tied to workload. Based on focus group responses, it appears that staff perception of the supervisor's availability and degree of helpfulness is largely dependent on the size of the office in which they work. Staff in small and medium sized offices generally reported stronger and more positive relationships with their supervisors and the positive and supportive role supervisors play in determining office culture and morale. Staff in these small and mid-sized offices described their supervisors as readily available for case consultations and as the primary source of policy clarification.

In many large offices, supervisors were described as being unavailable and a closed door culture is reportedly predominant. Staff in larger offices frequently described even some of the most tenured supervisors as unavailable, with some caseworkers stating they never see them. In these offices,

caseworkers often rely on other casework staff and Consultant Educator Trainers (CETs) for case specific consultation and policy guidance. There is a perception that supervisors and other staff in Salem have more meetings and are tapped for more committees and workgroups than are supervisors in other areas, and are therefore more frequently unavailable to their staff. Interestingly, the survey results, which were anonymous, showed very little difference in supervisor accessibility among large, medium and small offices.

All supervisors appear to be overburdened with administrative tasks and too much paperwork. For example, supervisors report that they must sign-off on everything — from case actions to bus passes, manage time and travel forms for staff, and handle all aspects of hiring new staff. These activities make it difficult for supervisors to provide clinical supervision, which they describe as their most important function.

***Strengthening supervision is perhaps the most important action the Department can take to improve services.***

Supervisors want to do more clinical supervision and want to be available to offer more support to staff. In the focus groups they reported spending most of their case related time responding to crises or addressing client or foster parent complaints. In addition, they may not know a case and must trust caseworkers to tell the truth, raising accountability issues. A supervisor may approve a critical case decision without sufficient knowledge of the case, either because a worker did not communicate accurately or because the worker received case direction from a different supervisor or a CET.

According to the agency, supervisor tenure is decreasing statewide for several reasons. First, it appears that there is little incentive to become or remain a supervisor. Both CETs (through overtime) and central office consultants can make higher salaries without the responsibilities and risks inherent in supervising numerous staff and hundreds of cases. In addition, supervisors have the added stress of being on call, are more subject to negative publicity and intense public scrutiny, and have to contend with the constant demands of managing day-to-day case crises. This is an important issue because child welfare experience is critical to quality supervision and quality supervision is essential to good case practice.

Staff believe that workers with limited or no child welfare experience are becoming supervisors, child welfare managers and administrators. This may be a reaction to organizational changes which have occurred in recent years and may not reflect reality. Supervisors are lacking in clinical skill in some areas but training to address these deficits does not appear to be readily available or planned. When this fact is considered in conjunction with the

large number of new or untenured casework staff, it is understandable that new caseworkers often describe feeling lost and having to rely on co-workers and CETs for information and support.

The quality and availability of supervision was raised repeatedly in the staff survey. Although some staff attributed poor supervision to high workloads, there were also many comments about supervisors who don't know the program or the part of the program they are supervising; supervisors who were not accessible to their staff; and supervisors who have poor management/supervisory skills. Supervisors, as part of a statewide classification not unique to child welfare, are not required to have a college degree.

Strengthening supervision is perhaps the most important action the Department can take to improve services.

### **Consultant Educator Trainers (CET)**

Consultant Educator Trainers (CETs) are among the most tenured staff in the field and, at least in the larger offices, there is concern that CET positions may be eliminated. However, CET positions are duplicative of, and sometimes in conflict with, other important positions within the agency and a thorough examination of how these positions could become a more effective resource is warranted.

CETs are being used in a variety of ways across the state with differing levels of effectiveness. In several offices CETs were seen as helpful to new workers when available to do training or consultation on practice. In other areas CETs provide case-specific consultation. This consultation may duplicate that occurring between caseworker and supervisor because supervisors must make final decisions regarding many case actions. Even more concerning, CETs may lead the caseworker in a direction later reversed by a supervisor, creating confusion for client families and delaying case resolution. Although in several urban offices CETs are said to be more available than supervisors, staff in mid-sized and smaller offices appear to have sufficient access to their supervisors and have less need for consultation with CETs. In several other instances CETs cover vacant caseloads or temporarily work out of class to supervise units to reduce caseload burdens on both supervisors and caseworkers.

Although during focus groups CETs were often identified by workers as the source of advice on policy and practice, particularly when a supervisor is not available or when the supervisor doesn't know the answer to the question, only 9% of the caseworkers who responded to the survey reported going to a CET first when they have a policy question. Having CETs provide casework and policy direction provides caseworkers an opportunity to shop for a preferred response and leads to inconsistent application of policy. In

addition, it may weaken the caseworker-supervisor relationship and diminish a supervisor's credibility. Several examples given by casework staff were indicative of that eroding relationship.

The official duties for CETs as described in the position description include: direct service, including planning, assigning, reviewing and approving work; training and mentorship; and case consultation; all of which are activities also performed by supervisors. Other duties include quality assurance activities such as performing case reviews, conducting local office audits and oversight of Citizen Review Board (CRB) activities. External relations and training and tutoring also comprise a significant portion of the expected job tasks. These duties are also covered by supervisors or others.

CETs are managed at the field level and each district uses the position differently. There is no routine, formalized interaction between training or central office consultants with CETs nor is there established policy regarding who delivers training on new policy and procedure or how it is delivered. Districts are provided a training budget, but with flexibility as how it is to be spent. These factors contribute to the lack of uniform practice across the state.

CETs who are doing practice consultation (as opposed to case-specific consultation) are providing services that may be duplicative of those offered by central office consultants and program staff. For example, in some offices, staff report that CETs provide answers to policy questions; in others, staff report contacting supervisors, central office consultants and/or central office program managers with questions pertaining to policy and practice. Not only is this an inefficient use of resources, it may lead to opinion shopping and conflicting answers regarding policy, a circumstance that further contributes to inconsistent practice across the state.

Although there were some positive comments regarding CETs during focus groups and on-site interviews, a number of survey responses reflected a different perspective. There was less support for keeping CETs as they currently are and more support for using CET positions to increase the number of supervisors and reduce the span of control or to make CETs carry a full or partial caseload to reduce the workload size. Some respondents suggested eliminating CET positions.

## **Social Service Assistants (SSA)**

SSAs provide support to caseworkers. In rural offices, SSAs make parent-child visits possible when they may not be due to distance and limited caseworker time. The purpose of the position, as described in the official position description is “. . . . to provide services to DHS clients. These services include services to parents and children in their own home and substitute care services. In general these services are intended to protect children and meet their needs to the extent specified by law and DHS policy. That includes attempting to strengthen family functioning on behalf of the children so that they can be maintained in or returned to their own home.”

*Although SSAs provide support to caseworkers, their qualifications and training do not prepare them for the casework roles they have assumed..*

SSAs provide transportation, supervise visits and interact directly with families and children. On-site interviews, focus groups, and survey comments confirmed that SSAs are performing tasks associated with casework. The survey respondents estimated time spent working directly with clients to be 22% of a caseworker's total time. SSAs reported spending an average of 55% of their time working directly with clients.

Although SSAs provide support to caseworkers, their qualifications and training do not prepare them for the casework roles they have assumed; minimum qualifications for an SSA position do not require a bachelor's degree and require only minimal social service experience. SSAs may not be qualified to accurately assess family interactions and risks, and case decisions may be made on second hand (caseworker's) and third hand (supervisor's) information rather than on the caseworker's direct knowledge/observation.

Communication between caseworkers and SSAs varies, with no set standard for case notes or staffing. Focus groups reported in smaller offices, communication is constant with case staffings with caseworkers, supervisors and SSAs occurring daily. In larger offices, case notes may be the only form of communication.

Caseworkers and SSAs report occasional conflicting opinions regarding case decisions, some of which may only be aired in court. This appears to occur more frequently in larger offices, where caseworker/SSA communication is more sporadic.

Caseworkers see work performed by SSAs as critical to managing their caseloads. Focus groups and survey respondents expressed substantial support for keeping SSA positions and adding positions to do more transportation and visitation.

## **Paralegal and Attorneys**

Casework and supervisory staff in the focus groups report that they frequently represent the Department in court, prepare legal documents, and prepare cases for court. While the Department should be commended for the addition of paralegal positions, child welfare attorneys are still needed. Few things are more important to the achievement of permanency (one of the critical areas for CFSRs) than a well-prepared, well-presented court case. It is essential that all legal activities be performed by attorneys, not caseworkers or supervisors.

Current practice exposes individual caseworkers to the risk of being accused of practicing law without a license, creating liability for the agency. More important, children may be left in danger because caseworkers lack the skill to present a case fully, particularly when there is skilled legal support for the alleged abuser.

## **Certification Specialists**

Certification Specialists provide activities related to recruitment, certification, and support of foster and adoptive homes. These activities are critical and highly specialized, yet it appears that in many offices little priority or attention is given this position. Rural staff, in particular, may do certification work in addition to carrying cases and may be supervised by workers without knowledge of or training in certification processes. Due to limited staff resources, support from central office for training and recruitment activities is lacking.

***Dual (foster and adoptive) licensure or certification should be standard procedure.***

Recruiting, certifying, and supporting foster and adoptive parents are important to protecting children from abuse in foster care and achieving the child's permanency goals. An ample, appropriately trained and supported cadre of foster and adoptive parents can ensure that children are safe and facilitate the timely achievement of permanency for children. In many states foster parents are the primary source of adoptive placements. Dual (foster and adoptive) licensure or certification should be standard procedure. This model is being replicated around the country because it speeds up the time to permanency, reduces placement moves for children/youth (issues of foremost concern in the CFSR), and reduces staff workload.

Appropriations are based on a legislative formula of one certification worker to 95 children in care, a ratio that does not tie directly to workload or caseload. Some areas may have many children in foster care and few foster/

adoptive families (children placed out of area), others may have many foster homes and fewer children in care. Still others may have multiple children in each home. Many activities of certification workers, for example recruitment and training, are not directly related to number of children in care. While additional responsibilities for certification workers vary by district, the Oregon formula is unrealistic by national standards. The 2006 COA standards recommend caseloads for adoption workers not exceed 12-25 families. Utilizing a formula that is attached to numbers of foster/adoptive families may be more realistic

Survey results identified insufficient certification staff as a significant problem. Current staffing levels for these positions gives certification staff little time to support foster families. Such support, independent from that offered by case-carrying workers, is critical to resolving conflicts between foster parents and caseworkers and helps to maintain foster parents.

### **Support Staff (Clerical)**

Support staff appear to be underutilized in some offices; in others, support staff are highly specialized and a single caseworker may have to interact with multiple staff to obtain needed services, even to serve one case. For example, a caseworker may need a clothing voucher for a child in care, a bus ticket and a form for a particular service referral. In very specialized offices, this might involve three different clerical staff.

### ***Support staff appear to be underutilized in some offices***

Staff frequently mentioned that support staff could do more of what workers now do. Although adding tasks to support staff responsibilities could require additional support staff, the trade-off for caseworkers would be a greatly reduced workload. Job responsibilities vary by office; however, caseworkers identified the following tasks that could be transferred to support staff. A standard position description for support staff including these responsibilities would reduce caseworker workload and increase the amount of time they have to spend with the families and children in their caseloads.

- Filing
- Inputting Targeted Case Management
- Completing referrals for caseworkers
- Typing reports
- Copying and faxing for caseworkers
- Making appointments for caseworkers
- Requesting medical information/reports
- Requesting birth certificates
- Doing searches
- Getting items ready for mailing

## Central Office Consultants

Central Office consultants provide policy interpretation, technical assistance and special assistance on difficult cases. Consultants interact directly with all levels of field staff and contact may be initiated by caseworkers, supervisors or the consultant through routine visits to field offices. Availability and caseworker awareness of the functions performed by consultants varies greatly, with staff in offices housing consultants more likely to describe them as available and helpful.

Several survey respondents commented that central office consultants are not helpful or were just not visible and accessible. The exception to this perception appears to be the residential consultants who assist caseworkers in locating placements for children entering care.

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## Staffing Recommendations

**Caseworker** caseloads are too high; true workload is unknown; caseworkers are unable to spend sufficient time with families and children.

- Conduct workload study.
- Reduce number of cases carried by individual workers.
- Reduce workloads by eliminating or off-loading tasks (and transfer administrative tasks such as filing that could be performed by support staff — see above for specific tasks).
- Eliminate duplicate tasks.

**CET** positions could best be used to either reduce caseloads or supervisor to worker ratios.

- Change CET positions into supervisor positions to significantly lower the supervisor to caseworker ratio, which would lead to lower caseworker turnover and better outcomes for families and children.

**Or**

- Convert CET positions to Social Service Specialist 1 (SSS1).

**Supervisors** are unable to spend sufficient time supporting and providing case-specific consultation to caseworkers and may not have child welfare experience or training.

- Reduce supervisory workload by eliminating unnecessary administrative tasks. For example: Give sign-off authority for bus passes and other minor expenditures to caseworkers and/or support staff. Set a dollar threshold under which supervisors would not be required to review or approve expenditures.
- Add more supervisors to increase the supervisor to caseworker ratio.

- Strengthen support staff capabilities and transfer all administrative tasks such as tracking time and leave and travel expenditures to support staff.
- Strengthen human resources capabilities/capacity and make HR personnel responsible for hiring processes such as preliminary screening, letters of non-selection, etc., and leave supervisors with only the final interviews and hiring decision. Address problems of outdated transfer and applicant lists.
- Eliminate or more evenly distribute central office meeting expectations for supervisors to increase in-office availability.
- Shift responsibility for external relations/resource development activities from supervisors to program or district managers.
- Increase opportunities for supervisors to network and share best practice ideas.
- Address pay inequity between supervisors and central office consultants to entice experienced staff to apply for supervisor positions.

**SSAs** provide transportation and other support services to caseworkers; however,

- SSAs should not be responsible for supervising all visits between parents and children. Critical information necessary for sound casework decision-making may be missed by SSAs.
- Caseworkers (rather than SSAs) should be the client family's point of contact and should be the primary change agent for the family.
- SSAs should be assigned to and supervised by specific service units to provide transportation and support caseworkers.
- Shift appropriate functions from caseworkers to SSAs, such as making appointments, or picking up documents from service providers or the court.

**Certification Specialists** perform critical tasks to ensure the safety of children in foster care and play a key role in achieving permanency for children.

- Include sufficient certification workers and recruiters in core staff allocation.
- Specialized units within districts should include certification, foster home development and foster/adoptive recruitment.
- Support foster and adoptive home recruitment activities out of central office.
- Expand use of dual (foster/adoption) licensing/certification.

**Support Staff** provide a cost effective solution to reduction of caseworker workload.

- Support staff role should be expanded; provide training to strengthen support staff capabilities.
- Assign support staff to specific units and have them provide all clerical/administrative support for staff in that unit, even if they are not supervised by them.

- Develop and implement a standard position description for support staff including items identified in the section above.

### **Central Office Consultants/Program Managers**

- Clarify role of consultants to field staff.
- Where feasible, house consultants in the field offices and maintain central office supervision.
- Develop standard protocols for field contact (including site visits).
- Consider changing title from central office consultants to program specialists to make their role clearer.

### **Staffing Allocation**

Staffing allocation methodologies are unclear to field staff and do not adequately ensure statewide program equity. Allocation processes within districts vary, with no standard staffing pattern prescribed.

- Consider conducting workload study.
- Create core positions (positions that every district needs to carry out basic functions regardless of their size, such as residential consultants, paralegal, HR support, data or quality assurance specialists, trainers, and facility support staff); determine and prescribe core staffing pattern; allocate core positions based on number needed to support the district.
- Develop statewide standard staffing plan with range of acceptable patterns to provide flexibility and consistency.
- Monitor/manage use of staff across all districts.
- Implement a statewide, centralized intake system to ensure consistent practice; or at a minimum, centralize intake at the district level across the state.

## Organizational Structure

As described by the Center for the Study of Social Policy in their report “Improving the Performance and Outcomes of Child Welfare Through State Program Improvement Plans (PIPS),” the Department of Human Services was reorganized in 2002, creating a Division for Children, Adults and Families (CAF) with a separate field division for Community Human Services (CHS). CHS has since been eliminated and the field functions brought under the appropriate policy division in central office. Currently, CAF has a central office policy function and a field structure in which child welfare and self sufficiency services are delivered. Separate from these two but still under the CAF Assistant Director is the Office of Vocational Rehabilitation Services.

The impact of this change was far-reaching, with many staff struggling to understand and adapt to the new structure. Staff report that the reorganization seemed to have negatively impacted the flow of communication and the support they received from administration.

*Thoroughly examining the relationship between program and the field office and ensuring strong, two-way communication is essential.*

### Central Office Structure

Several opportunities for improving communication and eliminating duplication by modifying structure exist within the organization. Thoroughly examining the relationship between program and the field office and ensuring strong, two-way communication is essential.

Areas to be addressed should include uniform and consistent communication between program and field and the impact of new policies on practice.

### Field Structure

Many staff reported that since the field structure brought together self sufficiency and child welfare services, services are harder to deliver and previously strong, regionally-based lines of communication have been weakened. Practice is different from office to office, and even within districts. Because they have less time to interact with their peers, supervisors feel isolated.

Organizational structure varies from district to district. Larger offices have moved to centralized intake, but mid-sized and rural offices may have staff in each office taking reports. In some offices, clerical staff may take child abuse calls and must determine whether to refer the caller to casework staff. In other offices clerical staff take abuse/neglect reports. Without a centralized process for taking reports, standard, statewide practice is difficult to achieve and the allocation process is unreliable.

A number of staff described the current field structure as not conducive to good communication. They also reported having local managers who were not qualified or knowledgeable of the program and districts heavy in mid level managers.

The degree of specialization differs among Districts. Some differences are due to office size or location, with rural areas usually less specialized. Some appears to be based on the manager's or worker's preference. According to staff, a community may push for specialization or priority in a particular area (substance abuse, for example) which may result in specialized staff. While there seems to be effective protocol for case transfer in some areas, transfer procedures do not mitigate the problems increased specialization and numerous caseworkers may cause a family.

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### **Organizational Structure Recommendations**

- Move to a statewide intake/screening unit to address differences in practice.
- Enhance ties between Child Welfare Program Managers and Central office policy and practice staff.
- Increase opportunities for two-way communication, both between central office and the field and within central office between program and field.
- Ensure information and rationale are provided when decisions are made, and provide feedback on ideas and suggestions.
- Increase use of newsletters, emails and routine communication.
- Increase Central Office visibility and two-way communication with field staff.

## Process/Procedures/Practice

Many practice improvements have been implemented over the past three years and many more initiatives are in process. Noteworthy are the following:

- In many rural offices staff meet with supervisors regularly to discuss cases and new policy; these meetings normally include self sufficiency staff who may be working with families known to self sufficiency and to child welfare.
- Some staff have individual conferences with supervisors on a weekly basis.
- New safety protocols are being implemented.
- A procedure manual has been developed for implementation in March 2007.
- Use of Family Decision Making and Team Decision Making.

Despite pockets of excellent casework practice, inconsistent practice is evident. Survey results indicate staff are aware of and concerned about inconsistencies in everything from staffing patterns to policy and procedures, and need a clear procedure manual. Policy is subject to interpretation and rules are not applied consistently. There is a great deal of role confusion, with staff not knowing what they or others are expected to do.

*...staff are aware of and concerned about inconsistencies... and need a clear procedure manual.*

There appears to be significant redundancy in some areas of the program. For example, Citizen Review Boards (CRBs) are seen as duplicating court processes and other monitoring and oversight activities with the passage of the Adoption and Safe Families Act.

Staff also see a need to review all existing forms to determine whether they should be continued, consolidated or eliminated and to approve the implementation of new forms.

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### **Process/Procedures/Practice Recommendations**

- Eliminate duplicative family meetings.
- Eliminate copying immunization information from 310H to 246; attaching the original record requires less work.
- FACIS and GAP assessment input is redundant.

Other ideas were provided in the focus groups and through the survey. It is recognized that these may or may not reflect the best practice.

- Uninterrupted time to document cases.
- Maximize flexibility in work schedules to help caseworkers but also help children and families who are in school and at work; being able to see them at times other than 8-5 would be positive for all.
- Maximize and increase the use of interns to help and reduce workload; they may also provide a pool of well trained potential employees.
- Eliminate the need for multiple approvals for small things, e.g. clothing vouchers and bus tickets.
- Provide an adequate number of bus passes for clients.
- Provide more legal support including staff attorneys to represent staff in court

## Infrastructure

Easy-to-use tools to help caseworkers do their jobs efficiently, and comprehensive data to help managers ensure the work is done effectively are critical elements in child welfare.

Well-functioning automated systems not only make caseworkers' and supervisors' jobs easier, they can help improve child safety outcomes by providing quick and easy access to comprehensive information regarding a family; making risk and safety tools more accessible and easier to use; and helping staff identify and locate client information. In addition, such systems can facilitate the timely achievement of permanency through automated tracking of critical permanency dates and timelines, and can store and provide comprehensive information for court actions.

Effective decision making is dependent upon ready access to reliable and timely data. The informed use of data is essential to setting and achieving long-term goals and guiding policy; it is also critical to managing day-to-day operations, assessing performance and advocating for and targeting resources.

### Quality Assurance and Data Management

Quality assurance (QA) accountability is key to establishing quality programs and credibility with stakeholders. Quality assurance information should be incorporated into policy, included in training curricula, and monitored in agreements with the districts.

A good quality assurance system is critical to good practice, and although the State CFSR process (which replicates the federal process) is valuable, it should comprise just one part of a comprehensive and continuous quality improvement system. Currently, there is no ongoing use of information gleaned from the State CFSR process, no routine process for transferring information from QA to policy to training, nor does the field respond to or hold itself accountable for QA findings.

There are approximately 800 reports potentially available to staff and management and an overwhelming abundance of data. Although there are numerous reports, no single report appears to be used as a management tool to help guide practice. Although there is a summary management report (Dashboard); field staff are unclear what it is or how to use it. They are also unclear about what the Department's priorities are (other than face-to-face contact) and how those priorities (and the data indicators connected to them) apply to their work. No single entity within the organization is explicitly responsible for ensuring such understanding. Of the survey respondents, only 25% found the Greenbar helpful; 6%, the Dashboard; 20%, the CFSR

report; and 20%, the ORBIT reports. More staff reported not using or not finding any of these helpful.

***Effective decision making is dependent upon ready access to reliable and timely data.***

Data integrity is questionable and there appears to be an overall lack of appreciation of the importance of having good data. Field staff report spending a significant amount of time correcting data reports received from central office, and in many places, untrained clerical staff are responsible for data entry.

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**Quality Assurance Recommendations**

- Enhance State CFSR process; conduct quarterly reviews as a part of larger QA process.
- Increase training on QA and the use of data.
- Establish interim measures that are more timely than CFSR measures.
- Implement a data clean up process and an ongoing data validation procedure.
- Implement controls for data sharing.
- Eliminate duplicative case reading and establish single point of QA records review.
- Reduce number of reports; establish short list of priority measures.
- Consolidate data bases.
- Use the National Child Welfare Resource Center for Data and Technology to help identify critical data elements and help staff recognize the relationship between data and practice.

**Hiring Processes**

Supervisors describe the hiring process as frustrating and extremely time-consuming, with few qualified candidates available. Lack of appropriate candidates is indicative of insufficient and/or ineffective recruitment and no organized, statewide process for the recruitment of child welfare staff was found. The candidate list is usually out of date and there is no pre-screening for minimum requirements or for experience. Improving hiring processes would not only reduce supervisor workload, it would reduce turnover and eliminate costs associated with inappropriate hires and staff carrying cases before they are trained.

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### **Hiring Process Recommendations**

- Enhance staff recruitment efforts.
- Streamline hiring process; implement group hiring or job fairs.
- Work with Human Resources to improve the initial screen for minimum qualifications.
- Improve morale by improving the quality and quantity of supervision and providing staff-identified incentives.

### **Training**

Portland State University provides core child welfare training through a federally approved Child Welfare Partnership. There are nine full-time trainers providing core program training to all CET, SSS1 and SSA staff. Districts provide additional training at the local level, but this is inconsistent. There is no way to determine who does district training and when, which adds to inconsistencies in policy interpretation.

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### **Training Recommendations**

- more training;
- more consistent training statewide;
- training before being responsible for a caseload;
- mentoring;
- time with supervisors for one-on-one training; and
- child welfare supervisor training.

### **Automation and Other Tools**

Duplicative data entry, difficulty in navigating screens, and the overall unreliability of the system keep staff from seeing automation as a helpful tool. Tasks that were previously performed by clerical staff (such as travel and time keeping) have become the responsibility of workers and supervisors, significantly increasing their workload and reducing time available to see families and children. Overall, automation is often seen as adding to the workload.

The staff survey confirmed problems with automation, describing it as outdated with systems that don't communicate well with each other. Staff identify a need for automation to pre-fill forms; staff now have to repeatedly enter the same information on a client. On-line policy, while seen as positive, is frequently described as hard to get to and time consuming.

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## **Automation and Other Tools Recommendations**

- Consider the use of e-dictation software to assist staff with case documentation and free up caseworker time to spend in direct client contact.
- Reduce the time it takes to complete forms such as the 147 and the 310.
- Put all forms on line.
- Provide laptop or notepads for front line staff so they can work from the field.
- Make the IIS screens easier to navigate and more user friendly.
- Provide PDAs and/or phones that function for e-mail, calendars.
- Look at Oregon Access computer system as a model for pre-filling forms.
- Consolidate the three automated systems into one or create an interface that would make movement between them seamless to the user.
- Consider workplace alternatives such as job sharing, telecommuting and flex schedules.

## **Conclusion**

Oregon's child welfare program, like others across the country, is struggling with high staff turnover, limited resources and heavy workloads. However, unlike some states, Oregon is proactively undertaking a series of initiatives to improve services to families and children. They are implementing activities and setting goals beyond those required by the CFSR and are to be commended for their commitment to delivery of quality services. The request for this report reflects the commitment of the Oregon Department of Human Services to continually improve its ability to deliver quality services.

This report reflects the opinions of the consultants and is informed by input from staff through focus groups, interviews and survey, reviews of pertinent information, consultant experience and good practice. It is anticipated that the state will accept some of the recommendations, and reject or postpone others due to agency constraints.

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