

**MEMORANDUM**

November 12, 2013

TO: Health and Human Services Committee

FROM: Vivian Yao, Legislative Analyst *VY*

SUBJECT: Discussion: Child Welfare Services workforce issues: staffing, recruitment, retention, and training

The Health and Human Services Committee will discuss workforce issues for Child Welfare Services. This is a follow up to the June 27 Committee's discussion on staffing issues regarding social workers and other behavioral health professionals in Behavioral Health and Crisis Services (BHCS).

The following individuals are expected to participate in the presentation and discussion:

- Kate Garvey, Chief, Children, Youth, and Family Services, DHHS
- Agnes Leshner, Child Welfare Services (CWS), DHHS
- Scott Robins, Member, Montgomery County Board of Social Services
- Kumba Baryoh, Social Worker, CWS, DHHS
- Kristine Rodgers, Social Worker, CWS, DHHS
- Greg Wallace, Social Worker, CWS, DHHS
- Leslie Henriquez, Social Worker, CWS, DHHS

The Committee will receive information on: (1) staffing and salary trends; (2) efforts being made by the Department to recruit and retain staff; and (3) the work experience of front line CWS staff.

**OVERVIEW: DHHS BEHAVIORAL HEALTH PROFESSIONALS AND SOCIAL WORKERS**

Overview information on DHHS staffing of social workers and other behavioral health professionals provided at the June 27 Committee meeting is reproduced in this packet as follows. Social Worker positions are used in all of the five service areas in the Department; the Department reports that it has a total of 240 Social Worker positions in four classes that range from grade 21 to grade 25. The following chart provides information about how social workers are used across the Department. Additional programmatic information is provided at ©1-4.

	Aging & Disability Services	Behavioral Health & Crisis Services	Special Needs Housing	Children, Youth & Families	Public Health Services
Total Positions	49	3	31	149	8
Programs Using Social Workers	-Adult Svcs Intake -Adult Protective Svcs -Adult Evaluation & Review Svcs -Social Svcs to Adults -Public Guardianship -Waiver for Older Adults -Home Care Services -Chore Services -Personal Care/In Home Aide -Adult Foster Care -Ombudsman Services	-Adult Behavioral Health Svcs -Child & Adolescent Mental Health Clinic	-Homeless Svcs -Housing Stabilization Svcs	-Child Welfare Svcs (Child Protective Svcs, CPS In-Home Services, Family Preservation, Foster Care, Independent Living, Foster & Adoptive Parents Program) -Linkages to Learning	-Communicable Disease & Epidemiology

**CHILD WELFARE SERVICES STAFFING**

As of October 2013, there were a total of 133 social workers in CWS broken in the following levels: 62 Social Worker II, 51 Social Worker III, and 20 Social Worker IV. These positions require a Master's Degree in Social Work (MSW), a Social Work License, competency training, background check and child abuse clearance, and continuing education units (CEUs). There are 32 staff in CWS that receive multilingual differentials.

Salary information for CWS staff is provided on ©6 with the first table showing actual staffing in CWS by position, grade, salary range, and number of employees and the second table providing FY14 budget information on base and average salaries by job class. Comparable salary information from other jurisdictions is included on ©7. Council staff notes that the County's salary range is higher than other local jurisdictions in the Social Worker II classification, but does not keep pace with Prince George's County or Fairfax County (Social Service Specialist III) for higher classifications. In addition, some jurisdictions including Fairfax, Howard, and Anne Arundel have less stringent licensing requirements for staffing.

The Department currently reports twelve staff vacancies including 4 Social Worker III, 6 Social Worker II, and two positions on hold. The turnover rate for CWS is around 6-8%, and average around the County is around 18-26%. In FY12, 18 social workers left CWS, and in FY13, 13 social workers left. Most of these employees report that they are resigning for personal reasons -- retirement, family, moving, and finding a less stressful situation. The reported average recruitment time for a position is 10-12 weeks.

Additional CWS staffing information is provided at ©8.

***Strategies for Addressing Workforce Capacity and Needs***

The Department will present information on efforts to recruit and retain staff including the following:

- **Clinical Supervision:** The Department provides clinical supervision that staff needs to be accredited to the next level.
- **Support with Continuing Education:** DHHS assists staff in accumulating CEUs by offering over 100 trainings for staff and targeting current critical issues facing social workers. See ©9-10.
- **Communication and Responsiveness:** CWS has focused on developing effective communication with staff to equip them with skills and knowledge to best do their jobs. The program also engages staff in decision-making through its Continuous Quality Improvement Council (CQI). The Council, consisting of representatives from all parts of the CWS, meets monthly and they review issues raised by employees.
- **Staff Recognition:** CWS has various methods to recognize excellent work. The CQI recognizes outstanding staff on a quarterly basis, and the Senior Managers also have a staff recognition program that operates similarly. Montgomery County CWS is a member of the Council of Governments Child Welfare Committee, which also has a regular process to recognize outstanding employees from each jurisdiction each quarter.
- **Internships:** CWS has partnered with universities to develop internships and field placements for social work students in the County. CWS recruits and hires high performing students whenever appropriate openings occur. Each year, there are 10-12 MSW candidates doing their field placement in Montgomery County CWS, and they tend to be hired if their field supervisor recommends them (about 50% of those candidates).
- **Job Fairs:** The Department also participates in a job fair with the University of Maryland annually to recruit Social Workers.
- **Cultural Competence:** Significant effort is made to attract and maintain a work force that reflects the families who are served by CWS. The current staff speaks 20 different languages, which enables them to provide more culturally responsive services. In addition, CWS has a Cultural Competence Committee that focuses on training staff about different cultures, including highlighting different parenting practices from other cultures.

### ***Challenges in Recruitment***

The Department highlights some challenges related to recruitment and retention of CWS staff:

- **Wage compression:** The Department has identified wage compression as a challenge in hiring external candidates. The wages of current staff who have the same years of service limit what level of salaries may be offered to external candidates. The Committee may be interested in understanding the extent to which wage compression has limited acceptance of offers by external candidates
- **Competitiveness with other jurisdictions:** Another factor adding to the difficulty in recruiting and retaining staff is that some neighboring jurisdictions are paying their social workers at the same rate or, at times more than Montgomery County. Because the County requires licensing, staff may be more marketable in the neighboring jurisdictions where the licensing is not required. *How onerous is the licensing component? Why is licensing variable among local jurisdiction vs. State requirement, particularly in MD?*

- **Job related stressors:** DHHS describes CWS positions as extremely difficult and demanding with stresses associated with making critical decisions that impact families' lives. The Board of Social Services in its statement attached at ©13 suggests that the work of CWS has become more difficult in recent years with increased demand, accountability, and complexity of family issues.
- **Workload and support issues:** The Board of Social Services also states that more resources are needed by CWS to address the complex needs of families needing assistance. The Board explains that staff have faced multiple years of increased demand, accountability, and complexity of family issues with little or no increase in resources. It also identifies needs related to housing, mental health services, financial security, and the need for more foster and adoptive homes.

## DISCUSSION ISSUES

The Committee may be interested exploring the following issues related to workforce recruitment and retention and potential workforce development improvements:

- What kind of caseloads do social workers in CWS currently carry? How do the current caseloads compare with other jurisdictions or prior fiscal years? Are caseloads greater now than prior to the recent economic downturn?
- To what extent are staffing levels of social workers inadequate? What standards does the Department use to determine adequacy of staffing levels, e.g., minimum wait list, standard caseloads, etc.?
- What are additional strategies that can be implemented to make the hiring and retention more attractive in Montgomery County? What additional supports and resources are needed by CWS staff?
- What are the resource implications of increasing CWS staffing levels, decreasing caseloads of existing staff, or implementing other strategies to improve recruitment or retention?

## DHHS – Social Worker Positions in Each Service Area

### *Aging and Disability Services:*

Social Workers are deployed in the following programs:

#### Assessment and Continuing Case Management Services

The following programs employ Social Workers at the II, III and IV levels:

**Adult Services Intake (ASI)** is the central point of entry for Montgomery County citizens who need to access county services (Senior Care Funds, In Home Aide Service, Group Home Subsidy through the Adult Foster Care program, Senior Care Funds, Public Guardianship, and assessments through Social Services to Adults). ASI is also the unit that processes referrals for investigations of abuse, neglect, self-neglect, and financial exploitation of vulnerable adults.

**Adult Protective Services** law requires mandatory reporting for health practitioners, police and human service workers who find evidence of abuse or neglect. APS staff investigates maltreatment allegations, assists clients in securing needed resources, provides ongoing case management as well as community and professional education to promote the health, safety and welfare of adults age 18 and over who are at risk in the community and lack the physical or mental capacity to protect their own interests.

**Adult Evaluation and Review Services** provides assessment, care planning and short-term case management to the frail elderly and to adults with disabilities age 18 and older who are at risk of institutionalization. High-risk abuse and neglect clients and clients seeking access to medical assistance waiver programs to prevent institutionalization receive mandatory AERS assessments.

Note: The medical evaluations are conducted by Community Health Nurses [CHNII] and the plans of care are reviewed and approved by a Social Worker.

**Social Services to Adults (SSTA)**, as a voluntary (i.e., non-mandated) statewide program, provides assessment, crisis intervention and voluntary care/case management to persons 18 years and older with physical and/or mental impairments. The SSTA program, which includes the Senior Care program in Montgomery County, provides case management and gap-filling resources for seniors with severe to moderate functional disabilities and defined, limited financial resources. It also provides professional social work and nursing assessments (as needed), service linkages and coordinates in-home supports for customers that seek to remain safely in the community in the least restrictive.

**Public Guardianship** provides surrogate decision making for adults 18 years of age and older who are adjudicated as incompetent by the Circuit Court and who have no one else willing or able to make decisions that are in their best interest for them. Services address clients' basic needs and are an intervention to remedy and/or prevent high-risk abuse, neglect or self-neglect. The **Vulnerable Elderly Initiative Program (VEPI)** works with Public Guardianship to protect vulnerable seniors. VEPI provides assessment and care planning services to adults age 18 and older living in the community who need assistance in accessing and implementing supportive services to prevent abuse, neglect or self-neglect and remain safely in the least restrictive living arrangement. These services help to ensure the provision of a client's basic needs and activities of daily living.

#### Waiver for Older Adults (WOA)

The MA Waiver enables eligible older adults to remain in a community setting by establishing services typically covered by Medicaid in long term care facilities, to be provided to eligible persons in their own home or in an assisted living facility. Services provided are based on individual need and are established in the individual's plan of care. The recipient must be at least 50 years of age, have a monthly income of no more than 300% of SSI level, assets of no more than \$2000 or \$2500 depending on eligibility category, and be determined to be in need of nursing home level of care.

Case Management is provided during regular business hours and includes the establishment of a safe plan of care, regular reviews and revisions to the plan, establishment and oversight of services. The two SW IV's in this unit approve the plans of care for the clients.

#### Home Care Services

An individual is eligible for Home Care Services/Personal Care Services if the individual is receiving case management and requires the service as part of a treatment plan; is unable to obtain the necessary paraprofessional services from another resource; is willing to accept Home Care; and agrees to pay any fee required according to a fee schedule. An individual is eligible for **Chore Services** if the individual is unable to obtain the necessary paraprofessional services from another resource; and is a frail senior or an individual with a disability who can provide his/her own personal care but needs assistance with chores to help the individual remain in his/her home.

The **Personal Care/In-Home Aide** program provides vital services in the home for low-income frail elderly (75%) and people with disabilities (25%). These vulnerable individuals have physical and/or mental disabilities that severely limit their ability to perform daily tasks, such as bathing, dressing, walking, feeding or toileting. The in-home support services help vulnerable individuals remain safely and cared for in the community and the services help to prevent premature institutionalization.

The Home Care **Chore Services** program provides services in the home for low-income frail elderly (52%) and people with disabilities (48%) who need help with light cleaning, vacuuming, laundry, grocery shopping, and/or meal preparation in order to remain in their own homes and in the community.

In-Home Care Services, a CHN II monitors the health related activities of the merit aides and the two SW IV's supervise and monitor client plans of care performed by the merit aides and under contract.

### Assisted Living Services

**Adult Foster Care (AFC).** AFC provides case management and subsidized assisted living to persons with disabilities and frail seniors by providing services in family homes (usually 1-2 people) and assisted living facilities (4 and more). Montgomery County provides about \$800,000 in General Funds to increase the number of placements available through State funds. Montgomery County chooses to use COMAR to regulate the placements it pays for with County General Funds.

### Ombudsman Services

The **Ombudsman Services** program uses County staff and supervised volunteers to remedy problems on behalf of long-term care (Nursing Home and Assisted Living Facility) residents.

### ***Behavioral Health and Crisis Services:***

There are 3 positions in BHCS: One social worker works in Adult Behavioral Health Services and two work in Child and Adolescent Mental Health clinics (one is a family intervention specialist working with Juvenile Justice youth).

***Children, Youth and Family Services:*** All but one of the 149 social worker positions in CYF are assigned to Child Welfare. There is one social worker in the Linkages to Learning Program. Here are CW responsibilities:

**Child Protective Services--(CPS)** Social Workers follow up referrals alleging child physical and sex abuse or neglect. Social Workers provide crisis intervention services to resolve problems that lead to child maltreatment.

**CPS In-Home Services--**Social workers provide ongoing home based intervention with families whose children can safely remain in their homes following an investigation for abuse and neglect.

**Family Preservation--**Social workers provide intensive, home-based, time-limited services to families in crisis. The goals are to keep children safe in their homes and to help the family resolve problems.

**Foster Care**--Social workers provide case management and support services to children, families and foster parents when temporary out of home placement is necessary. Interventions are focused on achieving long term stability and safety for the child in a nurturing family. Reunification is the most likely outcome after parents participate in services.

**Independent Living**--Social workers provide assistance and support for youth in transition from foster care to living independently. Services promote self sufficiency through mental health services academic achievement, job training and life skills classes.

**Foster and Adoptive Parents Program**--Social workers complete a home study with persons who want to become foster or adoptive parents. The process helps match children in need of out-of-home placement with an appropriate family. The social workers provide support and assistance to the foster families and children placed.

***Public Health Services:***

All 8 positions are assigned to Division of Communicable Disease and Epidemiology and work with STD and HIV clients.

***Special Needs Housing:***

Social Workers in Special Needs Housing work in the following areas: Homeless Services and Housing Stabilization Services. Activities include contract monitoring, assessment for family shelter, homelessness prevention; and case management to homeless, formerly homeless and at-risk customers to stabilize their housing situations.

## Child Welfare Services Staffing Responses

November 14, 2013

1. How many social workers or other mental health professionals work for Child Welfare Services and how are they broken out amount the different programs in CWS?
2. What current practices (hiring, training, compensations, assignments, etc.) impact the capacity to deliver services?
3. Please provide each job classifications for positions in CWS and include salary ranges, average years of experience, average salary and average fringe by job classification. (If the Department has comparative compensation data from the State or other jurisdictions, please provide.)
4. How many vacancies is CWS carrying and how long have the positions been vacant? How many vacancies does CWS typically carry or how many work-years have been unspent in FY13 (does this amount differ significantly from previous years before or during the economic slowdown)?
5. How many staff receive multilingual differentials?
6. What credentials, training, and/or education are needed to perform the duties of social workers or other mental health professionals in CWS?

*Please see below for information.*

## Staffing information:

Actual Staffing Analysis-October 2013

Job Title	Grade	Grade Range	# of Employees
Child Welfare Administrator	MII	\$78,794 - \$143,037	1
Manager III	MIII	\$67,692 - \$123,725	5
Social Worker IV	25	\$58,471 - \$96,998	20
Program Manager II	25	\$58,471 - \$96,998	1
Social Worker III	24	\$55,811 - \$92,508	51
Social Worker II	23	\$53,275 - \$88,241	62
Child Welfare Caseworker	23	\$53,275 - \$88,241	6
Comm. Health Nurse II	24	\$55,811 - \$92,408	1
Comm. Service Aide III	18	\$42,283 - \$69,728	22
Comm. Service Aide I	16	\$38,675 - \$63,497	4
OSC	16	\$38,675 - \$63,497	8
Information & Ref..Aide II	16	\$38,675 - \$63,497	1
Legal Secretary	16	\$38,675 - \$63,497	1
PAA	13	\$34,183 - \$55,222	<u>10</u>
			193

HHS Child Welfare Budget Analysis				FY14 Average		
Job Class	Grade	FY14 Base Salary	Job Title	No	Salary	Fringe
002807	23	53,275	Social Worker II	72	60,606	19,942
002806	24	55,811	Social Worker III	51	75,530	23,006
002805	25	58,471	Social Worker IV	20	89,088	26,924
000638	23	53,275	Child Welfare Caseworker	6	82,068	21,294
002306	23	53,275	Community Health Nurse II	1	87,779	46,376
000623	16	38,675	Community Service Aide I	2	46,066	17,755
000621	18	42,283	Community Service Aide III	28	52,989	19,563
<b>Grand Average</b>		<b>50,723.57</b>		<b>180</b>	<b>67,519</b>	<b>21,695</b>
<b>Note: Part Time positions were annualized to get full time salary average</b>						

**External Salary Ranges**

County	Job Classification	Minimum Salary	Maximum Salary	
Arlington	Social Worker II	\$48,942.40	\$79,601.60	
	Social Worker III	\$52,353.60	\$85,134.40	
	Social Worker Supervisor	\$58,531.20	\$106,017.60	
Fairfax	Social Services Specialist I	\$45,137.66	\$75,228.61	No License Required
	Social Services Specialist II	\$51,935.10	\$86,557.95	No License Required
	Social Services Specialist III	\$57,210.19	\$95,350.53	No License Required
	Social Services Supervisor	\$62,816	\$104,693.47	No License Required
Prince George's County	Social Worker I	\$37,268.00	\$72,509.00	
	Social Worker II	\$43,300.00	\$88,134.00	
	Social Worker III	\$49,943.00	\$97,168.00	
	Social Worker IV	\$57,816.00	\$112,484.00	
Howard County	Human Services Specialist I	\$40,477.00	\$65,395.00	No License Required
	Human Services Specialist II	\$49,733.00	\$80,163.00	No License Required
	Human Services Specialist III	\$55,058.00	\$88,795.00	Varies on Position
	Human Services Supervisor	\$61,06.00	\$98,426.00	Varies on Position
	Human Services Manager I	\$67,600.00	\$109,096.00	No License Required
	Human Services Manager II	\$74,901.00	\$120,827.00	No License Required
Anne Arundel	Human Services Aide II	\$32,864.00	\$48,942.00	No License Required
	Human Services Specialist	\$43,062.00	\$68,039.00	No License Required
	Human Services Supervisor	\$49,932.00	\$82,900.00	No License Required

## Staff Vacancy Information

Current Vacancies: 12

- 4 Social Worker III
  - 6 Social Worker II
  - 2 Positions On hold
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- During FY12 (July 1, 2011-June30, 2012) 18 social workers left CWS; during FY13 13 social workers left; and from July 2013 to the present, 2 social workers have left. Most say they have resigned for personal reasons (retirement, family, moving to another area, and the finding less stressful situations). The average turnover around the country in CWS is around 18-26% and we are hovering at about 6% - 8%.
  - Average recruitment time takes 10-12 weeks.
  - Wage Compression, which is a county-wide issue, creates challenges as we try to hire external candidates. The wages of current staff who have the same years of service limit what level of salaries may be offered to external candidates. This has resulted in some declined offers.
  - Currently there are 32 staff from throughout CWS receiving multilingual differentials.

## Credentials and Training Needed

- Master's Degree in Social Work
- Social Worker License
- Competency Training (3 months of classes in Baltimore)
- Background Check and child abuse clearance
- Continuing CEU's

The department has created the Center for Continuous Learning (CCL) which is department run and creates over 100 trainings for staff to assist with continuing education units. We obtain speakers related to the current critical issues facing Social Workers today. (Please see listing of trainings below)

- Clinical Supervisors are hired to provide clinical supervision that staff need to be accredited to the next level
- Partnerships have been developed with Universities to develop internships and the placement of Social Workers
- A job fair with University of Maryland is held annually to recruit new Social Workers

## **CCL Courses from January – December 2013**

*(For Social Workers and others in DHHS)*

1. ADULT GUARDIANSHIP AND THE LAW
2. ADVANCED ADA: PROGRAM ACCESS
3. AGING AND TRAUMATIC BRAIN INJURY
4. ATTACHMENT DISORDER
5. ASSESSMENT TRAINING FOR EARLY INTERVENTION PROFESSIONALS COURSE 09-JUL-2013
6. BLOOD BORNE PATHOGENS
7. BREAKING DOWN BARRIERS ACROSS CULTURES
8. CHILDHOOD TRAUMA: ABUSE AND NEGLECT COURSE 01-JAN-2013
9. CONSCIOUS COMMUNICATION
10. COUNTERING COMPASSION FATIGUE
11. CRITICAL ISSUES IN CARE OF THE OLDER ADULT
12. CWS FALL 2013 BROWN BAG COURSE 23-OCT-2013
13. DEAF CULTURE AND COMMUNICATION
14. DEMENTIA: DIAGNOSIS, PROGRESSION AND TREATMENT
15. DISEASES THAT AFFECT BRAIN FUNCTIONING
16. DELIVERING BAD NEWS COURSE 13-MAY-2013
17. DISPARITY IN CHILD WELFARE COURSE 06-MAY-2013
18. DSM-5: WHATS NEW
19. EFFECTIVE DE-CLUTTER STRATEGIES
20. EFFECTIVE TEAMING: AN INTEGRATED APPROACH
21. ELDER ABUSE: A MULTI-D APPROACH
22. EMERGENCY PETITIONING: CHILDREN AND ADOLESCENTS
23. EMERGENCY HEARINGS IN CWS COURSE 01-JAN-2013
24. EMOTIONAL COACHING COURSE 07-MAY-2013
25. ENDLESS DREAMS: TRAIN-THE-TRAINER 2 COURSE 24-JUL-2013
26. ETHICS AND COMMUNICATION IN MULTICULTURAL SERVICES
27. ETHICS AND COMMUNICATION IN MULTI-CULTURAL SERVICES
28. ETHICS IN ACTION
29. FROM HARM TO HOME
30. HOARDING 101

31. INFLUENZA VACCINE
32. INTERPRETER TRAINING FOR HHS BILINGUAL STAFF
33. INFECTION CONTROL AND REGULATORY COMPLIANCE COURSE 01-JAN-2013
34. INTER-PROFESSIONAL CARE FOR THE OLDER ADULT
35. INTIMATE PARTNER VIOLENCE
36. INTRO TO PERSON-CENTERED PLANNING COURSE 01-JAN-2013
37. INTRO TO THE DSM-5: WHAT'S NEW COURSE 10-JUL-2013
38. ISLAM, MUSLIM CULTURES
39. LIVING AT THE END-OF-LIFE: CONTROLLING ONE'S CARE
40. MILITARY AND VETERANS: CULTURE, EXPERIENCE AND IDENTITY
41. MOLST: FINALIZED REGULATIONS
42. MCITP: FAMILY FOCUS, FAMILY EMPOWERMENT COURSE 18-OCT-2013
43. MINDFULNESS IN PSYCHOTHERAPY COURSE 01-APR-2013
44. MONEY AND DECISION MAKING IN CASE MANAGEMENT
45. MONTGOMERY COUNTY MULTIDISCIPLINARY TEAM TRAINING COURSE 08-AUG-2013
46. OBESITY: AN EPIDEMIC WITHOUT A CURE
47. ON-GOING PEER CASE CONFERENCE FOR SNH COURSE 05-MAY-2013
48. PARENT SURROGATES AND MCKINNEY VENTO ACT 20-APR-2013
49. PARENTS WITH INTELLECTUAL DISABILITIES 07-AUG-2013
50. PERSONALITY DISORDERS
51. PETITIONING DISCHARGED INMATES 20-MAY-2013
52. PRACTICING MINDFULNESS WHEN PROVIDING SERVICES
53. PRENATAL AND POSTPARTUM MOOD DISORDER
54. PREVENT ABUSE AND NEGLECT THROUGH DENTAL AWARENESS (PANDA) COURSE 01-JAN-2013
55. QUALITY SERVICE REVIEW CANDIDATE ORIENTATION COURSE
56. SAFE SLEEP FOR BABIES
57. SEFVING WEST AFRICAN CULTURES
58. STATE OF THE ART AND SCIENCE IN AGING
59. SUICIDE AWARENESS FOR NON-MENTAL HEALTH STAFF
60. TRAUMA-INFORMED CARE OF WOMEN VETERANS
61. TUBERCULOSIS 101
62. UNDERSTANDING DEMENTIA

### Council Questions (continued)

7. What has the Department done/what is the Department doing to improve staff retention and job satisfaction?
8. Does the Department have any ideas about ways to improve recruitment, training, and retention of CWS staff and get more people interested in the field?

### **Approaches to Recruitment, Retention and Satisfaction of Child Welfare Staff**

As with all high intensity, high pressure positions, recruitment and retention of professional staff is challenging. These are extremely difficult and demanding positions and the stresses associated with making critical decisions that impact families' lives, add to the complexity and pressures that the staff encounters. Another factor adding to the difficulty in recruiting and retaining staff is that some neighboring jurisdictions are paying their social workers at the same rate or, at times more than we can, and that has led to our losing talented staff (please refer to tables above). As we require a license for our positions, the staff are more marketable in the neighboring jurisdictions where the license is not required. Below are methods that have been employed to increase the satisfaction and support of Child Welfare staff.

### ***Communication and Responsiveness***

Child Welfare has focused on ensuring effective communication with the staff so that they are best equipped to do their jobs as well as feeling secure in their knowledge of the approaches of the program. Linked to this is the engagement of staff in decision-making. The program has had a Continuous Quality Improvement Council (CQI) since 2008. The Council consists of representatives from all parts of the CWS organization. The group meets monthly and they review issues raised by employees. Staff submits a Request for Action (RFA) when there is a policy or a circumstance that they feel should be addressed. The CQI Council reviews the request and if accepted brings the issue to the leadership in Child Welfare for response and action. As issues have been addressed and solutions implemented, staff have been pleased with the process.

### ***Staff Recognition***

CWS also works hard at recognizing the excellent work of staff. The CQI recognizes outstanding staff on a quarterly basis. The Senior Managers also have a staff recognition program that operates similarly. This bidirectional system of recognition emphasizes our desire to recognize those staff who stand out and creates multiple opportunities to highlight the excellent work being done by the staff.

Montgomery County CWS is a member of the Council of Governments Child Welfare Committee, which also has a regular process to recognize outstanding employees from each

jurisdiction. Each quarter we have an employee who receives the COG award, which is announced to all CWS staff.

***Internships***

One of the more effective recruitment tools is through the presence of social work students during their field placements in our County. We recruit and hire the high performing students whenever appropriate openings occur. Each year, there are 10-12 MSW candidates doing their field placement in Montgomery County CWS and they tend to be hired if their field supervisor recommends them (about 50% of those candidates).

***Cultural Competence***

Significant effort is made to attract and maintain a work force that reflects the families who are served by CWS. The current staff speaks 20 different languages, which enables them to provide more culturally responsive services. In addition, CWS has a Cultural Competence Committee that focuses on training staff about different cultures, including highlighting different parenting practices from other cultures.



# *Montgomery County Board of Social Services*

## **Statement of Support for the Child Welfare Services Staff and Leadership**

Health and Human Services Committee

Montgomery County Council

November 14, 2013

The Montgomery County Board of Social Services (BSS) provides advisory oversight to social services programs within Montgomery County funded by state Department of Human Resources (DHR). These programs include: state funded income support programs and emergency stabilization programs; mandated child protective services and foster care programs; mandated adult protective services and adult home care services.

As the Board of Social Services, it is our responsibility to assure that those individuals in our community who have the greatest challenges and least resources receive the support they need. Today we wish to acknowledge the work of the staff and leadership of Child Welfare Services (CWS).

As you will hear today, the challenges facing CWS are significant. The staff has faced multiple years of increased demand, accountability, and complexity of family issues with little or no increase in resources. Despite stagnant staffing levels, staff has demonstrated its professionalism, commitment and skill as it has responded effectively to the needs of families and the demands of the County and the State. The outcomes for families in need of CWS services continue to improve, resulting in fewer children in care and more children moving into permanent arrangements that are in their best interest. The leadership of CWS has worked to support staff and families during these very challenging times through the development of innovative practices and strong partnerships, as well as strong communication and staff recognition and development opportunities.

The Board of Social Services has had the opportunity to hear directly from youth involved with CWS, as well as foster and adoptive parents and staff. It is clear to us that tremendous work is being done by CWS, but that more support and resources are needed. We hear of staff going beyond the call of duty and we also hear of the continued struggles to meet the needs of all involved in this system. Issues related to housing, mental health services, and financial security for youth and families, as well as the need for more foster and adoptive homes, continue to surface in the presentations to the Board. It is our hope that continued and expanded support will be offered to the staff and leadership of Child Welfare Services as they continue to face these challenges.

We would also like to acknowledge Council Vice President Craig Rice for his active participation on the Board of Social Services and we would like to thank the entire County Council Health and Human Services Committee for taking this opportunity to focus on the work and challenges of Child Welfare Services.

The Board greatly appreciates the support that has been provided by the County Council for the residents of the County.