



NACHSA National Association of County Human Services Administrators

An Affiliate Organization of NACo ★ National Association of Counties

WRITTEN STATEMENT FOR THE RECORD

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**ON BEHALF OF THE NATIONAL ASSOCIATION OF COUNTIES & THE NATIONAL ASSOCIATION OF COUNTY
HUMAN SERVICES ADMINISTRATORS**

AMERICA'S MENTAL HEALTH CRISIS

**BEFORE THE COMMITTEE ON WAYS AND MEANS
U.S. HOUSE OF REPRESENTATIVES**

FEBRUARY 2, 2022

Chairman Neal, Ranking Member Brady, distinguished members of the committee, thank you for holding today's hearing on America's Mental Health Crisis. On behalf of the National Association of Counties (NACo) and the National Association of County Human Services Administrators (NACHSA), thank you for providing the opportunity to testify. I especially want to thank Chairman Davis and Ranking Member Walorski of the Subcommittee on Worker and Family Support for your efforts to elevate the challenges facing the human services workforce during this important hearing.

My name is Angela Sausser, and I am the Executive Director of the Public Children Services Association of Ohio (PCSAO). PCSAO is a 501(c)(3) non-profit, membership-driven association of Ohio's county Public Children Services Agencies. We advocate for sound public policy, promote program excellence, and build public value for safe children, stable families and supportive communities. We are a member of NACHSA, which represents a broad spectrum of county human services agencies throughout the country and is an affiliate of NACo, which represents the nation's 3,069 counties, parishes and boroughs.

Counties are highly diverse, not only the 88 in my state of Ohio, but across the nation. We vary immensely in natural resources, social and political systems, cultural, economic and structural circumstances, public health and environmental responsibilities. Of the nation's 3,069 counties, approximately 70 percent are considered "rural," with populations of less than 50,000, and 50 percent of these counties have populations below 25,000. At the same time, there are more than 120 major urban counties, which collectively provide essential services to more than 130 million people every day.

Many county responsibilities are mandated by both the state and the federal government. While county responsibilities differ widely, most states grant their counties significant authorities to fulfill public services. These authorities include construction and maintenance of roads, bridges and critical infrastructure, assessment of property taxes, record keeping, administering elections, and overseeing jails, court systems and public hospitals. Counties are also responsible for consumer protection, economic development, employment and workforce training, emergency management, land use planning and zoning.

Among these numerous responsibilities, serving as the front-line of the social safety net is a primary function of county governments to ensure healthy, safe and vibrant communities for our residents. Counties employ 257,000 human services workers nationwide. Ten states, including Ohio, delegate to county governments the day-to-day administration of major federal assistance programs that help children and families thrive, while counties are fully or partially responsible for administering the child welfare system in 11 states.

As Executive Director of PCSAO, I work to support the 85 public children services agencies (PCSAs) in Ohio, which are located in each county or, in a few cases, consolidated across two or three counties. Of those 85 PCSAs, 64 are part of a county department of job and family services accountable to elected county commissioners, 19 are standalone children services agencies overseen by a board appointed by county commissioners, and two fall under the purview of a county administrator or executive. In this capacity, and in my cooperation with other county leaders through the NACHSA and NACo, I have seen firsthand the significant toll that the COVID-19 pandemic has taken on a critical workforce already suffering from compassion fatigue, burnout and secondary trauma. As a former foster care caseworker, I also know that ensuring the mental health and well-being of front-line child welfare staff is vital for ensuring the best care for the children and families we serve.

Today, I will discuss several critical points for your consideration as you assess the implications of America's mental health crisis for county human services workers, especially those administering the child welfare system:

- 1. While specific county responsibilities vary from state to state, we deliver essential human services and play a key role in preventing and responding to child abuse and neglect across the country.**

2. **The COVID-19 pandemic has exacerbated existing mental health challenges for this frontline workforce, leading to burnout and significant staff shortages.**
3. **County governments are working to implement solutions that support the well-being of our human services work.**
4. **The severity of the mental health crisis merits additional support from our federal partners in the form of increased resources and programmatic flexibilities.**

While specific county responsibilities vary from state to state, we deliver essential human services and play a key role in preventing and responding to child abuse and neglect across the country.

Regardless of population size, geography and available resources, counties are deeply invested in our residents' health and well-being. Every day, we provide services that help vulnerable individuals and families thrive, functioning as an integral part of the federal, state and local partnership in human service delivery. Whether keeping families sheltered when they face homelessness, providing nutrition support to infants and toddlers, operating job training programs, or protecting children from abuse and neglect, counties provide services that break cycles of poverty and help our residents thrive. We invest over \$58 billion annually in federal, state and local funds in human services that safeguard residents' health and well-being and keep families stable.

Federal programs administered through counties include Temporary Assistance for Needy Families, federal IV-E foster care, Supplemental Nutrition Assistance Program, the Community Services Block Grant, the Social Services Block Grant, the Child Care and Development Fund, the Maternal, Infant, and Early Childhood Home Visiting Program, the Workforce Innovation and Opportunity Act, the Community Development Block Grant, Child Support Enforcement, the Special Supplemental Nutrition Program for Women, Infants and Children and Head Start. Many of these supports play a critical role in stabilizing families to prevent interaction with the child protection system.

The administrative framework for child welfare services and programs varies from state to state. However, in nine states, the administration of child welfare falls to county governments: California, Colorado, Minnesota, New York, North Carolina, North Dakota, Ohio, Pennsylvania and Virginia. These states generally offer significant authority and much-needed flexibility to county administrative offices. In Nevada and Wisconsin, counties share administration of the child welfare system with the state in a "hybrid" system.

In each case, the states are ultimately responsible for the mandates associated with each program, and often pass these mandates down to counties, creating an implementation system that can be extremely complex. Even when states are the primary entity with jurisdiction over child welfare, counties are important partners on the ground in efforts to prevent child abuse and neglect and reduce the number of children entering the foster care system.

The functions and responsibilities of child welfare agencies are wide ranging and can include in-home family preservation services, foster and kinship care, residential treatment, adoption, independent living, mental health care, substance use treatment, education, parenting skills, domestic violence services, employment assistance, health care, child care, financial support and housing. From our position on the ground, county officials are uniquely suited to fulfill these roles. With limited resources, county leaders across the country are listening to the experiences of our residents, reaching out to new partners, and innovating solutions that disrupt the cycles and systems that keep families at risk.

Even as counties work to create comprehensive and systemic reforms to prevent child maltreatment, child welfare staff are at their core first responders as they enter homes to investigate reports of abuse and neglect,

stabilize families with concrete supports, find temporary safe homes for children and work to secure permanency for children in their care. Their role is like that of law enforcement, firefighters, and paramedics. Every day, they knock on doors to respond to reports of child abuse and neglect, not knowing what is on the other side. Within the strict guidelines of federal and state laws, caseworkers make critical decisions every day, often working for low-to-average wages, and very little recognition. County child welfare staff truly are the definition of public servants.

The COVID-19 pandemic has exacerbated existing mental health challenges for this frontline workforce, leading to burnout and significant staff shortages.

Turnover of frontline workers, as well as supervisory, management, and administrative staff, has been a decades-long concern in many child welfare agencies,¹ especially as child protection systems across the country have struggled with a rising number of children coming into care, in part due to the opioid epidemic. These children present with more complex needs, stay longer in custody, and require more resources. From 2015 to 2019, for instance, Ohio saw a 10.7 percent increase in child maltreatment victims, a 25 percent increase in the number of children in foster care, and a 22 percent increase in the number of children waiting for adoption.²

Even though state and federal laws governing children services aim to protect children from abuse and neglect, nationwide, there has been an increase of children, especially adolescents, in foster care whose needs are primarily related to mental illness, developmental/intellectual disability, or juvenile delinquency. Children requiring higher levels of care to address their complex multi-system needs are placed in a treatment foster home, a group home, or a residential treatment facility. However, county children services agencies struggle to find appropriate and available treatment placements to address the unique, intense, and challenging needs of these children. U.S. Surgeon General Vivek Murthy, MD issued an advisory in December 2021³ about the pressing need to address the mental health crisis among the nation's youth. He stressed that the pandemic has accelerated a mental health crisis among children and youth—a reality confirmed by the experience of county human services staff providing services to this population every day.

Though national data is not yet available to fully assess the impact that COVID-19 has had on the child welfare system, PCSAO recently surveyed our Ohio members to learn about the lack of placements for youth with high acuity needs, many of whom have behavioral health needs.⁴ We found that the stress placed on our workforce is compounded by the diversion of youth previously involved in other systems of care who have been increasingly referred to the child welfare system. The responding counties (18 total, representing a good cross-section of membership) reported that 24 percent of youth who came into care last year entered primarily due to their behavioral health needs, developmental/intellectual disabilities, or as a diversion from juvenile justice. Notably, of the youth who were diverted from juvenile justice, 26 percent of them entered being accused or convicted of a felony. The key issues driving this current crisis are the lack of community alternatives, viable treatment homes, and placement options due to staff shortages, particularly at residential facilities. Further adding to the stress of our county staff, the survey also showed that six percent of the youth had to spend at least one night at our county agencies in 2021, and 41 percent of our workers are calling 51-100 providers before finding an available foster home or residential placement.

¹ According to the Annie E Cassey Foundation, between 2002 and 2017, child welfare turnover rates have been estimated between 20% and 40%: <https://www.casey.org/workforce-topical-page/>

² Child Welfare Outcomes Report Data by State: Ohio, Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, <https://cwoutcomes.acf.hhs.gov/cwodatasite/pdf/ohio.html>

³ <https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html>

⁴ Placement Crisis Affecting Children Services Report, February 2022, <https://www.pcsao.org/pdf/advocacy/PCSAOPlacementCrisisReportFeb2022.pdf>

Recently, in rural northern Ohio, a youth entered foster care due in part to his severe behavioral challenges and mental illness. There was no foster family able to take a child with such highly acute needs. The caseworker made dozens of calls to find a residential treatment center for him. Dozens of calls to centers that either didn't specialize in the youth's needs, didn't have an available bed, or didn't have adequate staffing due to COVID. After hours of phone calls, the caseworker found a center able to take the young man two and a half hours away. Two and a half hours away from his family, his school, and all that was familiar. During the long car ride, the young man asked the caseworker about where he was going, what it would be like. She couldn't tell him because the agency had never placed a child at that center; all the caseworker knew is that she finally had found a place where the youth could stay.

As children and youth present with increasingly complex needs, child welfare agencies—already experiencing operational disruptions and staff shortages due to the pandemic—have been stretched even more thin. Last year, NACo and NACHSA began convening calls with our members to discuss child welfare issues. During these meetings, representatives from each county-administered child welfare state expressed concerns over the tremendous stress experienced by their county caseworkers, especially those working to protect children and support their families. A national study of a representative subset of Ohio counties revealed that 53 percent of our caseworkers demonstrated levels of secondary traumatic stress that met the threshold for Post-Traumatic Stress Disorder (PTSD). They have experienced a decade on the front lines witnessing the scourge of the addiction epidemic on top of a high-stress job that requires complex interactions and decisions on a daily basis.

The stress of these jobs clearly existed before the pandemic but has been exacerbated and more pronounced during COVID-19. Combined with threats to their personal safety, as we recently saw when an Illinois caseworker was murdered on the job, this has led to high turnover in our field even before the pandemic and ensuing "Great Resignation." Now, our workforce is frayed, unable to keep up with their own mental health needs, let alone the needs in our communities. Those stressors have led to caseworker vacancy rates in the double digits in many counties and caseload sizes well above what is manageable. NACo/NACHSA call participants commonly expressed the imperative to support county child welfare workforce's mental health to ensure that they can respond to the families in their caseload, including making sure that any mental health needs of the children are addressed. PCSAO is in the final stages of a year-long research project on Ohio's children services workforce crisis. Once it is released, I am happy to share the findings with the Committee.

County governments are working to implement solutions that support the well-being of our human services workforce.

To prepare this testimony, NACo and NACHSA reached out to county elected officials and human services professionals for their direct input on how the mental health crisis is impacting their workforce and the solutions they are implementing on the ground. Responses suggest that county agencies are recognizing the importance of investing in safe, confidential mental health services to help staff cope with burnout, secondary trauma and compassion fatigue. For instance:

- **In a survey of 115 local social service agencies in Virginia**, 60 percent are providing employee assistance programs, while six percent have contracted with a mental health provider and seven percent have created a peer support group among their child welfare staff.
- **San Diego County, California** (population 1.41 million) has spent the past year implementing CE-CERT, a supervisory curriculum focused on addressing the impacts of secondary traumatic stress and building resiliency amongst staff. The county employs three staff psychologists and one Licensed Mental Health Clinician (LMHC) embedded in its social work offices, with the LMHC leading the implementation and

delivery of secondary trauma stress initiatives. The county has also hosted a training series for workers and supervisors on self-care and addressing burnout.

- **Mariposa County, California** (population 17,203) has hosted events where an Employee Assistance Representative is available in-person and virtually. This rural county is also working on a request for proposals to support a critical incident debriefing counselor to be available to all staff following critical child welfare incidents, deaths by suicide, and dealing with COVID in general.
- **Montgomery County, Ohio** (population 531,687) has engaged a clinician who is available by phone to provide crisis intervention and supportive services for children services employees. The goal is not to delve into case-specifics, but rather allow the caseworker to have a safe, anonymous space to de-escalate issues, and identify stress management techniques. This clinical support service is in addition to the county's Employee Assistance Program (EAP).
- **Marin County, California** (population 262,321) provides monthly Secondary Trauma Support sessions with group sessions for their parent/child visitation staff and two individual sessions available to any child welfare staff. They remind staff to sign up because they are so busy they don't stop to prioritize their own mental health.
- **Wilson County, North Carolina** (population 81,801) has hired in-house clinicians that their child welfare staff may use confidentially. The County is also exploring an outside contract clinician to be available to their staff. They have relied upon Temporary Assistance for Needy Families and County funds to provide the necessary supports.
- **New Hanover County, North Carolina** (population 234,473) adopted practices from the Community Resilience Model (CRM) to create a trauma-informed and resiliency-focused training for each county employee, grounded in a common understanding of the impact of trauma and chronic stress on the nervous system.
- **Santa Cruz County, California** (population 273, 213) offers Secondary Trauma Support group for all social work staff, as well as Employee Assistance, and have just begun Reflective Supervision. Staff have weekly supervision and participate in unit meetings as an additional level of support. In addition, the County conducts training with focus on self-care, resources, identification and ameliorating burnout.
- **Butte County, California** (population 219,186) contracts with a Licensed Clinical Social Worker (LCSW) who specializes in secondary trauma of first responders and social workers. Staff may access this resource individually as well as in group settings, which meet bimonthly. Management also offers to arrange crisis debriefs between staff and the LCSW after a critical incident and is engaging the LCSW to provide education and training for the supervision and management team to perform trauma informed supervision. In addition to this contracted service, all staff are encouraged to use an EAP.
- **Ventura County, California** (population 846,006) has several components in place to support staff, particularly those in direct services, with stress and secondary trauma, including a robust program of trained peer supporters that are available to staff for individual consultations. The County holds monthly "resiliency groups" and provides targeted support to line staff involved in critical incidents. Staff at all levels have gone through formal training in peer support. The program includes Probation, Behavioral Health, EAP and Public Safety entities at the county and city level. It includes mutual support to other agencies, such as their peer supporters supporting first responders after mass casualty events or natural disasters. Ventura County also contracts with a community provider to provide clinical debriefing for staff after critical incidents and is developing and implementing an organizational health

curriculum focused on creating psychological safety for staff, balanced with accountability. Trauma informed training for staff is also part of the menu of supports.

- **Wright County, Minnesota** (population 141,337) is providing secondary trauma training to frontline staff. Agency supervisors also meet individually with staff monthly, provide weekly child protection consultations and perform bi-monthly children's mental health clinical supervision.

Recognizing that staff turnover places vulnerable children at greater risk for maltreatment, impedes timely intervention, and can delay permanency, counties are also providing staff bonuses and increased pay to fill worker shortages, boost retention, and keep caseloads manageable for their human services workforce. To support these efforts, county governments are using local resources as well as drawing upon the Coronavirus State and Local Fiscal Recovery Fund (Recovery Fund) authorized under the *American Rescue Plan Act of 2021 (ARPA)*, which allocated \$65.1 billion in direct, flexible aid for every county, parish and borough in America to respond to the COVID-19 pandemic:

- **Placer County, California** (population 398,329) has allocated \$1.05 million in Recovery Funds for the county's perinatal services team to specifically respond to the increased need for substance use disorder providers. Through these funds, the county will employ one full-time social worker as well as one part-time medical professional to expand and diversify service delivery.
- **Baltimore County, Maryland** (population 827,370) set aside \$28,617 in Recovery Funds for additional legal staff to with assist child welfare work that has been backlogged since the start of the pandemic.
- **Wilson County, North Carolina** (population 81,801) has allocated \$3.5 million in Recovery Funds to support a \$3,500 one-time bonus payment for county employees, including human services staff, who continued to work during the COVID-19 pandemic.
- **Cherokee County, Georgia** (population 258,773) has allocated \$6 million in Recovery Funds for payroll and covered benefit expenses for public safety, public health, health care, human services, and similar employees to the extent that the employee's time is spent mitigating or responding to the COVID-19 public health emergency.
- **Collier County, Florida** (population 375,752) has allocated \$20,246,770 in Recovery Funds to cover costs incurred by Collier County Emergency Medical Services and Human Services to cover payroll and benefits of employees responding to COVID-19. This includes communication, monitoring, enforcement of public health ordinances, and purchase of equipment.
- **Fresno, County, California** (population 1 million) elected county supervisors are exploring options to provide more competitive pay to their social workers and will work with their social services department to settle on a pay rate that matches other surrounding counties.
- **Cherokee County, Georgia** (population 258,773) has allocated \$6 million in Recovery Funds for payroll and covered benefit expenses for public safety, public health, health care, human services, and similar employees to the extent that the employee's time is spent mitigating or responding to the COVID-19 public health emergency.
- **Santa Clara County, California** (population 1.928 million) Board of Supervisors approved using one-time federal revenue to recognize County employees with payments of \$2,500 per full-time County employee, \$500 per in-home care worker, and a prorated amount for part-time employees.

- **Coshocton County, Ohio** (population 37,000) county commissioners approved a 7% wage increase for all children services staff, plus a \$1,000 bonus.
- **Butte County, California** (population 219,186) provided a one-time payment of \$1,500 to all staff who met the criteria.

The severity of the mental health crisis merits additional support from our federal partners in the form of increased resources and programmatic flexibilities.

While counties are pursuing comprehensive solutions to the mental health challenges facing our frontline human services staff and the children and families we serve, the magnitude and severity of the crisis requires additional support from our state and federal partners who share responsibility in preventing and responding to child abuse and neglect. PCSAO, NACo and NACHSA urge the Committee to continue engaging with local decision makers on this issue, and present the following policy recommendations for your consideration as you develop solutions to strengthen the health and well-being of the nation's child welfare staff and the children and families we serve:

Provide additional flexibility in Title IV-E Foster Care administrative funding: NACo and NACHSA asked our human services professionals if they were able to draw down IV-E administrative funding to provide the mental health supports outlined above. None were doing so. As demonstrated in the examples we have provided, counties are providing mental health supports for their staff. However, a more robust and nationwide effort would benefit from providing legislative and/or regulatory authority specifically to allow states and counties to draw down federal IV-E administrative funds for these supports, as well as adequate technical assistance to assist jurisdictions in doing so. As is the case currently, those federal funds would require a financial match from either the state and/or county. Finally, due to the ever-decreasing number of child welfare cases that are income-eligible for a IV-E match, the amount of currently available administrative funds continue to diminish.

Enhanced federal match to provide technological supports to front-line staff: During the pandemic, counties pivoted, to the extent that we were able and when appropriate, to communicating with our clients remotely. We encourage targeted federal investments in human services agency technology to improve efficiency, flexibility, remote work, including periodic interactions with clients. Those investments not only would streamline the paperwork needed to document client interactions, but it also serves to reduce the time required by clients to access assistance and support.

Support to update IT infrastructure is critical in reducing the stress of caseworkers. Counties across the country consistently report that outdated infrastructure adds to the strain, frustration and fatigue of their human services staff. When a caseworker spends a significant amount of time waiting for screens to load, it reduces the time that person can devote to assisting families.

Specific federal investments to promote mental health among human services workers: Last month, the HHS Health Resources and Services Administration announced awards totaling \$103 million, authorized under ARPA, to reduce burnout and promote mental health among the health care workforce.⁵ With these funds, health care organizations may establish, improve, or expand evidence-informed programs and practices to promote mental health and well-being among the health workforce. The funds will also support tailored evidence-informed training development within the health profession and nursing training activities. The grants are expected to create curricula to help reduce burnout and promote resilience among health care workers and public safety officers, such as firefighters, law enforcement officers, and ambulance crew members. We urge the Committee

⁵ <https://www.hhs.gov/about/news/2022/01/20/biden-harris-administration-awards-103-million-american-rescue-plan-funds-reduce-burnout-promote-mental-health-wellness-among-health-care-workforce.html>

to work with the HHS Administration for Children and Families to develop a similar grant program supporting human services workers.

Investments in the future human services workforce and system of care for children: We also urge the federal government to partner with states and counties to support those individuals who are considering entering the human services field as well as those families who are considering caring for children involved in the child welfare system. Counties in various states are developing programs to financially incentivize prospective and current employees to enter into a post-secondary degree in child welfare or a related human services degree. However, counties are also struggling to recruit, train and retain foster parents—a critical component of the continuum of care for the children and family we serve. Additional federal investments to assist in foster care recruitment and retention will not only promote positive outcomes for children who are removed from a home, but also have the effect of reducing the stress of caseworkers who are tasked with finding relatives and/or foster families to care for those children. We also urge our federal partners to continue investing in prevention strategies, including economic supports and access to mental and behavioral health services, that help families avoid interaction with the child welfare system in the first place.

Conclusion

Counties stand ready to work with Congress and our federal agency partners to develop a healthy and effective human services workforce. Given the critical role we play in employing human services staff across the nation, preventing child maltreatment from the start, and serving as first responders to families in need, counties are key partners in the federal government's response to the mental health crisis. We look forward to drawing on these proposed recommendations to strengthening our intergovernmental approach to this pressing challenge.

Thank you again for the opportunity to testify on this important and critical topic.