

**An Examination of Organizational
Structure and Programmatic Reform
in Public Child Protective Services**

**by
Charles Wilson
with
Paul Vincent
Ed Lake**

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JoAnn Plucker, Editor

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WASHINGTON STATE INSTITUTE FOR PUBLIC POLICY

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Washington State Institute for Public Policy

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The Washington Legislature created the Washington State Institute for Public Policy in 1983. A Board of Directors—representing the Legislature, the governor, and public universities—governs the Institute, hires the director, and guides the development of all activities.

The Institute's mission is to carry out practical research, at legislative direction, on issues of importance to Washington State. The Institute conducts research activities using its own policy analysts, academic specialists from universities, and consultants. New activities grow out of requests from the Washington Legislature and executive branch agencies, often directed through legislation. Institute staff work closely with legislators, as well as legislative, executive, and state agency staff to define and conduct research on appropriate state public policy topics.

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CONTENTS

Foreword.....	v
Introduction	vii
Executive Summary	ix
Part One: Analysis of State Survey.....	1
Organizational Structure Within Which Child Protection Is Delivered.....	3
Selected Comments Received From State Survey	14
Discussion of Organizational Structure	22
Experiences With Reorganization.....	26
Measurement of Agency Performance	29
Program Initiatives	31
Part Two: Case Studies.....	33
Florida	34
Iowa	47
Maryland.....	54
Missouri	59
Tennessee	65
Part Three: Overall Conclusions and Recommendations.....	75
Recommendations.....	80

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FOREWORD

The Washington Legislature, in its 1996 Supplemental Budget, directed the Washington State Institute for Public Policy to conduct a management project focused on the Division of Children and Family Services within Washington's Department of Social and Health Services. The governor vetoed this budget proviso and created a Management Improvement Project on this topic through the Office of Financial Management.

The Institute's Board of Directors determined that a critical review of other states' experiences in operating state-level services for children and families could help Washington's policymakers. The Institute contracted with a national expert, Charles Wilson, to conduct the study. Mr. Wilson, former Director of Family Services for Tennessee, has two decades' experience in the administration of child welfare programs and is a nationally regarded expert on issues of child abuse and neglect.

The consultant surveyed the 50 states regarding their organization of children and family services, then analyzed the responses and supplemented information from national sources. In addition, case studies were conducted using five states that have undergone recent organizational or programmatic reforms in the area of child protection. These states are: Florida, Iowa, Maryland, Missouri, and Tennessee.

The authors concluded the following:

- *No single organizational structure* holds a clear advantage over the other models. All have some distinct advantages and clear drawbacks.
- Reorganization is very costly and will distract staff from programmatic innovation and improvement. *Structural change* should, therefore, be undertaken only if the present structure is so dysfunctional that programmatic reform cannot be accomplished.
- The key to improving services lies in *leadership* and an *appropriate distribution of authority* in the organization. A strong regional system is a good compromise between state and local control.

In addition to the perspectives offered by this study, three additional projects will be presented to the 1997 Legislature. As a whole, these projects offer decision makers a rich analysis of existing practice and potential areas for reform. It is safe to say that no other state has comparable information on its child protection system and strategies to improve services. The three projects are:

- The *Management Improvement Project* under the direction of the Office of Financial Management recently completed their Phase One Tasks. The Deloitte and Touche Consulting Group has concluded a review of 300 case files, conducted focus groups throughout the state, and analyzed the structure and resources of the department.

- The *Joint Legislative Audit and Review Committee* has conducted a performance audit of Child Protective Services, relying on the state's automated data base and interviews. Their preliminary report was completed in late December, with a final report expected in January 1997.
- The Governor's Office initiated a *Child Protection Services' Symposium* investigating new directions for the agency. This event was held in June 1996 and attended by a broad cross section of groups and individuals. An interdisciplinary work group reviewed findings and suggestions from the symposium; their report will be available in January 1997.

Roxanne Lieb, Interim Director
Washington State Institute for Public Policy

INTRODUCTION

At the request of the Washington State Institute for Public Policy, the National Children's Advocacy Center (NCAC) has examined both the manner in which public child protection services are organized and the progress of selected initiatives designed to enhance the delivery of services. In doing so, the NCAC had an opportunity to look closely at several states, some of which are in the midst of significant child welfare reform efforts or, in one case, in the process of establishing a new department serving exclusively children and youth. From this review, the NCAC has identified lessons which appear significant for any state contemplating a restructuring of its services to protect children.

The study involved two parts: a written survey distributed to all 50 state child welfare directors and the District of Columbia and interviews with persons in five states, selected by the Institute staff, to gain more in-depth understanding of the design and operation of their systems. These sites included Florida, Iowa, Missouri, Tennessee, and Maryland.

Project Staff/Consultants

Charles Wilson, MSSW, Executive Director of the National Children's Advocacy Center. Prior to assuming the directorship of the NCAC, Mr. Wilson served as Director of Child Welfare Services for the Tennessee Department of Human Services (1982-1995) and is a past president of the American Professional Society on Abuse of Children and past vice president of the American Public Welfare Association's National Association of Public Child Welfare Administrators. He is the author of two books on investigation of child abuse and a number of articles and book chapters, including the recent article, "Applying the Strength Perspective with Maltreating Families," (with Diane DePanfilis) in the publication the *APSAC Advisor*.

Paul Vincent, MSW, is the former Director of the Division of Family and Children's Services of the Alabama Department of Human Resources and is currently the principal consultant for the Child Welfare Policy and Practice Group, an organization providing technical assistance to state and foundation reform efforts. Mr. Vincent has over twenty-five years' experience in public children and family services, including overseeing Alabama's child welfare reform efforts. Mr. Vincent is the 1994 recipient of the National Association of Public Child Welfare Administrators' "Award for Excellence in Child Welfare Administration." He is currently active in child welfare reform efforts in several states in consultation with the Edna McConnell Clark Foundation.

Ed Lake, MSW, is the Assistant Commissioner for Community and Field Services for the Tennessee Department of Human Services. In that capacity he oversees the operation of eight district offices and 95 county offices, as well as community contract programs and child care licensing. Prior to the recent separation of the child welfare services, his duties included direct line management of all child welfare services. Mr. Lake has also served as the Department's Deputy Commissioner (1989-94), Executive Assistant to Commissioner, Chief of Field Operations, Director of Social Service Field Consultation Services, Regional Director for Hamilton County (Chattanooga), County Director (Bradley County), front-line supervisor and a social services counselor.

EXECUTIVE SUMMARY

The National Children's Advocacy Center has reviewed the nature of organizational structures within which public child protective services are provided across the nation, exploring the advantages of each model, the state experiences with reorganization, and examining the process of programmatic reform of child protection and administrative innovation. The study involved analysis of a written survey distributed to all 50 states and the District of Columbia. Twenty-eight states returned the survey and this data was supplemented from other sources to provide a basic national picture. The 50-state survey was followed by five case studies of specific states, as requested by the Washington State Institute for Public Policy: Florida, Missouri, Iowa, Tennessee, and Maryland. This selection allowed exploration of efforts to establish a "variable" or "multiple response" system to allegations of child abuse while examining issues of decentralization of authority and the process of the creation of a new children's department.

The survey found four common forms of organization from which child protection is administered: Children's Department, Social Services Department, Public Welfare Department, and Umbrella Department. The Umbrella, with a wide array of services (such as health services and/or mental health) under a unified management structure, is the most common form of delivery of child protection, followed by Public Welfare Departments, those organizations which typically include social service and income maintenance functions. There does appear to be interest in another model, the Children's Department (there are currently six in the nation), in which there is an exclusive focus on children's issues. We found many arguments in support of each model and none were immune from criticisms.

We also explored the distribution of authority among the state, regional, and county levels of management. We found, again, that there were advantages and disadvantages to each. We also found that there are significant costs associated with reorganization of state services with a great deal of time, energy, and money devoted to administrative restructuring. We noted that this use of resources appeared to divert energy and attention away from real improvements in services and actually, in some states, had been counterproductive to efforts to improve the quality of service delivery.

Based on the review, the case studies, and our experiences in similar efforts, a series of conclusions and recommendations was reached. These are detailed in the final section of the full report. Some of the key findings are outlined on the following pages.

Highlights of Conclusions, Findings, and Recommendations

- No single organizational structure holds a clear advantage over the other models. All have some distinct advantages and clear drawbacks. Visionary leadership and sound management can succeed with any of the models examined, and no model can succeed in the face of ineffective leadership or poor management practices. Systems of accountability can be put in place, and performance can be measured in any of the

types of departments. In the final analysis, no single model appears any more or less prone to public or legislative criticisms.

- Major reorganization is very costly and will distract staff from programmatic innovation and improvement. Our recommendation is to focus on improving program and management services, not changing structure unless the present structure is so dysfunctional that programmatic reform cannot be accomplished.
- The key to improving services is often in the role of leadership and distribution of authority in the organization. After reviewing the various models, we concluded a strong regional system seems to be a good compromise, maintaining centralized leadership and accountability while allowing reasonable regional variability when needed and shifting much control, flexibility, and “ownership” of the program closer to the community.
- We found that many we talked with think decentralization is a good idea, but all appear to struggle with making it work. In some states, the effort to shift authority to the local or regional level has been construed as an abdication of state responsibility and leadership, not the delegation of authority. We believe it is better to create what was referred to in the management classic, *In Search of Excellence*, as “Loose-Tight Controls.” Identify the key operating principals, performance indicators, and outcomes and manage for these (from the state level), and then allow the regions and counties to exercise maximum control over all else.
- States generally are not as effective in implementing programmatic reform if they are in the midst of major administrative reorganization.
- If reorganization is needed, ultimate success in reorganization may well be less dependent on the “plan” than the “process” used to manage the reorganization. Establish a clear sense of mission and vision for the new organization which in some way integrates the previous missions of all the programs involved. Plan to have the new departmental infra-structure in place before initiation of plan (that is, key state and regional management identified and personnel and fiscal procedures operational). Worry about the details. Involve the employees and the “community” in the process and communicate openly. The new system must work to support front-line practice or it is of no advantage.
- Plan before reorganizing, and then get it over with as soon as possible, allowing a sense of stability to emerge as rapidly as feasible.
- A variable response reform is attractive but will probably change the roles of some outside the Child Protection agency (law enforcement, prosecutors, county attorneys, judges, community service providers), and they need to be a party to the change or they may effectively undermine the reform effort. (See Iowa case study.) The state must pay close attention to “marketing” the reform. The state must involve all key constituencies on the front-end or face their resistance.

- Programmatic reform efforts need to include practical supports, not just changes in mission and language. The reform must be accompanied by changes in the actual practice model with supporting training and policy, as well as changes in the supervision and what staff are held accountable for.
- Limitations often preclude the internal capacity of the existing state office staff to operate the day-to-day program while designing a major reform (or reorganization), re-writing the policy, and developing the training. The state may find it wise to invest in a temporary increase in state office capacity so one team can take the lead in designing and supporting the reform while the other keeps the system operational. This could be done through contract support or by reallocating staff from the counties.

Closing Note

While conducting this survey we found that the professional staff of the Washington Department of Social and Health Services, Children's Services Administration and the research capacity of the agency are well regarded and respected among their peers nationally.

PART ONE

Analysis of State Survey

Analysis of State Survey

A survey was sent to all fifty states and the District of Columbia. The survey examined the nature of the organizational structure within which child protective services are delivered, the distribution of authority among the state, regional, and local offices, and explored a series of issues related to administrative and programmatic reform and the state's experience with reorganization. Twenty-eight states completed the survey and several others provided information in less formal ways. Information on non-responding states was added, as appropriate, from information in the American Public Welfare Association's *Public Welfare Directory*.

Organizational Structure Within Which Child Protection Is Delivered

A review of the structure of the 50 state child welfare systems, plus the District of Columbia, revealed a wide range of organizational structures from pure children's services agencies to large umbrella departments providing a wide range of social and economic services. While tremendous variability exists, some organizational "types" emerge from the data. For the purposes of this review we have collected the information into four "types" of organizational structures:

Children's Department. These agencies serve only children and youth. This organizational design often brings traditional child welfare services such as child protection, foster care, and adoption together with youth services and/or children's mental health services.

Social Services Department. These agencies provide a range of child and adult social services but do not offer income maintenance programs.

Public Welfare Department. These agencies typically provide child welfare services in conjunction with economic services such as AFDC and Food Stamps. These agencies commonly also provide adult protection and often provide at least one other service which is not integrally related to the other programs, such as services for the aging, hearing impaired programs, or vocational rehabilitation. This is the most common form of organization from which child protection services are delivered, with over half the states relying on this model.

Umbrella Department. This model is also common and includes fifteen states that have combined the services present in the models above and have added other social and/or economic services such as adult mental health services or public health services. Even within this "type" there is great diversity. Some states categorized as umbrellas have only a few additional services, such as adult mental health and mental retardation, while others in this category have lumped nearly all the social and economic services together into a single agency.

Table 1
States, Grouped by Structure

Table 1 examines the types of services offered in each state. This data was collected through a written instrument sent to each state child welfare director. Follow-up faxes and phone calls were made and twenty-eight states ultimately responded. The data reported on the non-responding states was drawn from the American Public Welfare Association's (APWA) Annual Directory (1996-97 edition). We consider this the most accurate source of such information available in a published format and was provided to APWA by the states. From this review we found six states with Children's Departments, with Connecticut the oldest and Tennessee the newest. We found seventeen states with Public Welfare Departments, three states with Social Services Departments, and twenty-four states and the District of Columbia with some form of Umbrella Department.

Children's Department

Connecticut
Delaware
Illinois
Mississippi
Rhode Island
Tennessee

Public Welfare Department

Alabama
California *
Hawaii
Louisiana
Maryland
Massachusetts *
Michigan
Missouri
Nebraska
New York
Ohio
Oklahoma
South Carolina
South Dakota
Vermont *
Virginia
Wyoming

Social Services Department

Kentucky *
New Mexico
Texas

Umbrella Department

Alaska
Arizona
Arkansas
Colorado
District of Columbia
Florida
Georgia
Idaho
Indiana
Iowa
Kansas
Maine
Minnesota
Montana
Nevada
New Hampshire
New Jersey
North Carolina
North Dakota
Pennsylvania
Oregon
Utah
Washington
West Virginia
Wisconsin

* "Department" located within another larger administrative structure.

Table 2
Results of Survey of State Child Welfare Systems
(pages 6–11)

Table 2 outlines the types of services that are provided by the department which delivers Child Protective Services in each state. The Table also identifies each state as a state administered or county administered/state supervised organization. In addition, the Table lists the number of regional administrative units through which the state operates its programs.

Table 3
Locus of Decision Making
(pages 12–13)

In our survey of states, we asked them to identify the organizational level that takes responsibility for decision making in the areas of program planning, policy development, resource allocation, personnel management, and case actions. Table 3 outlines the responses of states on the distribution of these important decision-making activities.

Table 2
Results of Survey of State Child Welfare Systems
(Alabama–Kansas)

Same Organization (X)/Co-Located in Same Office (XX)	*AL	*AK	AR	AZ	*CA	*CO	CT	DE	DC	FL	GA	*HI	*ID	IL	IN	IA	KS
Adoption	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	X	XX	XX	XX
Adult Correctional Institution																	
Adult Protective Services	XX		XX	X	XX	X			XX	X	XX	XX	XX		X	XX	X
Adult Probation																	
Adult Community Mental Health Services										X	X				X		
Adult Institutional/Residential Mental Retardation Services			X	X		X			X	X	X		X		X		
Adult Community Mental Retardation Services				X	X					X	X				X	X	
Adult Institutional/Residential Mental Health Services			X			X			X	X	X		X		X	X	
AFDC	X	X	X	X		X			X	XX	XX	XX	X		XX	XX	X
Aging Services			X	X		X									X		
Child Protection Services	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Children's Community Mental Retardation Services				X	X					X	X				X	XX	X
Children's Institutional/Residential Mental Health Services			X			X	XX		X	X	X		X		X	XX	X
Children's Special Medical Services			X								X		X			XX	X
Children's Community Mental Health Services			X				XX	X	X	X	X				X	XX	X
Children's Institutional/Residential Mental Retardation Services			X	X		X				X	X		X		X	XX	X
Community Group Care for Delinquent Youth			X			X	XX									XX	X
Day Care			X	X		X			X	XX	XX	X	X	X	XX	X	X
Day Care Licensing			XX			X		XX		XX	X	X	X	XX	XX	X	X
Domestic Violence Programs										XX	XX				X		

(Alabama–Kansas, continued)

Same Organization(X)/Co-Located in Same Office (XX)	*AL	*AK	AR	AZ	*CA	*CO	CT	DE	DC	FL	GA	*HI	*ID	IL	IN	IA	KS
Employment Services					X	X					XX						
Family Preservation	XX	XX	XX	XX	XX	X	X	XX	XX	XX	XX	XX		X	XX	XX	XX
Food Stamps	X	XX	X	X	XX	X			XX	X	XX	XX	XX		XX	XX	X
Foster Care	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
General Assistance		X		X						X		XX					X
Institutional Care of Delinquent Youth		X	X			X	X		X			X				X	XX
Interstate Compact	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Juvenile Probation Service for Delinquents		X				X	XX	X	X			X					
Maternal and Child Health		X							X		X			X			
Medicaid Administration		X	X		X			X	X			X	X		X	XX	X
Medicaid Eligibility		X	X					X	X		XX		X		XX	XX	X
Public Health		X							X		X		X				
Residential Care of Children and Youth Licensing		X		X		X	X			XX	X	X	X	XX	XX	X	XX
Services for unruly/CHINS/youth (who have been adjudicated for a delinquent act.)		X		X		X		XX	X			X		X		XX	XX
Services for the Hearing Impaired											X		X		X		
Services for the Visually Impaired			X	X	XX						X	X	X		X		X
Vocational Rehabilitation				X	X	X			X		X	X			X		X
State Administrated	X	X	X	X			X	X	X	X		X	X	X	X	X	X
County Administrated/State Supervised					X	X					X						
Region Structure - # of Regions		3		6			5	4		15	10	4	7	6	6	5	12

*Information gathered from the 1996/97 Public Welfare Director

Table 2
Results of Survey of State Child Welfare Systems
(Kentucky–North Carolina)

Same Organization (X)/Co-Located in Same Office (XX)	*KY	LA	ME	MD	*MA	MI	MN	*MS	MO	*MT	*NE	*NV	NH	NJ	NM	*NY	*NC
Adoption	XX	XX	XX	XX	XX	X	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Adult Correctional Institution																	
Adult Protective Services	XX		XX	XX		XX	XX	XX		X	X	XX	XX	XX	XX	XX	XX
Adult Probation																	
Adult Community Mental Health Services							XX						X	X			
Adult Institutional/Residential Mental Retardation Services			X				XX			X		X	X	X			X
Adult Community Mental Retardation Services							XX			X			X	X			
Adult Institutional/Residential Mental Health Services							XX			X		X	X	X			X
AFDC	X	X	X	X	X	XX	XX	X	XX	XX	X	X	XX	X		XX	XX
Aging Services	XX		X				XX		XX	X		X	XX				X
Child Protection Services	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Children's Community Mental Retardation Services							XX			X			X	X			
Children's Institutional/Residential Mental Health Services							XX			X		X	X	X	X		
Children's Special Medical Services										X		X	X	X			
Children's Community Mental Health Services							XX			X			X	X			
Children's Institutional/Residential Mental Retardation Services			X				XX			X		X	X	X			
Community Group Care for Delinquent Youth																X	
Day Care	X	X	X	X	X	XX	X			X	X	X	XX	X	XX	X	X
Day Care Licensing		X	X	X	X		X			X	X	X	X	X	X	X	X
Domestic Violence Programs						X					X		XX	X	X	X	

(Kentucky–North Carolina, continued)

Same Organization(X)/Co-Located in Same Office (XX)	*KY	LA	ME	MD	*MA	MI	MN	*MS	MO	*MT	*NE	*NV	NH	NJ	NM	*NY	*NC
Employment Services						XX	X		X				X				
Family Preservation	XX	XX	XX	XX	XX	XX	XX		XX		X	XX	XX	XX	XX	XX	XX
Food Stamps	XX	X	X	X	XX	XX	XX		XX	XX	X	XX	X	XX		XX	XX
Foster Care	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
General Assistance		X	X	X	X	X	XX							X		X	XX
Institutional Care of Delinquent Youth							X					X			X		X
Interstate Compact	XX	X	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	X	X
Juvenile Probation Service for Delinquents	X					XX			X			X	XX		X		X
Maternal and Child Health							X			X		X	X				
Medicaid Administration			X	X	X		XX		X	X	X	X	X	X		X	X
Medicaid Eligibility			X	X		XX	XX		X	X		X	X	X	XX		
Public Health										X		X					
Residential Care of Children and Youth Licensing			X	X			XX	X		X			XX	X	X		
Services for unruly/CHINS/youth (who have been adjudicated for a delinquent act.)							XX	XX	X				X		X		X
Services for the Hearing Impaired							X						X				X
Services for the Visually Impaired	XX	X				X		X	X				X		XX		X
Vocational Rehabilitation		X								X							X
State Administrated	X	X	X		X	X		X	X	X	X	X	X	X	X		
County Administrated/State Supervised				X			X			X						X	X
Regional Structure - # of Regions	16	10	5		6	6	11	7	7	5	8		12	4	2		6

*Information gathered from the 1996/97 Public Welfare Directory

Table 2
Results of Survey of State Child Welfare Systems
 (North Dakota–Wyoming)

Same Organization (X)/Co-Located in Same Office (XX)	*ND	OH	*OK	OR	*PA	*RI	SC	*SD	*TN	TX	*UT	*VT	VA	*WA	*WV	WI	WY
Adoption	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
Adult Correctional Institution																	
Adult Protective Services	x	xx		x	x		x			x	xx	xx	xx				xx
Adult Probation																	
Adult Community Mental Health Services				x													xx
Adult Institutional/Residential Mental Retardation Services			x	x	x						x			x	x	xx	
Adult Community Mental Retardation Services				x	x												xx
Adult Institutional/Residential Mental Health Services	x			x	x						x			x	x	xx	
AFDC	x	x	x	x	x		x	x				x	xx	x	x		x
Aging Services	x		x	x	x	x	x	x	x		xx			x	x	x	
Child Protection Services	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx	xx
Children's Community Mental Retardation Services				x	x												xx
Children's Institutional/Residential Mental Health Services	x		x	x	x						x			x	x	xx	
Children's Special Medical Services																	xx
Children's Community Mental Health Services				x										x	x	xx	
Children's Institutional/Residential Mental Retardation Services				x		x					x						xx
Community Group Care for Delinquent Youth									x								
Day Care	x	xx	x								x		xx		x		
Day Care Licensing	x	xx	x			x				xx	x		xx		x	xx	xx
Domestic Violence Programs		xx		xx									xx				xx

(North Dakota–Wyoming, continued)

Same Organization(X)/Co-Located in Same Office (XX)	*ND	OH	*OK	OR	*PA	*RI	SC	*SD	*TN	TX	*UT	*VT	VA	*WA	*WV	WI	WY
Employment Services													XX		X		
Family Preservation	X	XX	XX	XX	XX	XX	XX	XX	XX	XX		XX	XX	XX	XX	XX	XX
Food Stamps	XX		XX	X	XX	XX	X	X	XX		XX	XX	XX	XX	XX		
Foster Care	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
General Assistance				X		X	X	X				X					XX
Institutional Care of Delinquent Youth						X			X		X		XX	X	X		X
Interstate Compact	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX	XX
Juvenile Probation Service for Delinquents						X			X		X			X	X		XX
Maternal and Child Health		X		X											X	XX	
Medicaid Administration	X	X		X	X		X	XX			X	X		X	X	XX	
Medicaid Eligibility		X		X			X				X			X	X	XX	
Public Health				X											X	X	
Residential Care of Children and Youth Licensing				XX						X			XX	X	X	XX	X
Services for unruly/CHINS/youth (who have been adjudicated for a delinquent act.)									X				XX	X	X		XX
Services for the Hearing Impaired														X			
Services for the Visually Impaired	X				X						X	X			X		
Vocational Rehabilitation	X			X		X					X	X		X			
State Administrated			X	X		X		X	X	X	X	X		X	X		X
County Administrated/State Supervised	X	X			X		X						X			X	
Region Structure - # of Regions		5		4				4	12	11	4		5	6	4	5	4

*Information gathered from the 1996/97 Public Welfare Directory

Table 3

Locus of Decision Making

	AL	AR	AZ	CT	DE	DC	GA	IA	IL	IN	KS	LA	MI
PROGRAM PLANNING DECISIONS													
State	x	x	x		x	x	x		x	x	x	x	x
Regional/District				x									
Local								x					
POLICY DEVELOPMENT DECISIONS													
State	x	x	x	x	x	x	x	x	x	x	x	x	x
Regional/District													
Local							x						
RESOURCE ALLOCATION DECISIONS													
State	x		x	x	x	x	x	x		x		x	x
Regional/District		x					x		x	x	x		
Local							x			x			
PERSONNEL MANAGEMENT DECISIONS													
State	x		x	x	x	x					x	x	x
Regional/District		x							x				
Local							x	x	x	x			
CASE DECISIONS													
State						x							
Regional/District													
Local	x	x	x	x	x		x	x	x	x	x	x	x

Locus of Decision Making, continued

	MD	MN	MS	MO	NH	NM	OH	OR	SD	TX	VA	WI	WY
PROGRAM PLANNING DECISIONS													
State	x		x		x	x		x	x	x	x		
Regional/District				x									x
Local		x					x					x	
POLICY DEVELOPMENT DECISIONS													
State	x	x	x	x	x	x	x	x	x	x	x	x	x
Regional/District													
Local													
RESOURCE ALLOCATION DECISIONS													
State			x	x	x		x	x	x	x	x		x
Regional/District													
Local	x											x	
PERSONNEL MANAGEMENT DECISIONS													
State			x	x	x			x		x			
Regional/District									x				
Local	x					x	x	x		x	x	x	x
CASE DECISIONS													
State													
Regional/District													
Local	x	x	x	x	x	x	x	x	x	x	x	x	x

Selected Comments Received From State Survey

In the survey, the states were invited to comment on their organizational structure and respond to a series of questions which were intended to identify issues relevant to the state of Washington's planning. Noteworthy responses are grouped according to organizational type.

Children's Department

What are the major disadvantages of your current organizational structure?

- Communication - vertical and horizontal remains difficult. (Connecticut)
- Capacity to manage a variety of programs has been strained as the continuum of services and expectations of child welfare has expanded. (Delaware)
- Requires a hand-off from CP; delays in service; contracting needs to be more localized to meet unique needs. (Illinois)
- We lost state office staff to a newly created Division of Children and Youth when they took responsibility for day care services; we lost staff who formerly monitored residential facilities and services for which social services contracted in the private sector. (Mississippi)

What changes in the organization of services and resources would you like to make?

- Currently, the division is expected to meet the needs of children who, because of severe behavioral and emotional problems, need acute psychiatric care and residential treatment. We would like for the Department of Mental Health to meet their needs, or the division be appropriated additional funds to provide the services and have the facilities available in-state. (Mississippi)

What benefits did your agency reap when you organized in this manner?

- Focus on care missions and goals. (Connecticut)

Strengths:

What are the major strengths of your current organizational structure?

- Deploy the majority of staff to direct service operations. (Connecticut)
- Unified consistent standards; strong quality assurance based upon the uniform standards; immediate response to child protection issues; closely monitored centrally. (Illinois)
- The Division of Family and Children's Services is a separate entity from the other divisions. Prior to 1989, it was a part of the county system under the county director who had responsibility for both economic assistance and social services. Current structure allows the division to focus exclusively on children and families' needs according to state statutes. (Mississippi)

Children's Department Responses, continued:

What aspects of your child protection program is your state most proud?

- New focus of safety - good risk assessment. (Connecticut)
- Centralized 24-hour hot line; investigations initiated immediately; safety assessment. (Illinois)
- We are most proud of our record of investigations of reports of abuse/neglect and the protection of children from abusive/neglectful situations. (Mississippi)

What administration/management initiatives do you have underway about which you are proud and think hold promise for others to emulate?

- Well-equipped workers' initiative which equips social workers with cars, cellular phones and portable computers; co-location of sexual abuse and urgent response staff with county police. (Delaware)
- Changing from a police allegation focus to one of engagement/assessment; organized community groups; authority in using CA prevention funds. (Illinois)
- Partnership with the Administration for Children and Families (ACF) to focus on improving services to children and to have technical assistance provided to the division. (Mississippi)

What programmatic initiatives in child protection do you have underway about which you are proud and think hold promise for others to emulate?

- Good investigation techniques. (Connecticut)
- Intensive family reunification services; school-based early intervention programs for children prone to school failure and their families; parent aid and family preservation programs; provide substance abuse. (Delaware)
- Formation of an in-house training unit to meet specific training needs of the Division's staff. The Framing Unit, with a consultant, prepared a "Practice Manual," focusing on the practices of social work. (Mississippi)

Social Services Department

What are the major disadvantages of your current organizational structure?

- Uneven distribution of resources; non-uniformity in the way some policies are carried out. (Texas)

What changes in the organization of services and resources would you like to make?

- There had to be agreements worked out to create/maintain a payment system, make purchases/coordinate business service operations such as office space, telephone systems, administrations of some programs with shared funds (day care money for example), share media equipment until procedures could be worked out by each agency. (Texas)

What benefits did your agency reap when you organized in this manner?

- Increase in fiscal accountability. (New Mexico)

Strengths:

What aspects of your child protection program is your state most proud?

- CAPS (Child and Adult Protective Services); automation system (new hardware/software) to all staff. SMART - a risk system was implemented. Family Preservation/Family Support services were enhanced. Low removal rate; simulation modeling of decision making that shows the effects of decisions on costs, staff needed, recidivism, and case openings and closings. (Texas)

What administration/management initiatives do you have underway about which you are proud and think hold promise for others to emulate?

- New automation system. (Texas)

What programmatic initiatives in child protection do you have underway about which you are proud and think hold promise for others to emulate?

- Foster parents mentoring birth parents; managed care; 3 years federally funded project in risk assessment and decision making (WISDOM Project). (Texas)

Do you have any experience with measuring performance of your agency or case outcomes in child protection from which you think that others could benefit?

- Client Services contracts began to include outcome measures on 9/1/95; completed some preliminary work on outcome measures for residential services and also for our direct delivery program. (Texas)

Public Welfare Department

What are the major disadvantages of your current organizational structure?

- Unwieldy for prompt concerted action for change. (Louisiana)
- Does not always promote consistency among the 24 local departments. (Maryland)
- Most of the other human services are locally administered - organizational boundary issues present some problems. (Michigan)
- Specialization at local levels, especially in large areas, sometimes slows transition from worker to worker. (Missouri)
- Services provided may not be equal in all counties. (Ohio)
- Little state authority to change local practices. (Virginia)
- Lack of staff - one deep in majority of program areas. (Wyoming)

What changes in the organization of services and resources would you like to make?

- Move more control over resources to local level. (Louisiana)
- Give even greater decision-making responsibility to the local departments. (Maryland)
- More flexibility in the use of resources; more consumer involvement; more emphasis on outcomes. (Michigan)

Strengths:

What are the major strengths of your current organizational structure?

- Allows for participation of local department staff. Resource allocation process allows local departments to make decisions on use. (Maryland)
- Standardized services and eligibility. (Michigan)
- Cash grant programs, child welfare in the same division, good collaboration, especially in light of Welfare Reform efforts. Child support enforcement in the same department with case grant programs and child welfare. Coordinated efforts. (Missouri)
- Provides for more flexibility at the local level. (Ohio)
- It works! Provides consistency, allows for resource relocation. (South Dakota)

What aspects of your child protection program is your state most proud?

- Reducing child fatalities; reviews; using the media for prevention of some types of deaths such as shaken baby syndrome. (Louisiana)
- The shared use of a risk assessment model. (Maryland)
- Strength based; reduced recidivism in abuse and neglect. (Michigan)
- Family-centered, out of home project. Intensive services are provided for families when children are placed in alternative care. Child Protection Services Demonstration has a strong family focused, child centered approach, with emphasis on safety, involving families actively in planning and creative use of formal and informal community resources. All aspects of the CPS system focus on child safety, family centered, community based approach. (Missouri)

Public Welfare Department Responses, continued:

What administration/management initiatives do you have underway about which you are proud and think hold promise for others to emulate?

- Development of a quality assurance system that is outcome focused and delivered, in large part, by community membership on county quality assurance committees. (Alabama)
- Development of conflict resolution protocols; development of staff security handbook for field and office; development of response and recovery techniques for critical incidents which affect staff; development of front-line supervisory handbook and training. (Louisiana)
- Kinship programs, structured decision making in CPS, collaboration between domestic violence, CPS and Family Preservation; new computer systems, collaboration with schools of social work. (Michigan)
- Conducting training sessions with all Children's Services staff, that includes an opportunity for question and answer exchange with top level administrators, revision, policy and practice. (Missouri)
- Management Training Program that provides employees with the opportunity to learn management skills for both people and projects. (Ohio)
- Family assessments; alternative to investigations. (South Dakota)
- Want to go more toward assessment of family needs than gathering facts for criminal prosecution. (Wyoming)

What programmatic initiatives in child protection do you have underway about which you are proud and think hold promise for others to emulate?

- Dual track intervention which offers alternative response to traditional investigation; contracting out to family preservation private provider Level III low risk CPS. (Louisiana)
- Multiple responses to calls to the hot line, prevents labeling of families, while allowing appropriate services to begin immediately. Family-center, out of home project allows children to return home more quickly and safely. (Missouri)

Umbrella Department

What are the major strengths of your current organizational structure?

- Line authority for case decisions; statewide consistency; statewide budget and contracts; central intake; local and district control of case decisions. (Arizona)
- Local counties are often able to meet the individual needs of their community in addition to providing state mandated services. (Georgia)
- Regional structure permits local flexibility within a framework of statewide consistency in standards. (Indiana)
- Consistent policy implementation. (Kansas)
- Broad policy and new initiative decisions made at the state level with input from regional, local and community representatives. Then adapt the policies and programs to meet local needs. Have a partnership between state and local county governments. (Minnesota)
- All levels of employees in the Division have input into major and minor planning. (New Hampshire)
- Consistency and statewide focus. (Oregon)
- Community based decision making. (Wisconsin)

What are the major disadvantages of your current organizational structure?

- Central Office staff have difficulty staying connected to the field. Structure is not most conducive to local autonomy and decision making. (Arkansas)
- Need more local community involvement - sharing of responsibility; central control sometimes inhibits creativity and appropriate problem solving. (Arizona)
- Placement office is not able to keep up with demands. Monitoring role not clearly established. Support services not always available to workers. (District of Columbia)
- Communication and oversight are difficult. (Georgia)
- Lack of consumer input. (Kansas)
- "Inconsistency" appearance in carrying out policy and program implementation. (Minnesota)
- Perception of distance from local communities. (Oregon)
- Authority and control are lacking. (Wisconsin)

What changes in the organization of services and resources would you like to make?

- A modified structure consolidates administrative and resource development functions into a regional support team, freeing local management to focus their attention on clinical/casework issues. (Arkansas)
- County staff allocations; many counties are unable to specialize social services delivery. In some areas of the state, caseworkers (often new) are required to handle all social services programs for their county. (Georgia)
- Caseworkers have been upgraded by three pay scales in child welfare and computerization (SACWIS). We need additional training resources. (Indiana)

Umbrella Department Responses, continued:

What benefits did your agency reap when you organized in this manner?

- Healthy Families Indiana is one example of shared decision making and pooled funding; Indiana has 39 sites in which the child abuse prevention program is active. (Indiana)

Strengths:

What aspects of your child protection program is your state most proud?

- Healthy Families Indiana (Indiana)
- The Effective Quality Unified Process Team (EQUIPT). (Arizona)
- Family-based assessment process. (Kansas)
- Consistent practice; family centered practice. (Oregon)
- Counties voluntarily implement (30 of 72 have so far). (Wisconsin)

What administration/management initiatives do you have underway about which you are proud and think hold promise for others to emulate?

- A decision based on case recording tool, a supervisor's handbook and mentoring program, a case weighting system, rewrite of policies and procedures, central intake; CHILDS information system. (Arizona)
- Indiana's Child Welfare Information Service (ICWIS): Its PC-based focus, user-friendliness, and comprehensive approach is receiving national attention. Child Protection Teams operate in 92 counties as multi-disciplinary prognostic and diagnostic advisory groups. (Indiana)
- Policy and training needs. (Georgia)
- New social services information system. (Minnesota)
- Currently in the process of developing a quality assurance program that will provide data to evaluate our programming. (New Hampshire)
- Flexible use of funds. (Oregon)

What programmatic initiatives in child protection do you have underway about which you are proud and think hold promise for others to emulate?

- The "Parenting From Prison" program focuses on the special needs of incarcerated women. (Arkansas)
- Project THRIVE, (an intensive services program for families with newborns exposed to substances); Inter-Agency Case Management Project—cases shared across state agencies by staff in a single unit; Healthy Families Arizona (child abuse prevention), Child Advocacy Centers. (Arizona)
- Used for wrap-around services for 4,000 children across the 92 counties in Indiana. (Indiana)
- Forensic investigative interviewing for child protection workers; chronic neglect intervention program. (Minnesota)

- Foster Health Care Project—assures that all children entering the foster care system are medically screened and treatment plans are quickly formulated with checks and balances for following through. (New Hampshire)
- Family decision-making meetings; centralized CPS training program. (Oregon)
- Ferbee Hope, our first community collaborative, opened October 1, 1995, in SE Washington; Third Party Permanency Project. (District of Columbia)

Discussion of Organizational Structure

Children's Department: Advocates for Children's Departments argue this model provides a clarity of mission and places an "exclusive focus" on the interest of children and youth. Under this model, children have a cabinet-level advocate who speaks directly to the governor and the legislature on their behalf without the need to balance the support of children's issues with other constituencies. Some argue that the co-location of child welfare and juvenile services (a model not always present in a Children's Department) eliminates sometimes false distinctions between abused and neglected children, status offenders (those who are in conflict with their parents, schools, or the law for actions which would not be a crime for adults; varyingly called Children in Need of Supervision (CINS), unrulies, runaways, and incorrigible youth), and delinquents (many of whom are victims of past abuse and neglect). This exclusivity of focus on the social services needs of children and youth is seen by some as especially valuable in times of great change on other areas of social or economic services, such as during the present welfare reform efforts.

On the other hand, some argue that a separate department isolates children's services from other key services families need, especially income support and associated day care. In fact, the increasing importance of day care for welfare reform has meant that day care funding, an important traditional child welfare service, is now the responsibility of other departments in Tennessee, Connecticut, and Mississippi. In Delaware, the licensing authority is with the children's agency but the day care funding is located in the income maintenance department. Critics of this model of organization also suggest that it requires families with complex needs to relate to too many bureaucracies and there is too little opportunity to coordinate staff or procedures across programs. Of course, nothing about locating programs within the same department guarantees coordination and, in fact, such coordinated policy and procedures should not be perceived as inherent in any form of organizational structure.

Social Services Department: Like the Children's Department the great selling point for a Social Services Department model is the clarity of mission of social service issues without the competing demands of managing the income maintenance programs and the associated welfare reform efforts. This model allows social services, such as child and adult protection, to be delivered by the same agency, and in rural areas by the same staff, which is also common in the public welfare model. This model suffers from many of the same criticisms of the Children's Department model, such as isolation from other services families need, such as income maintenance. In Texas, the day care licensing function is within the Social Services department while the funding is managed by the income maintenance agency.

Public Welfare Department: This is the second most common form of organization and developed out of traditional organizational structures over the past 40 years. Within this model, social services (child and some adult, such as adult protection) are organized in the same agency as income maintenance. The advocates for this model argue it allows for better coordination between income maintenance and social services. In fact, the argument appears as the basic corollary of the Children's or Social Services models above. Critics argue the focus and attention is drawn away from children's issues to those of managing

income maintenance programs and the staff associated with these programs, especially now that welfare reform is center stage.

Example: Tennessee operated under such a model until this year. In the early 1980s a consensus developed among the senior management that the nature of the social service job and the difficulty of retraining good CPS staff required a differential pay grade for social services and income maintenance staff. Concern over morale in the income programs, however, prevented any action by the agency through the terms of three separate commissioners, until one commissioner, in the late 1980s, decided to accept the resistance in the income programs in an effort to equitably address the Social Services salary issues. In a Children's or Social Services Department, no such prolonged delay would have occurred in the implementation of this decision.

Umbrella Department: This is the most common organizational form and includes all the services found in the Public Welfare Departments plus other large delivery systems such as public health and/or mental health. The differentiation of some state systems between Public Welfare and the Umbrella Department models is a somewhat arbitrary call, as there is tremendous variability. Florida's Health and Rehabilitative Services, created in 1975, has often been cited as the classic "umbrella" and at one time employed over 35,000 people. In the past few years the Florida legislature has begun to shift programs out of the department reducing the range of services offered within the umbrella (for example, removing juvenile services a few years ago and public health in January 1997).

Umbrella Departments are supported by advocates who argue they bring all the human services (or most) under a single management structure and open the door for easier coordination and physical co-location of many of the services needed by families. The Umbrella offers an opportunity to craft a unifying mission for a wide array of human services and supports. The model is criticized, however, as being inherently cumbersome and unwieldy with a bureaucracy that is beyond manageable limits. The CEO of the umbrella must not only manage the most complex form of social service organization, he or she must address the needs of a wide range of constituencies. Advocates for child welfare issues often argue the unique needs of the children are lost among the competing needs and interest at the highest circles of decision making. Experiences with Umbrella Departments also demonstrate that common management does not translate into coordination or resource sharing. In fact, the "we" and "them" attitudes one would anticipate in separate departments appear to persist even in some umbrella organizations at times.

Example: In the early 1990s both child welfare services and juvenile correctional services were administratively located within the same division of a well-established umbrella department. During a meeting in 1992 with both the juvenile and child welfare management staff, a suggestion of sharing a key resource (Family Preservation Services), which was managed by child welfare services, with juvenile services was flatly rejected with the comment "I have enough demand for the service myself . . . I can't share it with them." The staff shared the same supervisor, in the same division, of the same department but retained a clear and protective identity with their program

responsibility rather than seeing their responsibility as part of the wider organizational mission. Clearly coordination and communication, even if facilitated by organizational structure, does not come without a lot of commitment and effort to make it work.

Umbrella Departments reported a wide range of strengths and service and administrative initiatives underway but it does not appear this organizational design played a major role in these issues.

Hybrids: Classifying some states is difficult because of their unique structures. Kentucky, for example, has the Kentucky Cabinet for Families and Children, which looks like a Public Welfare model, but has within it a Department of Protection and Family Support, which appears like a Social Services Department. California, Massachusetts, and Vermont all operate under broad umbrella structures which in turn contain public welfare type “departments.”

Other states have experimented with coordinating efforts without modifying the organizational lines. For example, prior to Tennessee establishing the Children’s Department, it was experimenting with a cross-department coordination effort known as the Tennessee Children’s Plan. Under this plan, children’s services of the Departments of Human Services (child welfare), Youth Services (juvenile correction), Mental Health and Mental Retardation (children’s mental health services), and Education (a residential school operated by that department) were coordinated by the Department of Finance and Administration and an inter-departmental coordinating body. This effort included such innovations as pooling all the budget resources for children’s services into a single budget account, entering into a common contract with service providers from which all departments could access services, and establishing outside organizations to help plan the care of all children in custody. Elements of the plan were generally considered successful (pooling and maximizing resources and common contracting) while other elements (Finance Department leadership and the role of outside organizations in planning and managing care) remained controversial to the end.

Distribution Of Authority: Most states consider themselves either state administered (with the state agency responsible for the operations of local offices, which are staffed by state employees under some form of line authority flowing from the commissioner or his/her equivalent) or county administered/state supervised (where the state sets a policy framework which is implemented by local agencies staffed by local employees who are employed by local government).

From the review, it appears there are 37 state-administered departments and 13 county administered/state supervised departments (with the Montana Department of Public Health and Human Services as a hybrid administering 12 counties and supervising local operations in 44 other counties).

The traditional argument, borne out in some of the comments received from the states, is that state-administered states offer greater consistency of practice with perhaps greater potential for centralized leadership in a reform effort. County-administered states, on the

other hand, appear to provide greater flexibility at the local level and greater local ownership in the protection of children. With greater local control comes the greatest potential for innovation and outstanding practice. With local control also comes the greatest potential for the tolerance of poor quality practice and resistance to change. Some county-administered states report tremendous intra-state variability in quality when local government can decide how much or how little to support the delivery of services (due to variability in priorities or funding capacity).

A number of states have established formal regional or district structures with varying levels of influence and authority. Nationally, most states deliver services from county offices but at least 12 states rely on region, district, or area offices for service delivery. Of the 28 states responding to the survey, 23 (78 percent) report some form of regional structure. Most (70 percent) were organized in less than eight regional units with the most regions reported, 16, in Kentucky. All but five of these are state-administered systems and half indicate the regions have a “strong influence” over service delivery in child protection. Only one county-administered state, Georgia, reported the regions have strong influence while most of the state-administered systems reported greater regional control. In fact, in Georgia the state dismantled the regional system for budget reasons in 1991 and just now (October 1996) has “recreated the regional system” in an attempt, among other things, to correct “inconsistent application of policy.” Florida, a state-administered system, has established what may be the strongest district structure in the nation to give more flexibility and leadership to management close to local communities. (See Florida case study.)

Most states report the use of citizen/community advisory councils of some sort in their program planning and operation. Nine (32 percent) of the states responding to the survey reported a strong citizen/community role in the actual “governance” of the agency (mostly state-administered states), which presumably goes beyond a general advisory role, and 11 states (39 percent) reported strong citizen involvement at the local level (mostly in county administered states) in governance. Only two states, Florida (see case study) and Kansas, indicated a strong regional role for citizens in the governance of the agency. This involvement of the community in operations of the department is part of what some see as a national trend toward a greater role for the community and those closest to the community.

Conclusions About Organizational Structure

- ⇒ No single organizational structure appears to be universally favored for the delivery of child protection.
- ⇒ It appears that the selection of the organizational structure does not relate directly to effective management, improved accountability, or the quality of services.
- ⇒ Each model has its advocates and advantages and its critics and disadvantages.
- ⇒ From a review of the state comments, it is clear that most of the strengths and disadvantages that states see in their structures and in the initiatives and improvements of which they are most proud are not directly dependent on the organizational structure within which they exist.

Experiences With Reorganization

Each state was asked about its experiences with recent reorganization.

If you have undergone a major reorganization of services in a state government in the past five years which realigned services among departments or created a new division, what is the nature of that reorganization?

- To privatize family preservation services, adoptions and foster care. (Kansas)
- Consolidation of activities, resources - building a system of easy access across the board - seamless system of care modified by user/consumer input. (New Hampshire)
- Youth services (juvenile corrections) transferred to new department. (Arkansas, Georgia, Florida, Oregon, Wisconsin)

What important lessons did your agency learn which would inform other states about the process? Specifically, what did you do right which others should emulate?

- Establish basic principles and values; create lots of dialogue. (Oregon)
- Coordination of service at the local level does not require the development of additional bureaucracy. (Maryland)

What problems in reorganization did you fail to anticipate or were underestimated?

- Disbanding the regional system took away a significant amount of consultation and oversight. The counties were not prepared to make many decisions without consultation in many areas. This created a breakdown in consistent program administration, and an overwhelming demand on consultants at the state level. (Georgia)
- Degrees of personnel and budgetary enmeshment. (Oregon)
- The Division underestimated the level of disruption to personnel. (Arkansas)
- Resistance to change. (Indiana)
- Underestimated the need for constant and consistent information to be communicated to staff. (Connecticut)
- Difficulty in gaining control on personnel budget and finance due to cumbersome state requirements. (District of Columbia)
- Different terminology, different standards, different priorities. (Illinois)
- State personnel rules/regulations; people resist change. (New Mexico)
- Possible duplication of service and competition between agencies. (Maryland)

What were the costs of reorganizing services?

- Some "cracks" developed in moving case responsibilities to local communities. (Oregon)
- A sense of competition between agencies did develop that was not productive. (Maryland)
- Are incalculable. (Texas)

What, if any, lasting or continuing problems must be resolved?

- Although the regional system has been recreated, it will take time to correct inconsistent application of policy. (Georgia)
- Some programs remain categorical and protective of funding streams and resources. (Indiana)
- Ensuring no gaps between agencies. (Oregon)

Conclusions About Reorganizations

Some consistent themes emerge from the experiences of these states and from the experience of others.

- ⇒ Reorganization is expensive; expensive in terms of time, money, lost productivity, and lost focus. While some reorganizations gain enough benefits in the long run to justify the investment and losses, the cost must not be underestimated or trivialized.
- ⇒ State officials have reported to us that they still see wounds of a reorganization even years after it was carried out.
- ⇒ Reorganization introduces heightened uncertainty in a system in which predictability is important.
- ⇒ Some reorganizations have resulted in prolonged periods of confused or unclear operating policies and procedures and long delays in the operation of key administrative functions (for example, payment of community services, foster parent reimbursement, and payment of staff travel).
- ⇒ Reorganization affects individual status and duties and relative changes in duties and status cause great anxiety in people. This reaction needs to be expected and planned for. In terms of Maslow's hierarchy, they are reduced to focusing on their personal survival and are distracted from more lofty (and mission-focused) activities.
- ⇒ Prolonging the process only tends to deepen the disruption and divert desperately needed program attention to organizational and personnel concerns. States need to plan the reorganization, implement, and then restabilize the system as soon as possible.
- ⇒ Overlaying other reforms on top of a reorganization deepens the complexity and confusion and increases resistance (see Tennessee Case Study).
- ⇒ Breaking support staff and resources (for example, computers and other office equipment) out of one agency and reassigning them to another department causes tremendous unrest in local offices with resulting losses in productivity.

- ⇒ Reorganizations which publicly devalue the contribution of the staff under the previous organizational structure only serve to increase the normal resistance to change.
 - ⇒ Developing a common language and mission before the change reduces conflict.
 - ⇒ Open and consistent communication reduces normal anxiety and uncertainty.
-

Table 4 Caseloads

The states were queried about their child protection caseloads. The authors must caution the reader that cross-state caseload data comparisons are inherently questionable. What one state calls a “case” may not mean the same thing in another state. Some states may count each child, while another may count each family. Some states may divide the number of cases by the total number of worker positions (including vacancies) while another state may divide the cases by the number of filled positions.

- 1:22 (Arizona)
- 1:15 (Arkansas)
- 1:25 (Delaware)
- 1:20 (District of Columbia)
- 1:26 (Georgia)
- 1:25 (Illinois)
- 1:23 (Indiana)
- 1:35 (Kansas)
- 1:12 (Louisiana)
- 1:20 (Maryland)
- 1:20 (Michigan)
- 1:26 (Mississippi)
- 1:30 (Missouri)
- 1:25 (Minnesota)
- 1:18 (New Hampshire)
- 1:26 (Ohio)
- 1:28 (Texas)
- 1:33 (Wyoming)

Measurement of Agency Performance

States were asked about their experiences in performance measurement.

Do you have any experience with measuring performance of your agency or case outcomes in child protection from which you think that others could benefit?

- Process of developing. (Delaware)
- The Research and Statistics Unit within the Division of Budgets and Accounting tracks the agency's monthly performance. This should reflect the quality of services, timeliness, adherence to policy, initiatives to service provision and workload. (Mississippi)
- The Department is currently implementing a quality assurance system that reviews for outcome in the areas of child safety, permanency, and educational success. Quantitative data are supplemented with qualitative case reviews by quality assurance committees located in each county. (Alabama)
- Our structured decision making (SDM) with National Council on Crime and Delinquency is some of the best scientific data around. (Michigan)
- Child Protection Oversight and Evaluation program is developing outcome measures. (Ohio)
- Quarterly performance measures report on placements, re-abuse, etc. (Oregon)

It is clear that this is an area with which most states are still struggling. Most who did comment discussed efforts underway or aspirations to accomplish something in this area. Tennessee reports a quality assurance effort built upon their Risk Oriented Case Management system. They randomly select 600 cases a year for review. Two contract reviewers (employed through the College of Social Work) read and rate cases on a series of dichotomous factors, such as the compliance with time standards in response to the allegation, whether all appropriate parties were interviewed, identification of risk and strengths issues at key decision points, whether the case was formally classified, and whether the information in the case record supported the classification. The data produces a picture of the CPS program valid at the state level. Individual regions also receive reports, but the data at that level is not statistically valid (due to sample size). The results of the study then are provided back to the field in an annual training forum. The long-term goal is to institutionalize these factors in a future computer system allowing valid assessment of practice down to the worker level for use in performance appraisal of both staff and work units. Michigan also reports promising results of measuring performance based on its risk assessment model.

As a part of implementation of a class action child welfare consent decree, Alabama's Division of Family and Children's Services developed a case-based approach to outcome evaluation to supplement traditional process measures of performance. The consent decree incorporates the Department's programmatic goals in its content and establishes 30 principles of child welfare practice which will govern responses to families and children. The goals are:

1. Children should be protected from abuse and neglect.
2. Children should live with their families if they can do so safely. If children cannot live safely with their families through the provision of services, they should live in close proximity to them.
3. Children should have stability and permanency in their lives.
4. Children should succeed in school.
5. Children should become stable, gainfully employed adults.

The principles governing the operation of the system require individualized, needs-based services, extensive family involvement in case planning, least restrictive environments for children, and other practices based on best child welfare practice. Compliance with the goals and principles of the reform is measured not only by performance trend indicators such as rates of entry into care, numbers of children living out of their home county, and average length of stay in care, for example, but also by periodic case reviews involving face-to-face interviews with children, their families, and providers of service.

County child welfare offices are expected to form local quality assurance committees consisting of key stakeholders and citizens concerned about the needs of children. Using an interview protocol which addresses compliance with the goals and principles, quality assurance committee members periodically interview children and families to determine the quality of services provided and, more important, whether there has been improvement in their lives. These reviews are aggregated to create a profile of county performance. The quality assurance system measures:

Safety	Family preservation/reunification
Physical well-being	Family satisfaction
Stability	Restrictiveness of placement
Current caregiver functions	Overall adequacy of child and family status
Placement permanence	Education
Family unification	Emotional well-being

The case review also yields a measure of system performance and service adequacy. An additional benefit of the citizen and stakeholder participation in the review process is the creation of community advocacy for children and families and the needs of the child welfare system as well.

The new federal foster care Section 427 review process borrowed heavily on Alabama's design for self evaluation and case-based evaluation. A member of Alabama's staff spent a year on loan to the Children's Bureau helping develop the new review process. Additionally, the Office of Management and Budget staff person with responsibility for approval of the revised Section 427 review process spent a week in Alabama reviewing Alabama's reforms.

Program Initiatives

The most common reform mentioned is related to new computer systems. This reflects the current availability of federal funding for child welfare computers under SACWIS. Among other common themes is interest in the variable or multiple response to reports of child maltreatment (Illinois, South Dakota, Wyoming, Louisiana, Iowa, Missouri, and Florida; see case studies). These initiatives appear to share a common family-focused service orientation, especially for the majority of referrals which have not yet risen to the level of severe child abuse or neglect. Several communities have secured support and consultation in these efforts from the Edna McConnell Clark Foundation and the Center for the Study of Social Policy. These communities are Cedar Rapids, Iowa; Jacksonville, Florida; St. Louis, Missouri; and Louisville, Kentucky. Interestingly, some of these reforms are motivated less by the interest in case work reform and more by criticisms of the state central registry system.

Also of note are innovations in the risk/safety assessment (Illinois, Maryland, Texas, and Michigan) and family decision-making meetings (Oregon). Other information and communications reflect an increased interest in community involvement and experimenting with shifting some traditional CPS activities and responsibilities to community services providers. (See Florida Case Study.) Elsewhere, states are out-stationing CPS staff in the community, often in "Family Resource Centers," in an effort to make CPS part of the community or in Child Advocacy Centers (or similar agencies) to better coordinate with law enforcement (Alabama, Tennessee, Delaware, California, and Texas). Also, there is clear interest in targeted prevention of child abuse, especially when based on the Healthy Families of America model (itself an outgrowth of the Hawaii Healthy Start model) advanced by the National Committee to Prevent Child Abuse and Neglect (Indiana, Tennessee, New York, and Alabama).

PART TWO

CASE STUDIES

Florida

Iowa

Maryland

Missouri

Tennessee

FLORIDA

The Department of Health and Rehabilitative Services (Soon to be renamed the Florida Department of Children and Families)

The state of Florida has undergone a long, and at times turbulent, history of child welfare reform. In the 1970s, a wide range of services were assembled under a single umbrella organization, the Department of Health and Rehabilitative Services (HRS), which ultimately employed over 35,000 staff. Several years ago the state legislature began to dismantle elements of the system, pulling away such services and programs as juvenile justice. In the latest move, the public health function will become a separate department in January 1997. Because of the perception of continuous change and reorganization, many think HRS has remained in a constant state of flux throughout its history.

To emphasize a changing mission, and perhaps to escape some of the negative imagery which has become associated with "HRS" over the years, the agency will change its name January 1, 1997, to the Department of Children and Families.

The State: Florida has a population of 14,000,000 within 67 counties. The counties range from huge metropolitan communities to sparsely populated rural counties. Demographically and politically the state is extraordinarily heterogeneous. It has culturally diverse centers of population, such as south Florida where mastery of a number of languages is necessary to communicate with the full range of families coming to the attention of the agency. Other areas of the state, especially along the state's northern border are more bi-cultural (African-American and European-American). Some areas of the state have a rich mix of community not-for-profit service providers while others lack even the most basic service supports.

The Review: In preparation of this summary, we reviewed selected documents provided by the state of Florida, interviewed a range of professionals in person in Tallahassee and St. Petersburg, conducted telephone interviews with selected persons in other areas of the state, and accepted written comments from still others knowledgeable about the Florida system. Within HRS, these professionals ranged from front-line workers to district program and administrative staff to state office program staff in Tallahassee. Outside of HRS, we interviewed or gathered written information from a wide range of people including legislators, legislative staff, advocacy groups, Health and Human Services Board members, community planners, community service providers, child protection team members, child advocacy center staff, and law enforcement professionals. There are undoubtedly other points of view spread throughout the state. The workers, administrators, board members, and community professionals interviewed may not be a truly representative sample.

Organizational Structure: Florida's new Department of Children and Family can now be characterized as a modified umbrella agency. The agency is directed by a secretary appointed by the governor. The agency provides traditional child welfare services (CPS, family preservation, foster care, adoption, and interstate services), adult protection,

domestic violence services, institutional mental health (out-patient by contract) and mental retardation services (adult and children), day care services (licensing and contract purchase), and income maintenance programs (AFDC and food stamps). The services are arranged into five program offices: the Office of Family Safety and Preservation, Economic Self-Sufficiency, Developmental Services, Mental Health, and Alcohol and Other Drugs.

The state is divided into 15 districts, each directed by a district administrator with district program management and specialist staff. The internal organizational structure of each district varies according to local needs and preferences.

Florida's Reforms: Florida produced a strategic plan for the state's child protection system in 1992 which outlined five "key findings" about the system as it existed at the time:

- The system is too adversarial.
- The system needs to become more family-centered.
- Communities need to be major partners in supporting and preserving families.
- The system needs to develop ways for families with child maltreatment issues to receive services in the least intrusive way possible.
- The fundamental functions of gathering evidence and conducting investigations are law enforcement responsibilities.

These findings have been addressed in two broad related areas of reform:

- A shift in the locus of decision making and responsibility from Tallahassee and the state office to the district offices.
- A shift to a less adversarial, family-centered model of practice that incorporates communities in meeting the needs of abused and neglected children.

Decentralizing Decision Making in HRS

The governor and legislature have committed to shift the locus of decision making to the 15 district offices. To support this, the agency has established Health and Human Services Boards (HHSB) in each district. The boards are composed of 15 local citizens from a wide range of backgrounds. Twelve members are appointed by local government and three by the governor. These Boards were established in 1992. The HRS district administrator, who is appointed and supervised by the secretary, is charged with the administration of all the agency's programs in the district with support of the Health and Human Services Boards.

In the view of those interviewed in Tallahassee, the shift in authority and control has been dramatic. They appear to perceive that HRS was a centralized agency which has now divested the central office of most of its authority. It is apparent that in children's services

the move has had tangible impact on the operation of the central office functions. The state office staff positions have been cut significantly, where now the CPS program office duties of the state agency in this state of 14 million people are managed by an assistant secretary (who has many other responsibilities and reports to the secretary of HRS), a Chief of Family Preservation (who also oversees prevention services and family preservation), and one professional staff specialist who is responsible full-time for CPS program policy, technical assistance, and program monitoring. Supporting the CPS program are also professionals in the training support functions and some support from a quality assurance unit. The districts also report cuts in administrative staff supports for the program that parallel the state office reductions (although at least some districts appear to have more program specialist staff in house to support the district than the state office does for the state). Ironically, we understand some in the legislature still perceive that while HRS has been downsized, the central office bureaucracy of the large umbrella organization is still largely intact.

In talking with several people in Tallahassee, both within HRS and advocates outside the agency, it appears that many observers in the state capital perceive the shift in authority to be almost complete. There are significant concerns expressed about the accountability of the agency and districts under this arrangement. Legislators and others want answers when they have questions, but the staff in the central office often does not possess the information needed. Advocate groups who are used to communicating with a few state officials now find the state officials no longer have the authority to direct modifications in practice or to implement initiatives advocated by the various organizations who support children services reforms. *Everyone seems to think decentralization is a good idea, in theory, but they are struggling with it in reality.*

Legislative support varies. Persons like the chair of the Select Committee on Child Abuse and Neglect said that those who want to see public child protection and decentralization succeed “have to trust that people will do the right thing.” Other legislators, especially in the Senate, insist on accountability and are impatient with senior HRS officials in state office when they cannot immediately provide information requested or cannot immediately change practice in the districts. Some are troubled by the diversity of practice which is emerging under a strong district system. For such legislators, the decentralized system seems to have “no one in charge.” The issues are further fueled by several members of the legislature who have strong negative views of HRS and one powerful senator who is committed to dismantling HRS out of his anger over what he perceives as the overly intrusive role HRS plays in family life in Florida.

The decentralization does seem to have played an important role in Florida’s success in instituting the child welfare reform effort. *Greater district autonomy has fostered creativity in many places with districts free to push the limits and to try new ways of involving the communities.* Through the decentralization movement, Florida has evolved to a more consensus form of governance, and the process of developing consensus has proven valuable in the eyes of many. The effort is based on the value that by “working together we can get something accomplished.” The move is not without its skeptics, as some do not believe that consensus has been achieved on many issues. As one observer said, “talking about collaboration is good but . . . do we know how to do it?”

There are many in Tallahassee who also fear the shift has perhaps gone too far. While districts are free to be creative and innovative, they are also free to reject and ignore suggestions and efforts to guide the reform from state headquarters or Tallahassee in general (that is, legislature, legislative staff, advocates). With the tremendous latitude possessed by the district administrators and the lack of clear administrative accountability to the program offices, *the relationship with state headquarters is largely dependent on the personality of the district administrators and the culture he or she creates with his or her staff.* Some districts appear to be engaged in a collaborative reform effort with the leadership in Tallahassee and rely on program staff for “best practices,” technical assistance, and as a clearinghouse function for new ideas and innovations. Others appear to resist even routine inquiries from the state office. In fact, one professional outside of HRS said that from where she sits “most districts absolutely ignore headquarters.” The advocates have grown weary of hearing “we can’t decide that . . . it is a district decision.” The shift has made the task of advocates more complex, for now they must influence 15 decision makers rather than a single group in Tallahassee.

The strained relationships between state headquarters and some in the field are exacerbated at times by what some may view as mixed signals which emanate from the capital. The state office has been downsized and the districts are told they are responsible for their own work. When a complaint call comes into the governor’s or secretary’s office, they often direct the state office program staff to investigate the facts and report back. Some districts openly resent the inquiry and often reject the program advice offered by the state office staff. The state office is placed in an awkward position of being perceived as accountable to the legislature and governor for the actions of HRS staff statewide but now feel little authority to directly influence the practice in the field.

Some feel that enhanced district decision making is wise but believe that line authority would better flow from the districts to the program offices. Now only the secretary can resolve serious conflicts over cases or policy, and the assistant secretary and staff are limited to whatever expert authority the districts afford them and their personal leadership and persuasive abilities. Some suggest *statewide changes in the Florida system tend to be charismatically driven by strong people rather than policy driven.*

The contrast between the perceptions of those in Tallahassee and those of community professionals working with HRS in the districts is striking (assuming one can generalize from the district visited). While many interviewed in the state capital perceive the decentralization has gone too far, many in the communities do not perceive it has occurred. To the front-line workers the district administration has always been the source of program direction and leadership, but to those outside the agency who are actively involved in the wider community system, they are still waiting for Tallahassee to “let go of the power.”

“We have heard the rhetoric, but we have not seen it.”

Community professional involved in service planning

When the Health Human Service Boards (HHSB) were established, they believed they would function like a board of directors, would have responsibility for financial and policy

direction, and would oversee the performance of the district administrator. These high expectations have given way to skepticism and cynicism. They now see themselves as advisory and see little real effect of their effort. They do perceive the HHSB and their open meetings have “shown some light” on HRS, opening the department to the community; have focused some in district management more on public accountability; and have created some informed advocates for the agency, but it has not lived up to the original promise. In fact, HRS appears to have sought to involve some of its critics on the boards and by doing so have educated them to the realities of managing such a complex system with limited resources.

The issues seem to be greatest around the budget. The HHSB does not perceive it has any real influence over budget decisions in the districts and that Tallahassee still is “calling the shots.” They acknowledge this may be a function of the limits of federal funding sources and the directives of the legislature. In this discussion it appears when they are talking about the frustrations with controls from “Tallahassee,” they do not necessarily mean HRS but the control from HRS, the governor, and the legislature. Investing budget decision-making authority in the districts is seen as the true test of whether the state is serious about decentralization.

“When the department gives flexibility to move money,
then we will have decentralization.”

Community professional involved in service planning

The view of district management staff appears to contrast with the HHSB and other community professionals. The district management reports they *do* have considerable flexibility. This flexibility is clearest in personnel issues where they are free to shift positions around within their authorized level (changing classification such as turning a worker position into a supervisor or eliminating it and transferring the money to a contract) without the involvement of state headquarters. They also can structure their services and administration as they see fit as exemplified by a recent merger of the Child and Families Program Office in St. Petersburg with the Alcohol, Drugs, and Mental Health Office under one program administrator (apparently over the objections of the state office A&D staff). Other districts structure their program and line functions as they believe is best suited to their communities. Even when it comes to the budget, they report considerable responsibility and authority. They can move up to 10 percent of their budget around without legislative approval. They do believe greater flexibility would be valuable, but they report far more discretion than seen in most state-administered systems. With that discretion comes accountability, as they have had to frequently absorb budget reductions and find alternative ways to deliver services.

The HHSB are described by the district as advisory in nature. They do perform an evaluation of the district administrator, but that is forwarded to the secretary who conducts the official evaluation. While they originally were to have hire and fire authority and greater budget control, the legislature balked at the increased regionalization. Several people cited a powerful legislative staff system which has been disempowered by greater district autonomy as part of the reason for the limits on HHSB authority. Even now, some districts

are proposing to give the HHSB the status of a private not-for-profit board with true oversight authority over the district.

Those who would like to play an active role in a decentralized decision-making system maintain some individuals believe decentralization equates to a loss of accountability. That, they argue, is not necessarily so. *Control and authority can be decentralized while maintaining accountability through clear articulation of the results expected, the measurement of outcome achieved, the monitoring of the outcomes sought, and technical assistance to improve performance.* To succeed, they suggest the state has to foster creativity, create partnerships, and let go of the purse strings.

Family Services Response System A Move to a “Less Adversarial” Intervention System

There is much conversation about Florida’s move to a “less adversarial approach” of protecting children, the Family Services Response System or FSRS. This is based on a formal move to a more “family-centered” approach. Florida has a long record of basing its CPS system on the report of an incident to a central intake hotline. Many argue the system has done too little to prevent maltreatment on the front end or even its reoccurrence. Most agree that HRS, or at least some within HRS, had “overreacted” to some tragic child deaths in years past. As a result HRS has a widely held reputation of an invasive bureaucracy which removes children from their families without good cause. The word “gestapo” was mentioned repeatedly in describing the public image in the recent past. Many people interviewed tell the same story, that the HRS leadership made a conscious decision to move to a more fact finding, “law enforcement” style of investigation and de-emphasized the social services delivery aspects of their mission. This took several forms from up-grading the positions that investigated allegations to a higher pay class (Child Protection Investigators-CPIs) to recruiting former law enforcement officers or nurses to perform the duty. The CPIs were allegedly notorious for their cold, almost confrontational, style thus putting families on the defensive.

Upon interview, not all agree that this was the case. More than one professional familiar with the CPI role maintained that they always tried to build relationships with the families and were never intentionally adversarial. In fact, they acknowledged some irritation at the suggestion that the family-centered practice model is “new.” They seem to feel all the talk about the “new” way of doing business devalues their past efforts. One CPI doesn’t see much difference, noting she has not changed much. Several staff suggested the “new” orientation has its limits as you must be “very direct with some clients.” They also have concern that the initiative suggests they must endure being verbally abused.

Some in law enforcement also believe their HRS counterparts never acted like true law enforcement investigators and note they always were focused (some say too much) on building positive family relationships. Others in law enforcement note that there were workers who were accusatory from the outset of the initial interview. They attribute this to, among other things, a lack of training. They point out that proper law enforcement interviewing is not inherently adversarial and confrontational, and the HRS workers lacked the training “to finesse to the offender interview.” In the absence of proper training, some

were unnecessarily and unwisely heavy handed and reacted to resistance with an exertion of power.

In 1993 the agency began the shift to the “less adversarial approach.” HRS explains this is not intended to mean they are “soft on child abuse” but only they are not unnecessarily invasive and, most importantly, not disrespectful of the families with whom they work. The shift does seem to be having some impact on the culture of the agency. Mixed with the district flexibility, the FSRs has seen HRS breaking the old limitations and opening up the system with more community providers. In one district they have public nurses respond to allegations of drug-exposed children in lieu of CPS, and in St. Petersburg they are experimenting with the privatization (or as the district views it, “communityization”) of the investigation/assessment of the less severe allegations of child abuse and neglect. They also cite examples of individual workers opening up to involving various indigenous helpers from family members to ministers and church associates of the family.

“Now we assess needs and ask what do you need?”

Child Protective Investigator

This is perceived, by at least some of the workers, as facilitating more rapid rapport with the family, and as one worker put it, “it works better for me.” Lacking a real structured family-centered practice model, the workers are inventing solutions and strategies on their own. Some are quite innovative. They also rely heavily on support services such as day care, intensive family preservation services, Family Builders (a longer term in home intervention), counseling, and a limited amount of flex funds. Limitations in these types of resources remains a very real problem, noted by most of the professionals interviewed. In Pinellas County, staff shortages in CPS continue to plague the implementation of the model. As the interviews were occurring, one of the workers reported that all the investigative units were at least 20 percent below their authorized level of staff, and the unit she was in had one supervisor, three filled positions, and two vacancies. Further exacerbating the staffing challenges to do the job is constant turnover and curtailments in the use of overtime. Where once workers often worked ten hours a week overtime to get the job done, now they must try to do it all in 40 hours (an effective 20 percent reduction in staff hours) and cover the vacant caseloads.

With more cases and less time, workers voice concern about personal liability. They perceive they are at personal risk if they commit an error, especially if a child dies. To minimize the chance for error, and to spread the accountability, the workers attempt to involve others (shared decision making) in their cases, such as their supervisors, the Child Protection Teams (which are contract medical and interviewing specialists), and law enforcement. From the workers’ point of view, the quality of the people doing the job is the best protection for children and the greatest strength of the system today. This point of view was an echo of comments made by those in the state office who see improving the work force, through the proposed “competency-based pay system,” as the key to true success.

Coordinating With Law Enforcement

The FSRS occurs in coordination with a shift from investigative leadership of serious child abuse investigations to law enforcement. This means that in the majority of cases in which neglect or less severe child abuse is alleged, the HRS Child Protective Investigators approach the family to assess their needs and offer services with a de-emphasis on investigation of the facts. In cases of sexual abuse or serious physical abuse (referred to as Part 4 cases) HRS sees an enhanced role for law enforcement in which the cases are investigated jointly with law enforcement in the lead. In fact, there appears to be a strong interest in models such as the child advocacy center concept that facilitates team investigation. The move to a less adversarial intervention model is not seen as dramatically changing how HRS relates to the most severe forms of maltreatment other than through enhanced coordination with law enforcement.

“The community expects child abuse must be prosecuted aggressively.”

State Representative

The state office staff does not perceive the reform effort as compromising the safety of children. They argue that through improved coordination with law enforcement, protection is enhanced in serious cases. With the multiple response system, HRS is also better able to develop helping relationships with troubled families in less serious situations. A standing policy requirement that all children reported as possible victims of maltreatment are seen within 24 hours of the referral is seen as an important safety factor that limits the potential for a most serious case to be misclassified at intake. If a case initially approached in the “less adversarial” manner later appears to be sexual abuse, or serious physical abuse, the intervention escalates to a joint investigation with law enforcement.

Joint law enforcement and CPS investigations do not always translate into a team approach. While HRS calls on law enforcement to take the lead, they actually are often doing so with patrol officers responding to the scene. Even members of the law enforcement community interviewed suggested that the average patrol officer called into a serious child abuse case does not have the training and experience needed. Where special investigative units exist, the law enforcement specialists make effective use of the leadership afforded them by the system, but in other cases where the law enforcement officer lacks the special knowledge of the issues, the “joint” investigation may not be as effective.

Family Services Response System Progress

The Family Services Response System (FSRS) reform effort is still in progress and, in fact, most of what has been accomplished has been through personal leadership and a reforming of the language and culture of the agency. While some training has been offered on the family-centered approach, the basic training of new workers and the agency policy manuals remain largely the same as before the shift. New training curriculum and revised policy are now near completion, but there are workers in the field who have still not received any formal training on the skills needed to implement this initiative. The agency did place a priority on training all supervisors, and this seems to have laid the groundwork for a change in direction. This was accomplished through a series of seminars and conferences. These

supervisors and district staff have in turn trained the line staff, at least in most districts. There is some perception that workers will not actually change their practice until they have policy authority to do so, out of fear of liability for acting in a different manner from existing written policy manuals. Without a structured casework model, training program, and policy manual, some believe you will get ten different interpretations of what FSRs is from any ten front-line staff.

The state did find the services of several outside trainers, Al Durham (now with HHS in Washington, D.C.) and Linda Spears with the Child Welfare League of America, useful in orienting many of the supervisors and in overcoming resistance to change. In talking with front-line staff, some appear to expect that the role and philosophy of the service delivery personnel has changed while others suggest that such an initiative was unnecessary, believing the family-centered approach was being delivered before the new initiative.

Concern was expressed that some in state headquarters are too liberal, that some of what is said in training is a bit naive, and that the training actually was dangerous by taking very complex professional issues and distilling them down to a few hours. Workers in the field cite some of the statements seminar leaders allegedly made as disturbing, such as, "you should make a mistake a day or you are not being creative." They note that mistakes in this field cost lives. They also chide the department for statements such as "we don't want to be the bad guys anymore" or "we are tired of being the bad guys . . . families know what they need." Several community professionals argued that protecting children from dangerous people is a necessarily unpleasant thing to do at times. They worry about the message the workers are hearing. They fear that children will be endangered because some worker doesn't want to "be the bad guy." Others see the danger of CPS workers allowing their focus on supporting the family to intrude into their judgment about whether a specific incident was abuse or an accident. They note a trend among some workers to be quicker to accept an explanation for an injury as accidental from a parent, even in the face of a medical opinion to the contrary. In reality, many inside and outside the agency seem to believe that the initiative is largely motivated by HRS's need to change the public image of the agency.

"Some in HRS 'believe every story' they hear."
Law enforcement professional

"HRS is not in the business to prosecute crimes."
Law enforcement professional

With the strong district model, the transmission of ideas and innovations from one district to the others appears an important issue. Presently, the system relies on word of mouth between district staff, and the process is facilitated by periodic district administrator meetings and Children and Families program management meetings. However, at present the agenda for these meeting is set by the field staff who have not included any formal information or innovation sharing in their meetings. Rather, the transmission of ideas occurs in informal conversations among the participants and through frequent e-mail communications among the districts. The state office does not have the staff resources to keep abreast of all the innovations as they occur, to evaluate their results, and share the lessons learned with others. An Internet page is planned to offer a means to share new

ideas and progress, which should prove valuable. The agency also hopes to secure a Clark Foundation grant to acknowledge special FSRs accomplishments with cash awards. The process of nomination and selection will facilitate the identification of successful innovations and transmission to other districts.

Salvation Army–Family Response Services: The Salvation Army (SA) in St. Petersburg has entered into a contract with HRS to provide an assessment service for select initial referrals coming into HRS. The service is directed at what are referred to as “Part 3” cases; these are lower-risk cases which do not involve sexual abuse or serious physical abuses. Cases where drug abuse is a central theme are also excluded. The program began with one worker in November 1995. That worker came from SA’s intensive family preservation program and was already trained in in-home crisis management services. She participated in the HRS’s new worker training program (except portions about court actions). In July, SA added two workers (one paid by Salvation Army funds).

These workers usually carry the case for 2-4 weeks, linking the family up to other service providers or forming informal networks with community members. If the case stays open for more than 30 days, they must create an HRS service plan. They go to the home (no HRS worker accompanies them) to conduct an initial assessment and engage the family. They carry fewer cases than the CPIs, beginning with eight cases at a time and growing to ten as of December 1996. They visit the home at least twice a week teaching parenting skills, budgeting, and referring families to other service providers. They respond within 24 hours, 5 days a week, 8 hours a day. They do not accept initial referrals after hours or on weekends, but they remain on call for their open cases. Their role was described as a hybrid of an intensive family preservation counselor and a CPI.

They have been received with some skepticism by the CPIs, some who may fear that this contract is the vanguard of an effort to privatize CPS. Others are uncomfortable with a perceived loss of control. This can be fueled by the decision to eliminate vacant CPI positions to fund an expansion of the SA program. The district has also used money freed up through the abolishment of CPI positions to create Family Support aides for the CPI staff.

The SA reports the model is shifting as it matures. The cases are getting tougher, the case loads larger, and they must now go to court at times to seek custody. They began the contract as “service providers” and now perceive they are shifting to CPI surrogates. They once offered only a voluntary service and now they find themselves imposing services in risky situations. Most of their referrals have been neglect cases. If they discover sexual abuse or severe physical abuse, they contact the CPI who in turn involves law enforcement in a joint investigation. If the case requires long-term CPS supports, they can transfer the case to the on-going CPS unit at HRS.

Salvation Army workers note the system is still developing. They lack written procedures for many activities, especially around removals and placement services. They seem to feel they could benefit from increased feedback on how they are handling individual cases. From the districts’ point of view, the system is evolving. They state that shifts to more challenging cases and increases of demands on the SA are planned.

The local media has been generally positive of the experiment. After some initial skepticism, the media has written some positive accounts of what HRS is doing with the contract. Not everyone in the community is equally supportive, with one influential community professional noting that the contract is based on the premise that a “service is better if you contract it” and that suggests “you don’t make something better by shifting responsibility.”

Fallout From Breaking Up HRS: While some outside HRS suggested that juvenile justice was never truly integrated with the child welfare services, the move to a separate department has produced some conflict. The Juvenile Justice Department is apparently seeking to transfer responsibility of the “Children in Need of Supervision” (CINS) to HRS. This move is viewed with a great deal of skepticism by child welfare staff. They fear with the shift will come a tremendous increase in workload (these are *very* time-consuming cases) without an increase in capacity. They, and many of those outside HRS, indicate HRS has often accepted a broadening of their mission in an effort to appear cooperative but have diluted their mission and quality of their services in the process.

Performance Measurement: HRS is experimenting with outcome performance measurement for contract services but has not done so for direct services.

Supervisory Accountability: The supervisors in HRS appear to use traditional means to ensure the quality of casework (review cases, mid-management review of a sample of cases, etc.)

Training: Training is delivered through Professional Development Centers. They have begun to put “a different twist” on the training to include the family-centered approach, but a full rewrite of the curriculum is in process. An Internet Home Page is available to describe the training services. The state is also working with the six schools of social work to better prepare their graduates for public child protection work. HRS hopes to increase the number of trained social workers in their ranks.

Media Involvement: HRS in St. Petersburg has made a deliberate effort to educate the media. They are free under the strong district system to initiate their own media education plan. Pinellas County has increasingly included media representatives in HRS activities. This has taken several forms and included letting the media have access to confidential information under a signed confidentiality agreement. The districts are able to do so as Tallahassee only lays out a “broad framework.” They really seem to believe they must change the public perception to get the community involved in protecting children.

Lessons and Challenges

Decentralization:

- ◇ It is difficult to balance the demands for statewide leadership and centralized decision making valued by legislators, lobbyists, and advocates with the value of district leadership, flexibility, creativity, and decision making.
- ◇ In an effort to provide district flexibility, there is a perceived loss of centralized accountability.
- ◇ Ensure an effective role of state office program staff in program and case consultation and accountability when establishing district programmatic leadership and autonomy.
- ◇ Ensure adequate staff resources are in place in the state office to establish, in a meaningful way, the framework for district action, to prepare policy, develop training, train, monitor performance, share innovations, and provide technical assistance. In a decentralized system the level of professional staffing in the central office needs to go up, not down, as the new role requires more travel and more time to consult.
- ◇ Ensure clear expectations on everyone's part for the role and authority of each entity in the system (the secretary's office, the program office in the state office, the district office, and the HHSBs).
- ◇ Clearly define the role of the local citizen boards on the front end to avoid inaccurate expectations and a sense of betrayal which accompanies a withdrawal of authority from the committee.
- ◇ Find ways to make the state program staff relevant for front-line workers.
- ◇ The state should facilitate the transfer of ideas and innovations from one district to another.
- ◇ It will always be a challenge to manage, as Florida must do, the reform without enough resources.
- ◇ Involve front-line staff in the statewide reform in ways which they recognize as meaningful.
- ◇ Involve communities in the statewide reform in ways which they recognize as meaningful.

Family Services Response System:

- ◇ Balance the message about respecting families along with the need to gain accurate information from persons who are at times predisposed to maintain family secrecy about risk factors and abuse history.
- ◇ Changing the supervisor's vision of the job is the key to changing the workers.
- ◇ How to change worker behavior while not sending messages which devalue their past contributions?
- ◇ A clear casework model is needed which all to understand.
- ◇ Training on the casework model is needed for new and existing staff.
- ◇ Policy is needed to support and frame the casework model.
- ◇ The policy and training should provide a clear framework for practice without constraining creativity of the front line.
- ◇ How to accurately determine which cases require which style of intervention in a multiple response system?
- ◇ The Florida rule of seeing the child within 24 hours appears to be a major safeguard in avoiding a misclassification at intake.
- ◇ Find ways to meaningfully team with trained law enforcement investigators in serious cases HRS is often working with patrol officers who do not have specialized training.
- ◇ How to make use of the strengths of CPS in a team with law enforcement when the expectation is that CPS is not an equal partner in the relationship.
- ◇ How to involve the community in cases?
- ◇ How to control turnover on the front line?
- ◇ How to provide a family-centered service when community service resources are inadequate and shrinking?
- ◇ Find ways to make the workers feel part of the reform, not merely the target of the reform.

The Iowa Department of Human Services

The Iowa Department of Human Services has a history of high quality child welfare services and innovative improvements which has given it a national reputation for excellence. The state is host to both the Child and Family Policy Center and the National Child Welfare Resource Center for Family Centered Practice, which contribute to the climate of progressive supports for children and their families. Its child welfare work force is stable and professional, particularly its child protective services staff, who receive a higher level of compensation than other line staff.

The State: Iowa has a population of 2,800,000 in 99 counties. The State capital, Des Moines, has a population of 193,000, with 392,000 in the metropolitan area. There are twelve cities with populations exceeding 30,000. The state has a relatively homogeneous population.

The Review: The breadth of the review was enhanced by the concurrent participation of the reviewer in a state-sponsored assessment of its newest initiative by the Washington, D.C.-based Center for the Study of Social Policy. The review encompassed a review of legislation and policy and interviews with a wide range of stakeholders. Line child protective services staff, state administrators, judges, county attorneys, service providers and legislators and families served by the child protective services system were included in the interviews.

Organizational Structure: The Iowa Department of Human Services is a state-administered system. Its income maintenance and service programs are delivered by an office in each of the 99 counties and supervised by an Office of Field Support. Programs are federal and state funded. The Department also administers child support enforcement, mental health and mental retardation programs, and youth corrections, including probation. Separate state agencies administer the remaining human service programs.

Programmatic Reform

Iowa's current reform involves legislation which contains the following provisions:

- the requirement that DHS develop an assessment-based (as opposed to purely investigatory) approach to investigating allegations of child abuse and neglect;
- the requirement that DHS pilot the assessment approach in five areas of the state;

- the requirement that the DHS response to allegations of abuse and neglect include a strength-based assessment of the family, lessening the emphasis on the isolated incident alone if the incident reported was not significant; and
- the requirement that only abuse and neglect which is significant will result in placement on the child abuse registry, with cases of lesser significance being maintained in DHS's regular internal files.

Specifically, the statute authorized the development of “an assessment-based approach to respond to child abuse reports, [that will] . . . protect the safety of the child named in the report [and] . . . engage the child's family in services to enhance family strengths and to address needs.” Child abuse or neglect cases subject to placement on the registry were limited to: cases referred involving juveniles; cases referred for prosecution; cases where medical or mental health treatment was needed; repeated founded reports.

The assessment initiative was designed to be revenue neutral, so there were no additional financial resources authorized.

Background and Implementation: In 1994 the Iowa Legislature established a Child Protection Task Force to review federal and state laws regarding child protection, including the use of the central registry. The Task Force consisted of key stakeholders in the field and was co-chaired by leaders of the House and Senate Human Resources Committee. The Task Force and numerous legislators had with increasing frequency been receiving complaints from families who felt they had been victimized by a child abuse or neglect investigation, as well as from mandatory reporters who expressed disappointment in the outcomes of investigations. Those whose names were placed on the central registry for relatively minor incidents and whose employment in the child care field was subsequently jeopardized were particularly vocal in their dissatisfaction. Critics of the traditional response system received broad newspaper coverage of their complaints.

In response to these criticisms, the Task Force recommended that the state pilot a change in the traditional DHS investigatory approach, testing the pilot assessment approach in several locations in the state. The legislature crafted Senate File 208 to implement this recommendation, and the measure passed unanimously in both Houses. In May of 1995 the Department of Human Services selected 19 counties involving all five of the Department's regions in which to pilot the new approach. Sites were selected from counties which demonstrated an interest in using the new approach, had stakeholder support for the change, and were willing to collect data with which to evaluate the effectiveness of the reform.

The Department undertook an immediate implementation planning effort which included the following steps:

- creating pilot project work groups of line staff, supervisors, and administrators;
- convening site meetings to inform and involve mandatory reporters about the change;
- drafting new administrative code language;

- convening eight site meetings to receive comments on the proposed rule changes;
- creating and providing training to certain county staff through the Child Protective Academy (which was made up of a consortium of the three state universities and the National Resource Center for Family Based Services);
- revising policy, procedures, and forms; and
- implementing the initiative on December 1, 1995.

The assessment approach differs from the investigative approach mainly in the engagement and assistance offered to families. The information gathered regarding the incident of abuse or neglect is the same in the assessment process as in the traditional investigative process. In an assessment approach to families, the worker approaches the family with a greater emphasis on helping solve the family's problems than in an investigative intervention. The assessment process places greater emphasis on family strengths and is more likely to offer services to address the family functioning issues which produced the abuse or neglect.

Early Outcomes: In the first two months of implementation in the pilot counties, data was collected to provide initial feedback to the legislature. Early results reflected the following changes. Of the 731 assessments conducted with families, 70 were placed on the central registry, or about 10 percent of the total conducted. Cases most likely to be placed on the registry involved bruising or worse, poor supervision where the caregiver had prior reports, and sexual abuse reports. In non-pilot counties, placement on the registry occurred in approximately 30 percent of all cases investigated.

Of the 731 cases assessed, 167 were assisted in using informal community-based supports, one of the goals of the legislation. Services by DHS were provided or continued for 273 of the families assessed. In the pilot counties 38 percent of families agreed to participate in ongoing Department services, compared with 27 percent in the 80 non-pilot counties.

Other reported outcomes of initial implementation included a greater degree of family satisfaction with the more helpful response of the CPS system, greater worker satisfaction with the new role (although there were exceptions), and feedback from mandatory reporters that the holistic approach of the assessment model was more effective. Additionally, the state's initiative attracted the interest of the Edna McConnell Clark Foundation, which included Cedar Rapids, Iowa, as one of its four sites in the new Community Partnerships for the Protection of Children Initiative.

Implementation Barriers: Implementation barriers have been twofold: the expected process and procedural barriers typical of a change in practice and unexpected and formidable opposition from some county attorneys who prosecute cases of abuse and neglect. During implementation DHS did experience an increase in workload in the pilot counties, largely associated with staff learning new procedures and applying new and

unfamiliar skills. Also, the new information system which was to support implementation experienced a number of problems, which created some staff frustration. Despite the workload and information system issues, staff remained largely supportive of the initiative.

From the beginning of the legislature's consideration of changes in child protective services statutes, county attorneys and other key stakeholders were invited to and involved in policy discussions. However, no opposition was raised to Senate File 208 until after it passed. Shortly after the passage of the bill, county attorneys in particular began to express concerns that the new law could impair child safety. Their objections centered on the following issues:

- They were concerned that the new law would require cases of founded abuse or neglect to be entered on the central registry only if the incident or condition was "significant." County attorneys believe that anyone who commits child abuse or neglect should be placed on the registry no matter how incidental the incident, and even in these cases, no matter what effect registration has on employment. County attorneys considered this change in registry definition to constitute a change in the definition of child abuse itself.
- They were concerned that the more holistic, assessment model might not be investigative enough to yield evidence which required a more adversarial approach to elicit.
- They were unhappy that they were not receiving copies of all assessment reports, just those in which the Department was seeking their assistance. They believed that their role in providing an outside oversight perspective regarding DHS practice was being limited.
- They were opposed to the provision of the law which gave DHS 72 hours from receipt of a complaint to initiate an assessment, preferring a shorter period.

As a result of concerns expressed by county attorneys and some other stakeholders, the legislature in 1996 amended SF 208 to respond to those concerns. Those changes involved:

- maintaining the definition of child abuse in its original form;
- limiting the assessment approach to the 19 pilot counties, holding up statewide implementation;
- requiring DHS to initiate an assessment within 24 hours;
- requiring that DHS provide all assessment reports to county attorneys and juvenile courts; and
- adding to the types of reports subject to being placed on the registry based on SF 208 any cases involving sexual abuse where the perpetrator is aged fourteen or older and cases where the perpetrator will continue to pose a danger to the child.

Following these changes, DHS continued implementation, made the necessary policy changes, and began providing county attorneys the desired reports.

The Current Status of Implementation: Because the assessment of Iowa's initiative was conducted concurrently with the Center for Study of Social Policy Review, dozens of interviews were conducted with a wide range of involved and interested parties. Generally, DHS staff supported the changes and county attorneys opposed them. The county attorneys most active in opposing the law did not work in any of the pilot counties and had no practical experience with the assessment process.

Line DHS staff were supportive of the assessment process and pointed out that there has always been some element of assessment in their engagement of families. They did report that the new approach made it easier to engage families in the provision of services. Staff felt strongly that nothing in the approach threatened child safety.

Coordination with law enforcement on team investigations remains unchanged from prior practice, where co-investigations were common. There was little law enforcement participation in less serious cases previously, so the new law has had little effect on relationships with law enforcement.

Interviews with opponents of the legislation reflected the same concerns which were referenced previously in this document, namely that child abuse definitions did not need to be changed, that all founded cases belonged on the registry, and that DHS should share copies of all founded cases with county attorneys and the courts. When interviewers followed up by pointing out that the amendment to SF 208 had returned the definition of abuse to its former wording and required DHS to share the desired reports, respondents acknowledged that those two concerns had been addressed. They still preferred the former design of the registry.

Respondents who raised concerns about child safety related to the assessment process were asked if they could provide examples of children harmed by the change in practice in pilot counties. None could cite any examples of harm, but speculated that the changes could result in increased risk of harm. Respondents were also asked if they were aware of any examples where DHS failed to respond when county attorneys expressed a concern about a case shared with them. No examples were cited, but some county attorneys felt that their check and balance on DHS, which was reinstated by the amendment to SF 208, was needed. When asked if an assessment of families might produce a productive outcome for families, a number of opponents agreed that it could. There was more opposition to the registry issues than to the manner in which families were engaged. As one county attorney put it, "there is nothing to prevent DHS from using an assessment model with families even if the law had not changed."

In assessing the opposition to the legislation, there seemed to be three issues involved. First, county attorneys did not want any changes in the registry and were not overly concerned about cases where the process might be overly harsh related to a minor incident. Second, there was residual resentment with DHS over the perception that

opponents were left out of the legislative planning process, which some described as secretive despite the inclusive nature of the Child Protection Task Force. The process of passage for the amendments to SF 208 were less inclusive and contributed to the perception of exclusion. Third, the provision which limited access of county attorneys to reports changed the balance of power and control between them and DHS, which may be one of the most significant underlying issues causing opposition.

Currently, the county attorneys are threatening to introduce legislation which addresses their remaining concerns. DHS will be submitting the evaluation by the Center for Study of Social Policy to the legislature and requesting authority to proceed statewide. The Center's assessment, which included a review of thirty cases from assessment and non-assessment counties, found no evidence of threats to child safety and supported statewide implementation.

Performance Outcome Measurement: DHS is using traditional performance outcome measurement approaches, but is aware that the new approach may require revisions to the current process. The Clark Foundation Initiative may provide the state some assistance on this issue.

Supervisory Accountability: Traditional approaches are used to manage the quality of CPS casework; however, there is a long tradition of teamwork with other stakeholders, including county attorneys.

Training: Training is provided through the Child Protective Academy, as previously mentioned. DHS is aware that statewide implementation will necessitate substantial training capacity.

Media Involvement: Media involvement has been modest, primarily focusing on the earlier complaints of parents. The quality of services in the state has helped Iowa escape the child tragedies which plague many systems. As a part of the Clark Initiative, the state and the Clark site, Cedar Rapids, will be developing a communications strategy to help inform the public and the community of the changes in practice.

Lessons and Challenges

- ◇ Ensuring that key stakeholders are involved in planning the change process and eliciting potential concerns early.
- ◇ Building system capacity to manage the change. This is relevant to staff beliefs and skills, workload capacity, information system supports, and policy design.
- ◇ Building an evaluation design which produces feedback early.
- ◇ Anticipating the effect of role changes in relationships with other stakeholders.

- ◇ Designing a communications strategy (not just for the media) which is responsive to possible opposition.

MARYLAND

Department of Human Resources

Organizational Structure: Social services, public assistance, child care regulation, and community services programs are administered by separate divisions, or administrations, of the Maryland Department of Human Resources. The programs are carried out by 24 local Departments of Social Services, located in 23 counties and in the city of Baltimore.

The programs administered by the Social Services Administration include child welfare, services to families, and services to families with children, including child protection, family preservation, foster care, and adoptions. The employees who provide and manage these programs are state employees. However, as is typical of locally administered systems, wide latitude, independence, and autonomy is afforded the local offices in operating these programs.

Scope of Review: The Maryland review concentrated on the child protective services system, specifically in the city of Baltimore, one of the 24 local Departments of Social Services. Interviews included the state's Social Services Administration executive director and CPS program manager, city of Baltimore police, officers working in child protection, a city juvenile court master, and a local DSS office CPS caseworker and supervisor.

Perspectives on Structure: In general, there was widespread support for the locally administered system. Features such as local decision making, greater control over budgeting and operations, flexibility in adapting to community needs, and community responsiveness and accountability were most often cited as advantages.

At the state level, however, several concerns about the system were identified. For example, greater difficulty in integrating and coordinating services between child welfare and welfare reform may occur. As a result, improved communication and cross-functional policy and program coordination between divisions are being emphasized by the DHR secretary. (The executive director is especially interested in closer coordination between CPS and Domestic Violence efforts.) Specific to child welfare (foster care) issues, growing jurisdictional and service conflicts between Social Services and the separate Department of Juvenile Justice over adolescent "status offenders" were also described by the state and local offices and those outside the system.

The state officials also pointed out the need for improved collaboration between the state and local departments, especially directed towards enhancing CPS performance and accountability. They are interested in working with local staff, stakeholders, and consumers to identify and establish more outcome-based performance standards, conduct benchmark studies, and generally improve guidelines for programs and policies. Balancing local flexibility with the need for some consistency and standardization is the overall goal.

The jurisdictional case conflicts between Social Services and Juvenile Justice have given rise periodically to discussions of combining these functions (perhaps also with those of Mental Hygiene, also referred to as mental health). Maryland's previous governor wanted to create a Children's Department, but legislative initiatives in this regard have been regularly and soundly defeated. Efforts to resolve these resources and case problems are carried out at the cabinet and sub-cabinet levels and through local DSS-DJJ teams responsible for staffing problem cases. As a last resort, some cases are "referred" by the juvenile court and joint custody orders issued. Such cases were described as "confusing" by local casework staff.

Finally, the structure of operations within the state office concerns the new executive director (who had been on the job only six months at the time of the interview). She described it as "very compartmentalized" with "too much specialization." Her goal is to devise a structure that will better support a focus on and a coordinated response to the needs of families. A state office reorganization may be made easier because of the significant number of state-level program positions which became vacant as senior staff took advantage of an executive branch retirement incentive plan offered.

Performance Measurements: A Governor's Task Force on systems review has apparently spurred strategic thinking and planning at the state and local office levels. These efforts are being aimed at improving program performance, service integration and inter-agency collaboration, and community and public relations. In the Social Services Administration state offices, this work has just begun. In the city of Baltimore department, a strategic planning process is underway. The process includes mechanisms for involving employees at all levels. Among the issues being worked on is the development of instruments to appropriately measure key results.

Accountability and Supervision: Although lacking a comprehensive state-wide performance measurement or quality assurance system, some accountability elements do exist in CPS. The Supervisory Review System (SRS) is a random sample case reading process conducted primarily at the local office level. A re-review—or second party review—of a sample of those cases is then performed by state office personnel. These reviews were described as "process-oriented," focused on responding to a standardized list of questions related, for the most part, to determining compliance with legal and policy mandates. Findings and recommendations are sent to both levels for appropriate corrective action. The results form a part of the state level director's performance appraisal, but not necessarily local directors' evaluations.

State headquarters personnel do conduct ongoing program reviews in support of Maryland's (heretofore) statewide CPS Risk Assessment Model (CARF). This model was developed several years ago with Action for Child Protection. However, even as officials are attempting to refine this review process, they acknowledge the model itself requires updating. This has led one county department to decide not to continue using the instrument. The state office is unable to prevent this (both a structure and policy issue).

The Social Services management information system is not seen or used as an effective management tool. Originally developed from the income maintenance system, the system

does track CPS investigations (for example, by investigation type, by family, by finding outcome), but does not provide victim-specific information. Local offices are on line with the state's system and CPS intake staff can screen statewide historical information back to 1983.

In the city of Baltimore, both juvenile court and police officials who work with CPS staff reported mostly positive perceptions about CPS. CPS intake caseworkers are viewed as usually responsive, competent, and reasonably well trained. Both groups pointed out, however, that these attributes do vary noticeably between caseworkers. Additional training, especially in interviewing techniques, were recommended. The police also noted some difficulty reaching CPS caseworkers and supervisors through the department's telephone system. The court, in particular, indicated CPS did "a pretty good job under the circumstances"—meaning the overwhelming difficulty of the work.

Baltimore CPS staff voiced pride in their work and satisfaction with their work environment. There was a strong sense of a "team spirit"—caseworkers, supervisors, and managers pulling together. The CPS section was likened to a "big family." Management in the department, in addition to the aforementioned strategic planning process, routinely involve line staff in standing advisory committees and other opportunities to be involved in decision making. A liberal approach to providing and paying for relevant training was also described positively, although the lack of supervisory-management training for front-line supervisors was identified as a weakness by both state and local office personnel.

Baltimore CPS staff did express concerns about their public image. They attribute negative perceptions by the media and community in large part to the limitations of confidentiality requirements. They are unable to explain case details and actions taken specifically enough to enable greater understanding and support from the public. Staff would like for their administration to take a more proactive approach to CPS public relations. The local administration obviously agrees, having taken steps developed through their strategic planning to hire public relations people and design a "marketing plan" (actually tied to the state's welfare reform program).

A formal performance evaluation system exists. For caseworkers, areas such as program and policy knowledge, oral and written communications, and detailed work products are evaluated. Supervisors obtain most of the evaluative information from case records. Supervisory appraisals cover both generic supervision issues and program-specific topics. Neither group seemed happy with the current instruments being used. They are, in fact, being revised to be "more fair and more concrete."

When confronted with controversial, highly publicized CPS case situations (called "blown cases" by staff), internal case staffings are held with the caseworker(s), supervisor, director, and other administrators. The case is thoroughly reviewed to determine if policies and procedures were followed, outside services or professionals appropriately used, and the records documented well and timely. These reviews were perceived as a mostly supportive process.

Also at the case level but external to the department, Child Fatality Review teams are established by law and operate in local jurisdictions. At the state level, a CPS advisory committee works with the department on issues of policy and advocacy (for example, a shaken baby syndrome awareness campaign). This group essentially follows the lead of the Social Services Administration. A Governor's Council on Child Abuse and Neglect is an autonomous body—without a CPS agency representative—appointed by the governor. Membership includes physicians, child advocates, and the governor's office for Children Youth and Families. This council's emphasis is on systems reform.

Multiple Response Systems: By statute, joint Social Services-Law Enforcement investigative teams are required to work sexual abuse and severe physical abuse cases. Maryland state attorneys are also part of the team's makeup. Local written agreements are developed to define working protocols, but, as would be expected, state officials report that the operations and effectiveness of the teams varies widely by jurisdiction.

In Baltimore, the child advocacy center led development of the "First Responder" program for handling such cases. Prior to April 1996, regular patrol officers were responsible for working with CPS on serious abuse reports. The results were a fragmented process stemming from poor communication and coordination of effort and the dissatisfaction of all parties involved.

The solution was the creation of a special police child abuse unit that responds immediately to reports of serious physical abuse (for example, those requiring hospitalization or medical treatment) and sexual abuse with victims under age 13. By design, the unit's officers take the lead role. Whenever possible they try to avoid conducting the initial interview, preferring that be held at the advocacy center by licensed psychological or social work staff.

The police are quite satisfied with this approach and with their relationships with the advocacy center and CPS caseworkers and supervisors. The CPS staff also believe the "First Responder" program is a better way to handle these serious cases. However, they are less pleased with the nature of the relationship with the police, believing they have relinquished some important control over CPS matters to law enforcement. They were especially concerned they were not being involved in these cases from the outset.

In addition to the support and prodding of the advocacy center, other reasons for the success of this program are that clearly written protocols have been established and feedback from other parties is incorporated into the agreements; a "coordinating council" meets monthly to resolve problems and improve processes; and teamwork is continually reinforced. Officers and CPS staff identified other improvement opportunities in the areas of joint training and the expansion of the advocacy center's capabilities (a funding issue).

Lessons and Challenges

- ◇ A meaningful performance measurement system is needed to effectively administer a state agency in a decentralized system like Maryland.

- ◇ Baltimore demonstrates the value of a “neutral” agency to help mediate conflict and resolve operational issues between child protection and law enforcement. In this case that role is being played effectively by the Child Advocacy Center.

MISSOURI

The Missouri Department of Social Services

The Missouri Department of Social Services has been engaged in a number of recent reforms, the most prominent of which is an assessment model of child protection interventions being piloted in several jurisdictions of the state.

The State: Missouri has a population of 5,137,000 in 114 counties. The state capital, Jefferson City, is located in the center of the state and is smaller than the large cities on the western and eastern borders, Kansas City and St. Louis. St. Louis is the largest city in the state, with a population of 400,000, with 2,400,000 living in the metropolitan area.

The Review: The review of Missouri's assessment process involved analysis of the authorizing legislation, subsequent evaluations of implementation and interviews with line child protection staff, providers of service and mandatory reporters, supervisors and administrators in the Division of Family Services, juvenile court personnel, and the state senator who sponsored the original legislation.

Organizational Structure: The Missouri Department of Social Services is a state-administered system. Its income maintenance and social services programs are administered through 114 county offices and a city office in St. Louis. Funding is primarily federal and state. Within the agency are AFDC (now TANF), food stamps, day care, LIHEAP, child support, youth services, Medicaid for the categorically needy, and social services. The Division of Family Services administers JOBS, child welfare, and rehabilitative services for the blind. The Department of Social Services shares responsibilities for aging services with the Department of Health. Other human services are administered separately.

Programmatic Reform

The statute requires the state to initiate a more flexible response to reports of abuse and neglect, piloting the initiative in five areas of the state. Reports involving more severe maltreatment and cases likely to involve prosecution are required under the law to receive a traditional child protection investigation, routinely including law enforcement in the response. If the case is substantiated, it is entered in the central registry.

Reports received which are not considered serious and which would not lead to prosecution are addressed by a family assessment, which focuses on a more helpful, less accusatory and stigmatizing response to the family's needs. Services, which are identified as needed, are provided largely through community organizations and are offered to the family on a voluntary basis. Cases can be transferred from one process to the other after first contact, if information collected demonstrates the need for a different intervention. For example, if

an assessment based on parent-child conflict reveals through a child's disclosure that sexual abuse is occurring, the case can be handled in the investigative manner.

The legislation requires a formal evaluation process and a formal recommendation by the Department to the legislature by January 1, 1998, regarding expansion statewide.

Background and Implementation: In the late 1980s Missouri, like many states, was experiencing a significant increase in the use of its central registry for employment background checks. To assure that those on the registry were given due process related to employment, the Director of the Department of Social Services appointed a task force in 1990 to examine the issue and make recommendations for improvement. An additional reason for the task force, according to one advocate, was a recent attempt by the citizens' group, Victims of Child Abuse Legislation (VOCAL), to elevate the burden of proof in child abuse cases to "clear and convincing evidence." The state wanted to be better prepared to respond to this proposal if it recurred. One of the task force subcommittees began to consider other improvements needed in the child protection system and suggested that the state consider two options for responding to allegations of child maltreatment: one for those cases involving serious harm to children and one for those cases where the harm is minor and more related to issues of family functioning. Because the recommendation was somewhat outside the task force scope and because there was not consensus on the subject, the multiple response recommendation was not adopted.

Several years later, one of the task force members who was a prosecutor at the time and who had been elected to the state senate, approached the Department about sponsoring legislation to create an assessment process. This senator had fourteen years' experience as a prosecutor and had initiated the state's first child death review committee, a process which later became a model for a statewide law. The House sponsor was a long-time child advocate and her credibility with advocates was a key factor in securing passage. The bill was introduced and passed in 1994, its first year of introduction, without serious opposition to the assessment concept. Because the HHS Children's Bureau had required the state to amend its basic child abuse statute related to language addressing religious exemptions to comply with federal statutes, the assessment bill contained other requirements. There was debate over the religious exemption issue, but comparatively little related to assessments. Citizens for Missouri's Children, an advocacy organization, was also enlisted in support of the bill.

The advocacy organization was instrumental in building support for the legislation, despite initial misgivings. The former director of the organization reported that the addition of the evaluation requirements was a key selling point.

In implementing the legislation, the Department began by revising its policies. Using an interdisciplinary committee, the Department designed a request for proposal process, inviting its county departments to submit a proposal to become a pilot site. Most counties included community stakeholders in preparing the application, such as school and court officials. The state eventually accepted all fourteen county proposals it received for participation. In the city of St. Louis and St. Louis County, the pilot was limited to only selected sections.

Implementation was proceeded by training for staff and the convening of a meeting with stakeholders at each site to explain the changes which would occur. Technical assistance on implementation was available from the state office.

The processing of cases under the new approach is as follows: reports continue to be received at the centralized state child abuse and neglect hotline and are transmitted to the appropriate county for a response. County department staff use a screening tool to determine if the case needs an investigative response or a family assessment. Cases appropriate for an investigation, such as those involving sexual abuse, assault on a child or endangering the welfare of a child, routinely involve law enforcement in a co-investigation. If the case is substantiated, that is if there is “probable cause” that harm occurred and that the act was committed by a person with custody or control of the child, the case is placed on the central registry. If services are identified as needed, they are provided, not always voluntarily insofar as the family’s options are concerned. The investigation may include crisis intervention related to child safety, but the assessment is primarily related to immediate safety needs.

In cases appropriate for a family assessment, case assignment is made to a staff member who will carry the case throughout the Department’s involvement, unlike the more specialized investigative response where the case is transferred after the investigation. The allegation of abuse or neglect is thoroughly assessed, but a comprehensive assessment of family functioning occurs and is conducted at an earlier stage of intervention than in investigation cases. Assessment cases which are substantiated are not placed on the registry if the family voluntarily completes the assessment process. As mentioned earlier, if facts reflect a need for a traditional investigation, the case may be treated as a part of the investigative process, involving law enforcement. Likewise, if facts revealed in an investigation demonstrate a need to handle the case as a family assessment, the approach can be modified before disposition.

Implementation Barriers: Implementation barriers have been modest, primarily related to the expected issues needing to be addressed in any new initiative: training and policy design, information sharing and making necessary procedural changes.

Resistance to implementation by external stakeholders was almost non-existent. The only objections reported by interview respondents were related to one site where law enforcement representatives attending the pre-implementation community meeting realized they had not been receiving copies of all allegations of abuse and neglect under the existing system. The county department had only been referring the more serious cases. The department agreed to forward all reports, and after realizing the volume and nature of the full spectrum of reports (many were minor or trivial), law enforcement agreed to resume the former practice due to the impact on their staff resources.

Some juvenile court officers have raised the concern that not placing all substantiated reports on the central registry, in the case of repeated reports, could make it difficult to collect evidence at a later time which might be needed to support a petition for removal in certain cases. However, the Department will still have a record of its involvement in such

cases, just not through the central registry. Other juvenile court officers are reported to like the new process, believing that the comprehensive nature of the assessments and service provision are a better demonstration of the reasonable efforts needed to elicit court action. The issues raised by juvenile court officers have not risen to the level of opposition. A key juvenile officer interviewed is a strong supporter of the initiative, asserting that he has found no compromises in child safety. He particularly liked the option to swap from an assessment approach to an investigative approach.

Staff of the Department of Social Services has been generally supportive of the change, although a few staff still prefer the traditional approach. One line worker in a pilot county who was interviewed described herself as initially opposed to the change, but has since become a strong supporter. She particularly likes the reduction in emphasis on blaming, believing that it causes families to be more willing to accept assistance in changing their behavior. Her main recommendation for improved implementation was to ensure that internal and external meetings communicating and promoting the change involve line staff, not just agency leaders.

Early Outcomes: Because of the legislative mandate for a formal evaluation, the Department contracted with the Institute of Applied Research in St. Louis, Missouri, to conduct an evaluation. In its impact evaluation at ten months, published in July 1996, the Institute assessed general trends, case characteristics, alternative care, recidivism, sample cases, and client family feedback. A summary of the Institute's published findings follows:

- There was a slight decrease in hotline reports from all but one of the pilot areas, compared with comparison sites. Reports increased, however, in St. Louis.
- In pilot areas, mild physical abuse/injury reports increased slightly as a proportion of the population served.
- In pilot areas, educational neglect reports decreased slightly as a proportion of the population served.
- In pilot areas, parent-child conflict reports have increased slightly as a proportion of the population served.
- Little difference was found in the characteristics of families served in pilot counties compared with comparison sites.
- There was a slightly lower placement rate due to abuse or neglect in the pilot areas (the difference was not statistically significant).
- There was a significant reduction in the average number of new hotline calls in the pilot counties compared to comparison sites.
- Pilot counties assisted families in accessing a larger number of community resources than comparison sites.

- More comprehensive assessments were provided to more families in the pilot sites than in comparison sites.
- A larger proportion of families in pilot sites showed improvement than in comparison sites.
- There was no evidence that safety of children in pilot counties had been affected compared to comparison sites, based on ratings of safety at case closing.
- Families in pilot sites reported greater satisfaction with the way they had been treated.
- Families in pilot counties reported greater participation in their cases.
- Families in pilot counties more often reported receiving services other than emergency shelter or counseling.

The Current Status of Implementation: Based on the findings of the Institute's evaluation, implementation is going well. The legislative sponsor says he has heard no criticisms of the initiative. There has not been enough time for more conclusive judgments about the effects of the initiative on families and the system; however, subsequent evaluations will address longer-term effects. The state believes that it is too early to request that the legislature authorize statewide implementation in the next legislative session, however it has discussed the issue with Citizens for Missouri's Children. State officials believe that if a proposal is made for expansion in 1998, statewide expansion should occur in stages to permit more effective implementation. The bill's sponsor, the former prosecutor, states that he regrets not having gone statewide immediately, given the success of the law and the relatively small number of pilots now in operation.

As a result of the state's efforts to improve its child protection initiative and expand the role of the community in helping families, the city of St. Louis was selected by the Edna McConnell Clark Foundation as one of its four grant sites for the Community Partnerships for Protecting Children.

Performance Outcome Measurement: The state recognizes that staff performance standards and job descriptions may need to be changed, but has not addressed the issue in an organized way. Technical assistance on performance standards may be provided to the state through the Clark Foundation Initiative. The state has only one classification of social worker and has not had to deal with merit system and compensation issues related to a change in worker function and tasks. In states where child protection staff are compensated at a higher level than family service staff, blending staff duties has raised questions about the need for two levels of pay.

Supervisory Accountability: Traditional approaches are used to measure the quality of child protection casework. In the Clark Foundation site (St. Louis) there is an interest in creating greater community participation in program accountability. Work in this area is just beginning.

Training: The state had already prepared its staff for more family-centered practice, so extensive retraining in this approach to families was not necessary. The state did provide training on the new process, however, giving additional assessment training to staff with investigative duties and training in investigations to staff who formerly had only family service responsibilities. Respondents reported the training as being quite good.

Media Involvement: There has been little media interest or attention to this issue.

Lessons and Challenges

- ◇ Having a legislative sponsor who is respected in the field was an invaluable support.
- ◇ The state believes that an incremental approach to implementation is needed to provide time to make the necessary policy changes and provide training to all counties.
- ◇ Evaluation is critical, especially if pilot approaches are used.
- ◇ Preparing the community for the change, in addition to preparing the administering agency, is a critical success factor.
- ◇ The emphasis on additional services to families receiving assessments will increase demands on community resources.

TENNESSEE

Department of Children's Services

The Tennessee Department of Children's Services is the newest example of a Children's Department, having been established in 1996. Tennessee has a long record of child welfare innovation and the new department emerges out of a prolonged period of administrative reform.

The State: Tennessee has a population of over four million people and is organized into 95 counties. The state includes four major metropolitan areas; Memphis, in the western part of the state is the largest, rivaled by centrally-located metropolitan Nashville. Most Tennessee counties, however, are rural. Culturally, most of Tennessee's population is European- or African-American with small numbers of persons from other cultures. English is the dominant language throughout the state.

The Review: The review consisted of interviews with a variety of child welfare staff of the Department of Children's Services, management staff of the Department of Human Services, juvenile court judges association staff, legislative staff, and criminal justice professionals.

Organizational Structure: The organization of the Tennessee Department of Children's Services is still being defined. The field services of the new department are directed by the Assistant Commissioner of Program Operations. Reporting to the Assistant Commissioner are three program "Directors:" one responsible for child protection, family preservation, and adoptions; another responsible for foster and group care, probation services, and ongoing family case work services; and one responsible for service contracting and support. The program offices prepare budgets, legislation and policy, oversee training, and guide the overall operation in the field. Line authority will flow from front-line workers to their supervisors through twelve regional directors who, in turn, report to the Assistant Commissioner for Program Operations. The regional structure and relations with local offices is still being developed at the time of this writing. The institutional programs are managed by an Assistant Commissioner's office separate from the services offered through the field offices of the department.

While the new system has not yet been implemented anywhere in the state, the DCS plans to operate a child protective services intake function with specialized staff statewide. This staff will investigate allegations of abuse and neglect, assess strengths and risks, make safety plans, refer for community services as needed (including family preservation services), and initiate action, when needed, to place endangered children in state custody. They will transfer the cases of intact families who need ongoing CPS and those of children placed in foster care in need of reunification and permanency planning to "Child and Family Teams," who will provide on-going services to the child and family. In turn the "Child and Family Teams" will rely on "Resource Management Groups" to locate placement resources

for children requiring non-relative out-of-home care. Some critics have raised concern that this design does not hold any one person with DCS truly “accountable” for the care of the child, and they fear that despite everyone’s best intentions, children will get lost.

Reorganization

The new department was created by the legislature following five years of administrative reform efforts designed to better integrate the children and family services of several departments:

Department of Human Services: Tennessee’s child protection services were a part of the Child Welfare Services section of the Social Services Division of the Department of Human Services (DHS). The DHS operates offices in all 95 counties and delivered the traditional range of child welfare services plus family preservation and the state’s first Healthy Start program. Direct services were limited to child protection, foster care, inter-state, and adoptions, with all others contracted to community providers.

Department of Youth Development (DYD): The juvenile corrections services were delivered through DYD. This included the operation of state juvenile corrections institutions and probation offices, most of which served several counties.

Department of Education: Among the large and varied programs and services of the Department of Education was a 250-bed residential facility, known as the Tennessee Preparatory School (TPS). Despite periodic efforts to transfer this agency to DHS, TPS has remained part of the Department of Education as the result of political resistance to a movement engineered by its alumni and faculty. Once a large (up to 450 beds in late 1970s) “home” for abused children, it has evolved into a hybrid of a juvenile institution used by many judges for youth as a last stop before commitment to DYD. By law, however, youth placed at TPS must be adjudicated “dependent and neglected.”

Department of Mental Health and Mental Retardation: The state’s children’s mental health services were provided through several state institutes and contracts with 33 community mental health centers. Both the DHS and DYD were consumers of these services. The mental retardation services for children were not a part of the reform nor were alcohol and drug services for youth.

The reform efforts that preceded the creation of the Children’s Department were called the “Tennessee Children’s Plan.” Under this rubric, the Commissioner of the Department of Finance and Administration (F&A), traditionally the most powerful commissioner in Tennessee state government, directed all these departments to restructure their services and the administration of children’s services under the leadership of his office. The budgets of all were combined into a single budget account. Departmental specific service contracts were rewritten to serve children of all departments. Successful efforts were undertaken to shift existing state costs for children’s services to the federal government. The F&A leadership began to manage many day-to-day operations of the departments, making

decisions on expenditures down to individual child level and approving some activities of individual front-line workers.

A new entity was created under Finance and Administration leadership, the Assessment Care and Coordination Teams (ACCT), which was placed in quasi-governmental contract agencies created the year before to help address the problem of indigent health care, the Community Health Agencies (CHA). The ACCTs were responsible for preparing a plan of care for all children entering state custody, regardless of the department holding that custody. This led to much confusion and conflict as the ACCT and the custodial department often disagreed about the child's placement or plan of care. The staff of the ACCT varied from experienced professionals to, more commonly, people fresh to the field who lacked any in-depth training in the job they were doing. It was not uncommon to have a family receiving mixed messages from the department and ACCT, plus the court and any one of an array of other possible actors (CASA, GAL, therapists, etc.). From the perspective of many in the departments, the ACCT was a duplication of effort and served only to increase confusion. From the perspective of those who fully supported the Children's Plan, the ACCT provided a check and balance on the system, serving in a managed care capacity.

Most of these elements (with the exception of most of the mental health functions) were brought together under the new Department of Children's Services. The new department consumed all of DYD, with the DYD Commissioner now serving as the new Commissioner of DCS. In fact, all the executive staff, save one, of the new department are from DYD. The DHS was a traditional public welfare organization and still continues (after the shift of child welfare staff) to provide income maintenance, day care, adult protection, and vocational rehabilitation services. TPS was transferred to the institutional operations of DCS. Responsibility for care of a small number of children in the custody of the Department of Mental Health was transferred to DCS along with 15 staff, but the other children's mental health services remained in the Mental Health Department. The ACCTs, while remaining "contract employees," now appear to function as members of the "Child and Family Teams" in roles pretty much indistinguishable from the state employees of the department.

Opinions on the process of reorganization vary, in part, based on where one sits. It seems many in the legislature and among the juvenile judges are content, for now, to wait for the department to sort out many of the details of reorganization. Within the department those closest to the Commissioner see more progress and promise than many in the field or in positions of less influence or knowledge. The state office operations have been reorganized and all (as of mid-November) are now co-located in the same office building. In the field, much confusion appears to persist as the process of reorganization and decision making is time consuming. After five months, five of the twelve regional directors have been appointed, and the role of many field managers is still unclear. As one DHS County Director, within whose office DCS staff still reside, explained "they (the DCS caseworkers) don't know who to turn to for guidance." In that case, upon inquiry, we found the former district program managers from DHS are still in place, but in all the uncertainty staff are unsure who is responsible for what. The timetable to "roll out" the new structure statewide is anticipated to take until August 1997.

Tennessee illustrates the complexity of managing the day-to-day operations of complex systems while trying to build the system around a new structure. Thousands of decisions need to be made and the nature of the work demands those decisions be made now. Unfortunately, many of those decisions are sequentially related to other decisions which have yet to be made. Still other issues demand more time and attention than the relatively few people in leadership have to spend.

Complicating the process are the challenges of gaining the support of other elements of the bureaucracy outside DCS and learning how to finesse the system. The department, for example, must resolve some important personnel classification decisions involving their front-line staff before they can move forward with implementation. From within DCS, it appears the state personnel department has been slow to decide upon the proposals. Without the decision, the DCS is “stuck.” As one official put it, “we are brand new” and “someone needs to give us a break” (on the budget and personnel issues) . . . or we won’t be able to “get this off the ground.” Other informants suggest that the new department initially did not have the necessary infra-structure in place to manage key support functions like the personnel and fiscal services. Without experienced leadership on these key issues, delays like the one with personnel are more likely. Other problems were noted in processing mileage claims and other financial transactions as the new organization sought to develop its operational support systems under the pressure of day-to-day demands of a large organization.

The process of creating the new department is extremely unsettling for many staff and diverts their attention from programmatic initiatives and efforts. But in the wake of the frustration of the Children’s Plan, many in Tennessee seem willing to ride out the confusion in hopes of an improved and more efficient system. Once the department is fully in place, the gains of creating the department may well appear worth the prolonged confusion; but, for now, it appears to many in Tennessee that the jury is still out.

“Will it be worth it? It is ‘too early to tell.’”
TDCS Staff

For many child welfare staff, the confusion of the new department is compounded by the process of a traumatic separation from DHS. There is a perception in DCS that DHS successfully sought to keep as many staff and resources as possible (for their Adult Protection responsibilities), including more counselor positions for APS than were previously directed to APS (as measured in full-time equivalents). This appears to many in DCS to mean that CPS caseloads increased with the move to the DCS. Adding to these problems was the identification of which clerical support and administrative staff and which pieces of equipment (everything from computers to cars) went to the new department. As one clerical staff person we talked to said, “It is awful, just awful.” Some of this may well sort itself out as the new department proceeds with implementation. If the department merges the staff of the DHS, DYD, ACCT, and Mental Health in more effective ways than existed under the Children’s Plan, it may well mean caseloads will drop. This is what some in the field are hoping for.

With the reorganization and shifts and the continuing uncertainty comes a sense of powerlessness for many. For the CPS and other child welfare staff the reorganization also meant a perceived change in management philosophy to a more “correctional” model of management. Where DHS had evolved to a decentralized state-administered system, the DYD was accustomed to a more centralized management style. There is much talk about “regionalization” of services and the organizational model envisions a great deal of local flexibility, but it remains to be seen how it will play out in reality.

The executive leadership of the new department is accustomed to a smaller organization (DYD) and is struggling to adjust to the larger, more spread out environment of the new Children’s Department and the complexities of child protection. The commissioner is likewise accustomed to a very personal style of leadership and is attempting to use that personal style effectively in the larger system he now manages. In smaller counties this approach often has positive effects as staff feel reassured by his personal interest in their problems. The critics of the process argue that personal leadership is no substitute for clear structure and expectations which have yet to develop.

Implementation of the Child and Family Teams will be challenged by the existing housing arrangements. The child welfare field staff of DCS is still physically housed in the DHS offices. It will take “months, even years” to create co-located offices where the Child and Family Teams can truly function as Teams. Initially, the Teams will need to overcome the problems of working out of several existing offices, including DHS, old DYD, and ACCT offices.

If this picture was not complicated enough, Tennessee is also actively reforming the Medicaid system with a new system called TennCare. The first phases of TennCare were introduced by the Department of Finance and Administration while the Children’s Plan was still evolving. The new medical and mental health service system added dramatically to the confusion of the Children’s Plan and now, in 1996, new revisions have radically restructured the mental health services provided under TennCare at the same time the state is creating the Department of Children’s Services. With new ways of accessing and paying for counseling and mental health and alcohol and drug treatment, front-line staff are confused and frustrated. This confusion is overlaid on the uncertainty of the new department with synergistic effect.

In the latest of a series of unsettling changes, the governor announced he was going to remove all the attorneys from the line departments and consolidate legal services into a single new organization. This has sparked fears on many observers’ parts that the already understaffed legal staff of the DCS will be detailed to other priorities, reducing the level of legal support for front-line CPS and child welfare staff needed for child protection and permanency planning.

Mixed with the constant reform has been the perception that those advocating the various reforms have devalued the contributions of those who have gone before. There is a sense that the past innovations and successes of DHS have been ignored in the Children’s Plan and in the organization of the new department. Some feel a proud history has been rewritten, and the new leadership places no value on what was accomplished in the past,

often with too few resources. Some also feel that those advocating reforms over the past few years tend to blame individual workers, supervisors, and managers for the failures and delays in implementing change rather than examine the wisdom of what is proposed or how the change is managed. One lesson from this experience is that reformers need to find a way to honor all that has occurred before the initiation of the reform, and through this action they may encounter less resistance than experienced when the objects of the change effort are made defensive and feel like all they have done in the past no longer has value.

Programmatic Reform

The priority and attention of programmatic reform in Tennessee has been limited by the Children's Plan and an explosion of children entering care. For the past five years most of the energy has been focused on custodial care issues and controlling the cost of out-of-home care. During the review, issues relevant to custodial care were often the first issue mentioned by a number of those interviewed outside the department. This focus on custodial issues and structural reform appears to have somewhat stifled innovation in child protection.

Some initiatives were designed by the staff, but support could never be gained for any serious implementation. In the early days of the Children's Plan, a voluntary service called Family Support Services was designed by DHS and resembled the "assessment" models of Iowa, Missouri, and Florida. The service was designed to divert families from the CPS system through early intervention and supports. Without budget support, and with all the energy devoted to the Children's Plan, the concept never developed beyond the design stage and the preparation of a draft policy. Other efforts to fully develop a "strengths-based casework" model (in consultation with the Child Welfare League of America) and a "concurrent planning process" (simultaneous intensive reunification and preparation for termination of parental rights and adoption in selected cases) for maltreated children in foster care never fully received the support statewide program staff had hoped for the same reason. Some parts of the state, with the discretion afforded by the strong regional system in DHS, made effective use of the groundwork in these efforts with local initiatives.

Tennessee did begin, just prior to the Children's Plan, a new outcome-oriented service planning system under the Risk Oriented Case Management (ROCM) model which was implemented statewide. Elements of the other reform efforts were integrated into this model. It has been institutionalized in the casework practice and services as the basis of a performance measurement system.

Other CPS innovations have included the creation of the ASSIST TEAM, a group of about 20 CPS workers and supervisors who have been identified for advanced skills and abilities and who are available at short notice to go anywhere in the state to respond to a complex and/or large-scale child abuse allegation. They have been deployed individually or in large groups. The DHS also entered into an inter-agency agreement with the Tennessee Bureau of Investigation to provide law enforcement investigators to work with the ASSIST team as needed and requested by local law enforcement.

Coordination With Law Enforcement

Tennessee is among those states with a long track record of coordination between child protection and law enforcement. After a successful DHS funded pilot in 1984, the Tennessee General Assembly passed a major child sexual abuse law which, among other things, mandated the “team” investigation of sexual abuse. After a decade the concept of team investigation has been institutionalized in policy and training and is the norm in many counties. While no firm data is available, it is estimated that on any given day about a third of the counties have well-functioning teams, a third have some form of team, even if it functions only part of the time, and a third are not really operating as a team due to a lack of support by one critical entity (local CPS, law enforcement, or prosecutor). The state has six child advocacy centers designed to further facilitate team operation and, after several years of discussions, the Memphis team is moving together, where CPS and law enforcement officers will share offices at the child advocacy center. The team model and protocols developed in Tennessee have been the subject of training in many other states, and the DCS workers and the Tennessee Bureau of Investigation and local law enforcement agencies routinely work together. (For more information see Tennessee Child Sexual Abuse Plan.)

Some in law enforcement are harsh critics of the Children’s Plan and the current confusion in organizing the new department. One investigator who has worked with CPS for over a decade commented that “no improvement of practice or service” had been seen as a result of the “Children’s Plan” and suggested many are very skeptical about the “new and improved” Children’s Department, which this investigator suspects will do nothing but compound and redirect the confusion. From this investigator’s vantage point, morale and effectiveness in the field was at its peak in the mid- to late-eighties (a period of organizational stability and programmatic innovation) when the legislature recognized the seriousness of severe child maltreatment, passed a broad comprehensive law, and charged a multi-disciplinary body of professionals with developing a plan to accomplish the goals of the law. These law enforcement officers perceive that, with DHS a partner in the advances of the period, much was accomplished when compared with the confusion of recent “ill-conceived” reform efforts.

Performance Measurement: See Page 29.

Supervisory Accountability: Tennessee relies on traditional means of case reviews to maintain supervisory accountability.

Training: Tennessee established one of the first full “certification” programs in the early 1980s and now puts all new staff through a formal certification process. The four-week residential training was cut to three at the outset of the DCS in an effort to get staff into the field faster. They are currently reevaluating whether the model which was developed in the 1980s still meets their needs.

Media Involvement: Media attention has focused on issues related to custodial care with the exception of periodic critical coverage of child abuse cases (usually focused on the failure of the agency to protect).

Lessons and Challenges

Reorganization:

- ◇ Constant administrative reform and upheaval distracts staff from improving service delivery.
- ◇ Overlaying other systematic reforms (TennCare changes or legal consolidation) on a major reorganization dramatically complicates the process, deepens the confusion and frustration, and encourages a sense of learned helplessness. Staff overwhelmed by change and more change have a hard time focusing on the finer points of quality service delivery.
- ◇ When possible, plan the implementation of the new structure before the effective date of the new department. Include front-line staff and community people in the process. Plan for the details. Worry about the small stuff. Like the launch of the space shuttle, the grandest enterprise can be grounded by the failure of the most inexpensive part. With child welfare reorganization, the details of service delivery, purchase of services, payment of bills, processing the paperwork, allocating resources all must be considered.
- ◇ If the new organization is really going to operate as a cohesive whole, then steps must be taken early on to create a common culture, shared experiences, and a sense of belonging as soon as possible. Frequent communication, investing in common office space, breaking down traditional roles, joint training—all help do so.
- ◇ There is danger (real or perceived) in staffing too many senior positions from one element of the reorganization. It tends to flavor the management of the new organization and sends a message of bias to the other parts of the new department.
- ◇ The “divorce” process from an organization can be traumatic and leave scars. The distribution of staff and resources needs to be negotiated in a “win-win” manner with communication to all levels of staff as to why the distribution is as agreed upon.
- ◇ The “new leadership” needs to honor all that has been accomplished by the staff under the previous model and leadership and build upon their successes rather than dismiss their efforts or dwell on the negatives. To do so only increases resistance.
- ◇ Staff will need to “re-tool” for any new roles they will assume, and training and orientation needs to be provided. Senior managers who now have responsibility in areas foreign to their experience need support and training just like line staff taking on new service delivery duties.

Programmatic Reform:

- ◇ Do not mix massive administrative reforms with programmatic initiatives. The program initiatives may well get lost amidst the pragmatic and sometimes mundane issues that emerge in reorganization. (What will my job be? Where will I sit? With whom will I work? Who will supervise me? What will happen to others I work with now? How do we make decisions now?) Plan and implement the reorganization and then re-stabilize the structure and leadership. Then the power and advantages of the new administrative system can be harnessed to reform practice.

PART THREE

**Overall Conclusions
and
Recommendations**

Overall Conclusions and Recommendations

Based on the surveys received, the case studies conducted, discussions with other child welfare administrators, advocates, and observers, the review of written documents, and the experiences of the consultants and staff of the National Children's Advocacy Center, the following conclusions, findings, and recommendations are offered.

Quality service delivery in child protection is a function of:

- ◆ A clear mission and vision (and sense of desired outcomes).
- ◆ Community-based services to *prevent* maltreatment before harm occurs.
- ◆ Voluntary community support systems for families in crisis.
- ◆ A strong multi-disciplinary intake/assessment model which focuses on full fact finding and identification of both strengths and risks without unnecessarily creating an adversarial relationship with the family.
- ◆ A clear family-centered practice model.
- ◆ Effective training in the service delivery model with job coaches for new staff as they are learning their professional responsibilities.
- ◆ Qualified and stable staff.
- ◆ Good communication between management, supervisors, and employees at all levels.
- ◆ Community-based diagnostic and support services.
- ◆ A reasonable workload with clear expectations about performance objectives.
- ◆ Effective supervision.
- ◆ Clear policy which supports implementation of the practice model.
- ◆ Performance measurement and feedback to the community, management, and line staff.

Any discussion of organization or reorganization, the distribution in authority, community involvement, or programmatic reform needs to be examined by the state to determine if the effort will help achieve these goals. The agency must focus on improving actual practice as the only way to improve outcomes for children and families. Administrative changes are only of value when they clearly support improved practice.

Organizational Structure

Findings:

- ◆ No single organizational structure holds a clear advantage over the other models. All have some distinct advantages and clear drawbacks.
- ◆ Visionary leadership and sound management can succeed with any of the models examined, and no model can succeed in the face of ineffective leadership or poor management practices.
- ◆ Accountability systems can be put in place, and performance can be measured in any of the models identified.
- ◆ No single model appears any more or less prone to public or legislative criticisms.
- ◆ Cross-departmental initiatives and coordination can succeed with executive sponsorship that can direct cooperation among agencies. This can take the form of a council of cooperating commissioners, governor's office leadership, or other entity (in Tennessee it was the Finance Department).

Distribution of Authority

Findings:

- ◆ Both state-administered and county-administered/state-supervised systems have advantages and disadvantages. Shifting between the two now would likely not produce enough positive results to justify the investment of effort.

Example: One key advantage of many county systems is local financial investment in child welfare. It is unlikely county government would automatically shift local tax dollars to what they perceive has been a state responsibility just because the agency is now "county administered."

- ◆ The alternative is to seek a hybrid model that provides the centralized leadership and consistency of a good state system with the local flexibility and innovativeness of a good county administered system. *A strong regional system seems to be a good compromise*, maintaining centralized leadership and accountability while allowing reasonable regional variability when needed and shifting much control and "ownership" of the program closer to the community.
- ◆ Success in regionalization is largely dependent on the personalities and abilities of those in authority at the regional or local level. The state needs partners at the locus of the shift, not those who are prone to power struggles or "win-lose" type negotiations.

- ◆ Most think decentralization is a good idea, but all seem to struggle with making it work. Decentralization does require the central office and those in the state capital to give up significant control and means regional or local managers must develop new skills and knowledge.

Reorganization

Findings:

- ◆ Reorganization is very costly and is likely to distract staff from programmatic innovation and improvement.
- ◆ Few programmatic problems will be resolved solely through reorganization. Major reorganization only makes sense if the new structure significantly enhances the state's ability to reform and improve services.
- ◆ Reorganization can sometimes provide a respite from some public criticism while the critics wait to see how the department will evolve. This lull in criticism should not be interpreted as a measure of improved services. In fact, service delivery may actually suffer as a result of the diversion of interest and energy to structural concerns.
- ◆ Logically it is easier to pull existing sections of an umbrella department out to form a new department than it is to merge the functions of more than one existing department into a new organization. **Note:** Because it is easier does not mean that it can be accomplished without a significant expenditure of time and resources and should not be undertaken without compelling reasons.
- ◆ States generally are not as effective in implementing programmatic reform if they are in the midst of major administrative reorganization.
- ◆ Ultimate success in reorganization may well be less dependent on the “plan” than the “process” used to manage the reorganization.

Programmatic Reform

Findings:

- ◆ Several child protection reforms under development hold promise and are worth exploring (such as the variable response to child abuse and neglect allegations).
- ◆ Programmatic reform efforts need key political allies from the range of the political spectrum. A sponsor with a respected track record in criminal justice is, for example, a choice for championing the variable response model.

- ◆ Introduction of a variable response reform will probably change the roles of some outside the child protection agency (law enforcement, prosecutors, county attorneys, judges, community services providers), and they need to be a party to the change or they may effectively undermine the reform effort. (See Iowa case study.)
- ◆ Close attention must be paid to “marketing” the reform. Most people, especially allied professionals in law enforcement, prosecution, and medicine, tend to imagine cases of severe child abuse when they think of child protective services. Allegations of severe child maltreatment, however, actually represent the minority of reports. The “assessment” process with the family-centered casework model is targeted most directly at the majority of CPS referrals which are not life endangering or related to a sexual assault. When some in the community hear discussions of a less adversarial approach to child protection, they will imagine the most severe forms of maltreatment, producing strong resistance to the reform. Rather, it is better to talk about strong investigation and team work with law enforcement in severe allegations and make it clear that the less “investigative” model will be targeted at families where the abuse and neglect has not been severe.
- ◆ Avoid linking the variable response reform to changes in the Central Registry System.
- ◆ Programmatic reform efforts need to include practical supports, not just changes in mission and language. The reform must be accompanied by changes in the actual practice model with supporting training and policy, as well as changes in supervision and what staff are held accountable for.
- ◆ In a variable response system, attention needs to be paid to the assignment of cases to different type responses. Clear criteria needs to be in place and backed up by safeguards like Florida’s requirement that children in *all* accepted referrals, regardless of nature of allegation, be seen within 24 hours.
- ◆ Logically and anecdotally, the variable response model does appear to hold much promise of more effective casework relationships with the majority of CPS clients, but this cannot yet be empirically supported by data.
- ◆ Programmatic reform needs to be designed and implemented in conjunction with CPS’s community partners and the line staff of the agency.

RECOMMENDATIONS:

Our recommendation is to focus on improving program and management services, not changing structure unless the present structure is so dysfunctional that programmatic reform cannot be accomplished.

Once desired program reforms are accomplished and in place, the state can examine whether organizational barriers persist, which can then be addressed as needed.

Before Making a Decision About Reorganization, Consider:

- ◆ Does the state have a strategic vision, a service delivery model, and clear goals? Are there barriers to implementing these within the existing structure?
- ◆ What is the problem the state is trying to address? Will the proposed organizational structure address the problem directly? If not, then address the program issue and do not reorganize. Reorganization will only divert energy and interest from the real problem.
- ◆ If the program's mission can be accomplished within the existing structure, it is perhaps wiser to invest the time in improving services without adding the disruption of restructuring.

If a Decision Is Made to Reorganize, Consider:

- ◆ Legislative authority must be broad enough to allow adjustments in the implementation phase.
- ◆ Establish a clear sense of mission and vision for the new organization which in some way integrates the previous missions of all the programs involved.
- ◆ Plan to *have the departmental infra-structure in place before initiation of the plan* (that is, key state and regional management identified and personnel and fiscal procedures operational). Worry about the details and how they will play out in the most remote rural office as well as in the big city. Involve front-line employees in this work.
- ◆ Understand any new tasks that staff will be expected to carry out and provide the training (retooling), including managers.
- ◆ To maximize the benefit of the new organization, co-locate staff now and accept additional costs of duplication of leases. Look for ways to build a new organizational identity and culture.

- ◆ Find ways to acknowledge and honor all that has been accomplished in the previous organization(s), and focus on how the new organization will build on these accomplishments. Find a win-win explanation for why a new organization is needed.
- ◆ Involve the employees and the “community” in the process, and communicate openly throughout the process. The new system must work to support front-line practice or it is of no advantage. Front-line employees will focus on the details that state level staff do not perceive as significant. The details, when combined with the broad vision of the new organization, will ultimately determine how successful the reorganization is. Changes in the agency also impact community professionals who, if involved in the planning, can help the state anticipate the changes and build support.
- ◆ Plan before reorganizing and then get it over as soon as possible, allowing a sense of stability to emerge as rapidly as feasible.

When Considering How to Distribute Authority, Consider:

- ◆ Create what was referred to in the management classic, *In Search of Excellence*, as “loose-tight” controls. Identify the key operating principals, performance indicators, and outcomes, and manage for these, allowing the regions and counties to exercise maximum control over all else. The state “tightly” controls and tracks a few key performance variables (accountability) and encourages innovation and flexibility by “loosening” control on all else. The key is trust and controlling the right things, the ones that really count.
- ◆ It is important to have consensus around performance and standards.
- ◆ In an effort to shift authority to the local or regional level, *do not allow delegation of authority to be confused with abdication of responsibility by the state*. The state must put in place the means of maintaining accountability.
- ◆ Encouraging regional or local control requires competent and trusted managers in positions of authority at regional and local levels. After all, you are investing great authority and discretion in them. If the realities of the state mean these positions will be filled with partisan, political rather than professional, considerations in mind, a decentralized system becomes unmanageable.
- ◆ State headquarters must be adequately staffed and resourced to develop proper policy and training, monitor implementation, and provide technical assistance. Decentralization must not be used as a justification to reduce state office staffing without careful analysis or the state will lose the ability to lead and be accountable. However, the state office roles and functions are likely to need restructuring to support decentralized operations.

When Programmatic Reform Is Contemplated, Consider:

- ◆ Do not overlay multiple *competing* reforms on top of each other. Create a clear sense of vision for the reform effort as a cohesive whole and implement it, adjust it, and institutionalize the reform before introducing the next effort.
- ◆ When implementing a variable response model, be sure the law enforcement support is truly present through true teaming of CPS and trained investigators.
- ◆ When implementing a variable response model, be sure staff are trained to gather accurate facts, be alert for deception and hidden risks, and identify family strengths and build positive relationships with the caregivers (not an easy task).
- ◆ Develop policy and training framework before implementation.
- ◆ Limitations often preclude the internal capacity of the existing state office staff to operate the day-to-day program while designing a major reform, re-writing the policy, and developing the training. The state may find it wise to invest in a temporary increase in state office capacity so one team can take the lead in designing and supporting the reform while the other keeps the system operational. This could be done through contract support or by reallocating staff from the counties. (The latter is not likely to be a popular move in the counties.)
- ◆ When considering a variable response reform, the state would be wise to send staff, including some from the service delivery level, to visit a state already in the midst of a similar reform.

When Building Community Involvement, Consider:

- ◆ Involve community in defining the performance measurements.
- ◆ Involve the community in assessing agency performance, such as in Alabama and Florida.
- ◆ Use the community partners in responding to the media.
- ◆ Enlist someone neutral to help facilitate changes in interagency relationships (such as the role played by the Child Advocacy Center in the Maryland case study).

Closing Note

While conducting this survey, we found that the professional staff of the Washington State Department of Social and Health Services, Children's Services Administration, and the research capacity of the agency are well regarded and respected among their peers nationally.