



OLR RESEARCH REPORT

March 12, 2001

2001-R-0301

DEPARTMENT OF CHILDREN AND FAMILIES REORGANIZATION

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You asked for (1) details on the governor's proposal to reorganize children's services, (2) a history of the Department of Children and Families' (DCF) attempts to reorganize over the past 10 to 15 years, and (3) examples from other states of effective child welfare agency organization.

We have also enclosed, as you requested, a copy of the Program Review and Investigations Committee's 1999 report on DCF organization.

SUMMARY

Few details are available on the governor's proposal to reorganize children's services. The bill (6707) calls for a new Department of Children with four autonomous offices: child protection, behavioral health, juvenile justice, and prevention services. The head of each office will report to the department head. Each office will be responsible for its own administration and budget, and apparently will be immune from changes in other offices' budgets and administration.

DCF has undergone at least four reorganizations since 1990. These appear to have been undertaken for management, as opposed to policy, purposes. They have tended to reduce the commissioner's span of control while spreading responsibility among deputy and assistant commissioners. Most direct client services were and continue to be under the direction of one deputy. The agency's organizational structure

has usually given child protection prominence among its three statutorily mandated areas of responsibility—child protection, juvenile justice, and mental health. Juvenile justice is generally on the same organizational level but with fewer functional divisions, and mental health has typically been placed in a lower organizational rung. The role of quality assurance has been elevated in the past two reorganizations.

Connecticut is one of five states that consolidates child protection, juvenile justice, and children's mental health services into one agency. Other states separate these services among agencies or put some of them in an umbrella agency that also serves adults. Two of the other consolidated states, Delaware and Rhode Island, appear to organize along the lines of their mandated services areas. Tennessee's organization is more like Connecticut's with child protection and mental health in one division, juvenile justice in another, and support functions in others. We could not obtain the organizational structure of the fifth consolidated state, New Mexico.

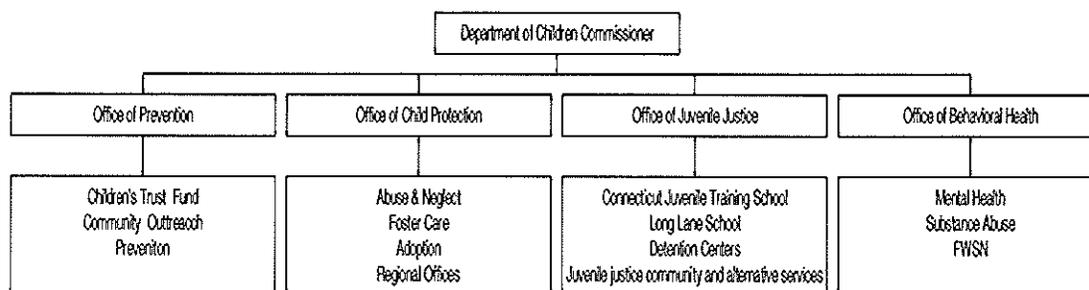
Organizational innovations in child services principally address service coordination. This is seen in the trend toward systems of care in mental health services, which look to coordinate services and funding, fill service gaps, and manage cases through a community-based structure. Virginia has established a state level, interagency coordinating body to implement its system of care, and several states, including New York and Rhode Island, have interagency cabinets whose mission is to plan for and coordinate across a broad range of children's services.

Other innovative trends, particularly in child protective services, include relying on community-based organizations to provide services (Florida) and instituting systems based on performance in attaining set outcomes (Washington). But these have less effect on agency organizational structures. We were unable to locate any evaluations of states' organizational structures.

GOVERNOR'S REORGANIZATION PROPOSAL

Bill 6707 requires the DCF commissioner, Office of Policy and Management secretary, and chief court administrator to develop a plan and financial model to establish a new Department of Children in July 2003. The bill calls for the new department to have four autonomous offices: child protection, behavioral health, juvenile justice, and prevention services. The head of each office is responsible for its budget and administrative accountability. The department head is responsible for final budgetary approval and overall policy coordination. Figure 1 displays each office's functions under the bill.

Figure 1: Proposed Department of Children Organization



Details on the proposal are sketchy. DCF Commissioner Kristine Regaglia's written testimony to the Human Services Committee public hearing on the bill stated that each office would have its own budget as well as "fiscal and management accountability." This would ensure "that changing events or budgeting affecting one area do not have unintended consequences in another area." She said that the proposed structure would ensure that each of the four mandate areas would receive specialized focus and meet goals set in DCF's strategic plan.

OPM Secretary Ryan and Child Advocate Jeannie Milstein also submitted written testimony, but it presents no further details. Milstein supported separating the department's child protection and behavioral health functions. Ryan emphasized the consolidation of juvenile justice services currently separated in DCF and the Judicial Branch.

Hearing transcripts, which might provide more details, are not yet available.

DCF REORGANIZATION HISTORY

Establishment

DCF's predecessor, the Department of Children and Youth Services (DCYS) was created in 1969 to provide for the care and custody of adjudicated delinquents. Its jurisdiction was expanded in 1974 to include (1) protective services for abused and neglected children (transferred from the Welfare Department) and (2) children's mental health services (transferred from the Mental Health Department). This action made Connecticut the first state to consolidate all three functions in a single executive agency.

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The agency's name was changed in 1993 based on a recommendation by the Hull-Harper Commission, which comprehensively studied state government organization. The commission made no recommendations concerning the agency's structure or function; neither did its predecessor in studying government organization, the Thomas Commission.

1990 Baseline

A 1991 Program Review and Investigations Committee study of DCYS' protective services function is the first organizational plan we located. It describes the agency's structure at that time as "highly decentralized." The commissioner and a single deputy commissioner were responsible for all central office operations. The central office coordinated all statewide financial, policy, planning, and personnel functions through eight divisions: protective services, education, policy, program development, fiscal, personnel, management information, and quality assurance. Six regional offices provided all direct client services and were responsible for daily decision-making.

The heads of the department's mental health and juvenile justice institutions and the six regional directors were on an organizational line below division heads. They all reported to the deputy commissioner. (An organization chart is attached: attachment 1.)

The divisions' responsibilities were as follows:

1. Protective Services: administer child abuse reporting hotline and interstate compacts on child placement and supervision, locate adoptive families for children in DCYS care, and train staff;
2. Education: educate children in agency mental health and juvenile justice facilities;
3. Quality Assurance: license and monitor foster homes and other out-of-home placement agencies;
4. Program Development: develop models and manuals for a continuum of mental health, juvenile justice, child welfare, and substance abuse programs;
5. Policy: provide policy analysis and review, develop regulations, coordinate development of required plans;
6. Fiscal: audit grantees, regional offices, and DCYS facilities and set rates;

7. Personnel: conduct payroll and related functions, negotiate contracts for central office, regions, and institutions; and
8. Management Information: develop and maintain data collection and management systems.

Juan F. Consent Decree and the Reemphasis on Child Protection

The provisions of the 1993 *Juan F.* decree emphasized DCF's focus on child protective services. It also required DCF to create (1) a central Office of Family Training and Support and (2) regional family and training support units. Two years later, as a result of several highly publicized deaths of children in DCF custody, the legislature began a policy toward child protection rather than family reunification. Both affected DCF's organization.

As a result of these decisions, DCF's organization in late 1995 differed significantly from 1990. The central office had been consolidated into three major divisions: administrative support, programs, and juvenile justice. The first two were headed by deputy commissioners; juvenile justice reported directly to the commissioner. Attachment 2, taken from a 1995 Program Review study of foster care, shows the agency's organization.

The divisions' responsibilities were as follows:

1. Administrative Support: statewide management and operation of budget preparation and resource allocation, management information, policy and program development, personnel, quality assurance, staff training, rate setting and contracting (the division essentially consolidated the fiscal, personnel, management information, quality assurance, policy, and program divisions from the 1990 organization);
2. Programs: child protective and family services, regional offices, family training and support, health management (including mental health), education, and administrative case reviews; and
3. Juvenile Justice: Long Lane School and parole.

The department also created an ombudsman's office and special case investigation unit, which reported directly to the commissioner.

1996 Reorganization

In 1995, Commissioner Rossi commissioned KPMG Peat Marwick to review the DCF's central office organization and staffing. KPMG found numerous problems with the existing structure (described above). These included: (1) the numerous small divisions and units hindered integration and cross-department communication, (2) the commissioner's span of control (nine direct reports) was too wide but did not include one of the agency's mandate areas: mental health, (3) too much of DCF's functional responsibility (75% of budget) was concentrated in the deputy commissioner for programming, and (4) planning and program development did not have high priority in the structure.

KPMG devised a new organizational model based on a variety of principles. These included: (1) directing maximum resources and staff to activities directly related to the DCF's mission, (2) supporting the intent of the consent decree, (3) promoting efficiency and effectiveness, (4) improving horizontal communication, (5) integrating like functions and processes, and (6) ensuring that central office functions provide maximum support to field staff.

Its recommended structure called for five offices reporting to the commissioner: administration and finance; program development and planning (new); juvenile justice; child welfare; and health, mental health, and education (new). This proposal (1) split the Program Division into separate child welfare and health offices and (2) elevated the Administrative Division's policy planning and program development units to office status. KPMG also recommended creating a chief of staff position, which consolidated the ombudsman, special investigations, and legislative liaison functions, and a public information office.

As shown in Attachment 3, Commissioner Rossi essentially adopted these recommendations, except for the chief of staff and public information office.

1998 Reorganization

Current DCF commissioner Kristine Regaglia reorganized the agency shortly after she assumed office in 1998. While she retained much of the previous structure, this reorganization (1) reduced from five office directors to two deputy commissioners and an affirmative action officer the number of people reporting directly to the commissioner, (2) elevated quality management to bureau status, (3) demoted program development and policy planning to division status under quality management, and (4) created a new foster and adoption services office at the same level as

child protective services. It also removed the term mental health from the title of the Children's Health and Education Services Bureau. This organization is depicted in Attachment 4.

Current Organization

The January 2001 organization chart (attachment 5) shows six people reporting directly to the commissioner. One deputy commissioner is still responsible for most direct client service programs (child protection, behavioral health and education, and juvenile justice). Foster care and adoption services are back under the child protection bureau. A new assistant commissioner position oversees a finance and management information bureau as well as affirmative action and capital projects. The training academy has been separated from the quality management bureau and reports directly to a deputy commissioner, as does a distinct strategic planning function.

ORGANIZATION ALTERNATIVES AND INNOVATIONS

Alternative Ways to Organize A Consolidated Children's Agency

Connecticut is one of five states (Delaware, New Mexico, Rhode Island, and Tennessee are the others) that consolidate protective services, behavioral health, and juvenile justice in one children's agency. (OLR report 99-R-0186, attachment 6, discusses states' approaches to organizing children's services.) Each has a different organizational structure.

Delaware. The Department of Services for Children, Youth and their Families is divided into four divisions—family services, mental health, youth rehabilitation, and management services. The Family Services Division is comprised of three offices.

1. The Children's Services Office (1) investigates child abuse reports and provides treatment services, (2) promotes family stability, and (3) collaborates with the state Education Department to provide early health and education intervention programs.
2. The Prevention Office develops community-based programs to prevent substance abuse, child abuse and neglect, delinquency, and mental illness.
3. The Child Care Licensing Office licenses day care, residential care, foster care and adoption services, and day treatment services. It also conducts background checks on child care workers.

The Youth Rehabilitative Services Division supervises adjudicated youth in detention and on probation. The Child Mental Health Services Division provides an array of inpatient, residential, and community mental health and substance abuse treatment services. The Management Division director oversees units devoted to management information and assessment; planning, monitoring, and evaluation; education for children served by the rehabilitative and mental health divisions; and cost recovery.

Rhode Island. The Department of Children, Youth and Families (DCYF) organization chart (attachment 7) shows six units that report directly to the department director: child welfare services (including four regional offices); behavioral health and education; juvenile justice; administration (including contracts, licensing, staff training, legal services, and human resources); financial management; and management information, research and evaluation. A chief of staff who oversees offices of practice standards and community relations may also report directly to the director, but the organization chart is unclear.

Rhode Island also has a Children's Cabinet comprised of the DCYF director; directors of the Administration, Mental Health, Retardation, and Hospitals, Health, Higher Education, Elementary and Secondary Education, Human Services, Labor and Training, and Elderly Affairs departments; the state's chief information officer; and the governor's policy director.

Tennessee. Created in 1996, the Department of Children's Services (DCS) is the newest consolidated children's agency. It brought together services previously provided by six different departments: child protection, foster care and adoption, licensing, delinquency services, mental health services, managed health care for children, the Tennessee Preparatory School (a residential facility serving 12 through 17 year olds who are dependent, neglected, or at risk of delinquency), and various administrative functions.

DCS is organized into four main divisions: program operations, departmental treatment facilities, support services, and fiscal and administrative services. They all report to a single deputy commissioner. They perform the following functions:

1. Program Operations: administers protective, foster care and adoption, family crisis intervention, independent living, and probation services and interstate compacts. The state is divided into three regions each headed by an assistant commissioner who

reports to a deputy commissioner; two program directors in charge of the various client services also report directly to that deputy.

2. Residential Treatment Facilities: manages four youth development centers, 13 DCS-run group homes, the Tennessee Preparatory School, and other residential facilities.
3. Support Services: provides education, health care, and food service for children in DCS custody; administers management information systems, and provides staff development and training.
4. Fiscal and Administrative Services: develops and monitors budget, processes and accounts for payments and receivables, and provides other administrative supports.

The DCS organization chart (attachment 8) also shows 16 units that report through a set of "special staff directors." Many of these, like training and volunteer services, food services, and education, may be affiliated with the Support Division.

Innovations

Recent innovation in states' services for children involve coordinating services, devolving service provision to the community level, and emphasizing outcome-based performance. Service coordination innovation sometimes involves organizational structure, while the latter two areas do not seem to.

Coordination. Fragmentation is seen as a weakness in the provision of both protective and mental health services. Children in protective services often need physical and mental health help, housing, and income support, which in most states are provided by separate agencies. In the mental health area as well, a variety of agencies typically provide or pay for services, particularly when a child has a serious emotional disturbance.

Connecticut's planned KidCare system, like those in Rhode Island, Vermont, Virginia, and elsewhere addresses mental health service fragmentation by trying to coordinate services and funding in a "system of care." These systems (1) merge varied funding streams into a single pool; (2) employ case managers to coordinate service delivery; and (3) fill service gaps with nontraditional "wraparound" services such as transportation, parent training, and financial counseling.

Virginia further coordinates its system of care through a State Executive Council that includes the commissioners of health, mental health, mental retardation and substance abuse services, juvenile justice, and social services; the superintendent of public instruction; the executive secretary of the Supreme Court (like Connecticut's chief court administrator); a local official; a parent; and a (nonvoting) private provider. The council, among its other responsibilities, (1) establishes and oversees the administration of interagency program and fiscal policies; (2) oversees and coordinates prevention and early intervention programs under the member agencies' control, including collocation of offices and local interagency program management; (3) reviews and acts on problems brought to it from interagency management teams; and (4) prepares a biennial state coordinated services plan and a progress report on plan implementation (VA Stat. § 2.1-746 et. seq.)

Several other states, including Rhode Island and New York, have cabinets or councils that address the full range of children's issues. The mission of New York's Council on Children and Families is to ensure that services to this population are coordinated "in order to achieve the most rational and effective service system possible." It is comprised of agencies serving children, elderly people, and people with disabilities; health, mental health, and substance abuse agencies; criminal justice and probation agencies, and the labor department.

The council's mandate includes resolving placement issues for children with multiple disabilities and service needs and other hard-to-place children and facilitating transitions for youth into various adult service systems. It has also established Touchstones—goals, objective, and outcome measures in six life areas: economic security, physical and emotional health, education, citizenship, families, and communities—to further interagency focus and policy development (NY CPL Exec. Law §§ 441 et. seq.)

Devolving Services. Child protective services (CPS) systems have been criticized recently for their rigidity, inclusion of families who do not need service, and isolation from the communities in which the families they serve live. Several states have reformed their CPS systems to better assess families' and provide targeted services to them and to provide those services through community-based organizations rather than a government agency.

Florida enacted three laws between 1992 and 1995 to reform its CPS system. The first mandated a strategic CPS plan; created smaller service areas; and established local volunteer advisory boards to identify needs, set priorities, and measure outcomes. The second, and perhaps most

significant, instituted a locally determined risk assessment methodology, tiered investigation (CPS investigators or police) and services based on the severity of the risk found, and an emphasis on family support services where appropriate. In some places these services are provided by community-based agencies. The third new law eliminated the classification of reports as confirmed or unfounded, which the strategic planning process found created much antagonism among families (Fl. Stat. Ann. 415.501 et. seq.)

Outcome-Based Accountability. The 1997 federal Adoption and Safe Families Act requires states to determine whether their CPS efforts are leading to positive outcomes for children and families. It requires the Department of Health and Human Services to identify outcome measures. Even before this law was enacted, the Urban Institute reports, many states had implemented quality assurance (QA) and accountability systems, began or increased their use of performance-based contracts with private providers, and increased their ability to track outcomes.

Alabama, Massachusetts, and Washington all created QA processes within the past five years. Alabama evaluates the adequacy of case assessment and planning, service matching and delivery, family and child participation in service planning, and client satisfaction.

Child welfare agencies in Colorado, Florida, Minnesota, and New York have developed strategic plans that include detailed outcome goals and methods for tracking progress toward meeting them. For example, Washington's contracts with provider agencies must require them to track progress toward meeting strategic goals. The agencies are rewarded or penalized depending on their progress.

SS:ts