Appendix B

DRAFT

From Child Protective Services to Family Intervention:

Redesigning the Front Door

Concept Paper

for the

Illinois Department of Children and Family Services
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Contents

Part I. Reasons for Redesigning the Front Door

The Illinois Department of Children and Family Services has embarked on an effort to redesign the way the initial services are delivered to families who have been the subject of an abuse allegation. The project most directly impacts the investigative function and in-home services but also affects prevention and out-of-home services. Its genesis is a series of issues that have been articulated by planning groups, agency administrators, caseworker staff and community leaders. For example, the July 1994 **Framework for Illinois Child Welfare System** cites, as one of its central themes, the need for "Front Door" improvements to the child and family services system.

In the current model, the State Central Register receives a report of abuse and/or neglect and assigns a specific allegation to the report which is then transmitted to the Child Protection Investigator (CPI). The investigator goes out to evaluate the situation, focusing on the specific allegations. His or her goal is essentially to verify the truth in the allegations. Because of this single focus, the investigator provides few if any links to services to the family. At the conclusion of the investigation, the investigative worker passes the case on to the Division of Child Welfare if additional services are needed.

Statute requires that the investigation worker not only establish the truth of the allegations but also conduct a safety assessment. There is, however, no direct connection between the simple truth of an allegation and the jeopardy to the child's current safety. The safety assessment is therefore a distinct function performed by the investigator which requires consideration both of the immediate dangers the child faces and of the resources that may eliminate that danger. In short, the safety assessment is a casework function, yet the investigator has neither access to nor training in the use of services other than out of home placement. Thus the separation between the investigative and the casework functions and the simultaneous assignment of the assessment to the investigator leaves only two strictly correlated choices: either the child is safe and can remain in the home or the child is not safe and must be removed.

To evaluate the proposed model adequately, it is important to understand the problems the model is attempting to address, the goals of the system of which it will be part, the theoretical framework behind the solution, the objectives of the model, the strategies for pursuing those goals and the questions which have to be resolved before implementation can be completed. This paper provides an overview of these points.

Problems to be Addressed by Model

Between fiscal years 1990 and 1994, the number of child abuse and neglect reports accepted by the State Central Register (SCR) rose by 24 percent, from 60,737 to 75,514. Because the indication rate has remained constant during that period, the number of families needing services has risen by an equal proportion.

Many of the families coming into the child protective system in Illinois require more intensive interventions than those seen in early times. While child abuse reports were rising by one-quarter, the number of protective custodies taken by DCFS rose by more than 40 percent. Moreover, families who receive services are staying in the system longer now than previously, whether they are served while intact or while a child is placed in foster care.

No change the agency can make will have an impact on the numbers and types of families appearing before it. What the agency can do, however, is create mechanisms through which it is better able to respond to families in need. DCFS now struggles with its ability to respond to the families in greatest need, to select the most appropriate service strategy, and to define the specific outcomes which it can reasonably expect to achieve. The model proposed here is intended to address internal barriers to DCFS' ability to provide responsive and effective services. Some of these barriers include the following.

Investigative approach towards families: Perhaps the biggest problem to be addressed by the model is a problem endemic in child protective services nationally, the approach public agencies take towards the families they serve, spawned by the investigatory function of the state. Since the federal adoption of the Child Abuse Prevention and Treatment Act in 1974 child protective services have gradually and consistently evolved toward a quasi-police function in many states. Under current rules the investigator is responsible for deciding what happened, who did it, what are the safety and risk issues, and what resources should be employed to assure the *immediate safety* of the child. The initial investigatory process which focuses on substantiating or proving an allegation of abuse can be a process which alienates families, placing them on the defensive and making it difficult to establish a helping relationship once the agency has decided to intervene.

Lack of capacity for differential treatment: At present there is little differentiation in the way investigations are conducted or in the decisions that are made, even when different family issues are discovered. That means that if a family's primary needs result from poverty and not abuse, they receive the same type of investigation as a sexual perpetrator. Conversely, if a family has committed egregious acts against a child and does not acknowledge them and has no prospects of improving, they too are treated in the same manner as anyone else. DCFS has not taken a position on what are acceptable levels of risk and what service strategies should be used under different family scenarios. Except for the selective involvement of law enforcement and the state's attorney, there is no mechanism for the differential handling of cases which results in an inefficient use of resources and delays in identifying children for whom reunification is not an option.

Delays in helping families: Because the current process focuses on investigating the allegation, there are few up-front efforts to provide social services to families, unless there is an immediate need for removal. Moreover, because the need for services is determined by the staff in the Child Welfare unit who do not receive or consider the case for days or weeks after the investigation is completed, the family's situation can actually deteriorate before services are forthcoming. For both reasons, the state loses the opportunity to engage a client who may be motivated to change in a time of crisis.

Inefficient use of community resources: Because service recommendations come late in the process, the natural supports available in the community are often not used to the family's best advantage. In addition, by the time more formalized services are offered, such as family counseling and parent education, the immediate family crisis may have abated, with a concomitant loss in motivation on the part of the family.

Nebulous follow-up: In Illinois, as in many other child protective service systems, the heavy focus on abuse investigations has resulted in a watered-down focus on follow-up services. Investigations are specific, time-limited functions carried out by highly-trained staff. However, investigations serve no function if the state has not the will, the ability or the service resources to act. Assessments of family needs and follow-up services must be as professionally rendered, as well defined, and as guided by a sense of urgency as are investigative services.

Waste of resources in investigating new reports of abuse: Often DCFS receives a new report of abuse or neglect on a family who has already been identified. This may occur during either the investigative or the ongoing phases. At present a new

investigation is launched, following the same procedure that would be used if a family were unknown to the system. While the current approach ensures that only specially trained investigators examine abuse allegations, this approach also results in the inefficient use of investigative resources, the confusion to the family of introducing a new worker, and the possible disruption of a helping relationship which may have been established by the current worker.

Family confusion about workers' functions: Because the case moves from worker to worker and unit to unit, the family may become confused about the different functions and approaches being taken. Families who may be getting used to one worker are then presented with another. Families have a fundamental need to know the answer to the questions: who are you, how long will you be involved with my family, and to what end?

Virtues to Be Maintained

Despite the problems with the current system, it does contain features that benefit families and should not be lost in any restructuring. These include the following:

Focus on child maltreatment: Due to the allegation-based features of the current system, families who receive services are generally those who have been confirmed as perpetrators of child maltreatment. From one perspective this is problematic; families who have not already hurt children cannot receive help through the public agency. From another perspective this is a virtue: it keeps the mandate of the child protective services agency consistent with one essential purpose, to protect children from future abuse.

Highly trained and competent investigators: Because their functions are relatively narrow and their activities must be performed within specified timeframes, the ability to train investigators has been a successful endeavor in DCFS. In a sense the CPIs are perceived to form an elite core of workers within the agency. Both internally and externally they are generally perceived as knowledgeable and efficient, especially in relation to other staff whose functions are more diffuse and whose cases tend to lack the sense of urgency that is present in light of a new abuse report.

Highly specified processes: DCFS has placed a lot of effort in developing tools and processes for workers to use at the beginning of a case. These include the new

Child Protective Investigators handbook which is being developed by the American Humane Association, the Child Endangerment Risk Assessment Protocol, the Family Assessment Factor Worksheet, and the Safety Determination Protocol training curriculum. Not only will these efforts not be lost in the redesign, they will become the building blocks for further structuring of the casework process which places greater emphasis on improving service delivery.

Controlled capacity of service system: The ability of DCFS to respond to reports is controlled in part by the number of investigators who have been assigned to that function. Due largely to litigation settlements, investigators are limited in the number of cases they can investigate within any given month. These controls play a salutary function in the system, maintaining consistency in the agency's ability to respond. That ability to respond must be not only maintained but improved.

Summary

The separation of the first contact made by DCFS from the service delivery function misses the opportunity to motivate families at the point at which they are most likely to respond, namely, the point of crisis. By the time DCFS is ready to deliver services, the family has already had to deal with at least two workers approaching the case with different perspectives. From the family's perspective, DCFS lacks a service orientation.

The current system requires essentially the same response to every type of problem. It separates the substantiation of an allegation with an assessment of need and the identification of needed services, particularly those that can be provided in the home. It does not capitalize on the use of natural helpers in the family's life and community and it does not involve service providers in the community until a great deal of time has elapsed. Once the investigation is complete, the case gets passed on to another unit, creating delays and inefficiencies as well as confusion to the family.

The virtues of the current system are the training of the investigative workers, their competency in performing the relatively defined and limited task of investigation, the degree to which their function is specified in policy, procedures and forms, and the positive perception CPIs enjoy among the professional community. To the extent possible, these virtues should be maintained.

Part II. Structure of the New Front Door System

Goals of the System

The Department of Children and Family Services is in the process of defining child and family outcomes for the entire service system. Any redesign of services must be able to achieve these outcomes. Changing a process should enhance the results. The major domains and outcome areas are as follows[1]:

- **Safety**

  The risk of harm to children will be minimized.

  Children are protected from abuse and neglect in their homes whenever possible.

- **Permanency**

  Children will have permanency in their living situations

  The length of time children spend in out-of-home care is consistent with the child's and family's needs

- **Family and Child Well-Being**

  Families will have enhanced capacity to provide for their children's needs

  School age children will have educational achievements appropriate to their abilities

  Children will receive adequate services to meet their health and medical needs

[1] Please see Child and Family Outcomes, December, 1995, Department of Children & Family Services for a listing of each indicator and data on current performance in relation to these outcomes.

Children residing in substitute care will have a sense of well-being

Parents of children residing in substitute care will be satisfied with services provided by the Department

The Department will work in partnership with foster parents.

The redesigned system will most directly affect the **safety** indicators and will least directly affect the family and child well-being indicators in that the latter are currently directed primarily towards families of children who are in substitute care.

Theoretical Framework: Reengineering Principles

In developing the redesigned front door, three kinds of background research were conducted: a review of the literature on practice and structural reforms in child welfare services; a survey of twelve states relating to their intake practices; and reviewing the management literature for concepts that can be applied to social services in general and child welfare in particular. One particular area of interest here is the findings from the management literature, specifically the principles behind "business process reengineering." Some of these principles, which have been adopted at some level by social service agencies, have direct bearing on Illinois' efforts to reengineer the casework process. They include the following:

1. Work should be organized around the basic functions which are to be accomplished, not around the specific tasks which are currently used to perform that function.

2. Jobs should be combined to avoid handing work off from one unit to another.

3. Elaborate controls should be minimized, allowing the majority of cases to be handled in a generic, routine fashion within relatively broad but well-defined guidelines.

4. A case manager should act as a single point of contact for the customer or client, assuming responsibility for all activities dealing with that case.

Applying these principles to child welfare results in the following:

1. Work should be organized around the three goals described above: safety, permanency and child and family well-being and should be documented around key decisions that inform these goals.

2. The functions of investigating allegations and assessing risk to the child should be combined into one job.

3. The majority of cases should be handled by non-specialized workers, while cases which cannot be handled routinely are referred to specialists.

4. One person should be responsible for all aspects of the case, including investigation, family assessment and service delivery at any given time for intact families, and this person is the single point of contact for the client.

The above are basic work engineering principles designed to ensure efficient accomplishment of agency goals. Their unifying principle is that the organizational structure should enhance rather than impede moving the case through the system to a successful client outcome. To accomplish that purpose, the following objectives need to be achieved.

- Reduce the amount of time it takes for services to be initiated to families
- Reduce the number of caseworkers a family has to *one* for as long as the child(ren) remain at home
- Make greater use of purchased and specialized services through local area networks (LANs) now called Child Protection Family Networks
- Make greater use of other public services as the families' needs indicate
- Enhance the helping relationship by assessing family strengths as well as needs during the course of an investigation and distinguishing between persons who should be prosecuted for criminal activity and persons who should be evaluated for service

- Differentiate the initial response to families by the types of problems they face

- Increase the role of the family in making decisions

- Handle subsequent reports of abuse on the same family in a more efficient and family-friendly manner.

In a more complete articulation of the redesigned system these principles must be operationalized so that people can determine whether they are being met. Baseline information will be developed to determine, for example, what the current role of the family is in making decisions and how the agency will know if the role has been increased.

Strategy

The primary strategy of the redesigned system is to deliver what will now be called **family intervention services** through highly trained generalists capable of performing specialized tasks. These highly trained generalists are caseworkers who know how to perform the specialized tasks of conducting investigations, determining the child's immediate safety, assessing the child's future risks in the context of the family's strengths and needs, developing service plans directly delivering and managing other services, supervising short-term placements as needed, and determining when a child is sufficiently safe to close a case. In addition to having appropriately trained and experienced people in these jobs, they also must be very well supervised. The functions are discussed in more detail below.

Work Organization: Three Case Stages and Three Types of Units

The proposed redesign affects both the structural design of the system and the functions performed by caseworkers. The proposed new structure would divide casework practice into three stages and casework staff into three units: the State Central Register; the Family Intervention Unit; and Permanency Services.

Stage One: From Initial Call to Field Referral for Family Intervention

During this stage reports of suspected child abuse and neglect are received by the State Central Register (SCR). The caseworker, commonly known as the Call Floor Worker, determines if a child protective investigation is necessary and assesses the urgency of the report based upon specific factors prescribed by policy and law.[2] If the worker decides that an investigation is not warranted, he or she informs the reporter of other community resources that may be available. If the report is accepted the caseworker decides whether the allegation is Priority I, II, or III, which determines how quickly the field needs to respond. A report is considered high priority if the child is in imminent risk of harm, among other criteria.

DCFS Unit: State Central Register

Functions:

1. Gather referral information
2. Determine if report meets acceptance criteria
3. Assign allegations
4. Assign emergency response code

Decisions

1. Whether the referral is a bona fide report
2. What priority to assign for field investigation
3. Whether an emergency response is needed
4. What community services would be useful if the report does not warrant investigation.

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[2] The description of Stage one is derived from the **Illinois CPI Handbook Draft,** chapter 1, Planning the Investigation, which is being developed for the agency by the American Humane Association and is currently in draft form.

The functions and decisions made by the State Central Register staff would not change from current practice.

Stage Two: From Family Intervention to Case Closure or New Permanent Goal

Most families served by DCFS will have their longest engagement with the system at this stage. It combines what was formerly Child Protective Investigations and Child Welfare Services, the latter encompassing intact family or in-home services. A primary reason for joining the concepts of investigation and family assessment is that the information gathered in any investigation should be used directly for service planning. The investigation must serve both the case planning and service delivery functions.

Calica and Morton (1995) articulate strategies for human change which can be used to benefit the child and the family. These strategies can be more fully realized in the proposed redesign. In a child protective investigation the family's motivation is often to get the state out of the family's life. Unlike other social services, in child protective services coercion plays a role. While an abusive parent has grave concern for his child and generally regrets the harm he has inflicted, he is also angry about the intrusiveness of the state's investigation. The more potent motivation for change may be to "rid itself of the agency's intrusion." (p.15) "It implies that the best the agency has to offer is the hope of being left alone. Nevertheless, this may be the best way to reach the client psychologically..." What is needed is workers who combine the helping function with the coercion function.

In the proposed redesign the concepts of investigation, family assessment, service planning and service delivery are joined. This does not mean that one person performs every function by him- or herself, but that one person, who is the family's primary point of contact, has responsibility for ensuring that each function is carried out. This may include responsibility for removal if the safety concerns are sufficiently great. Only when the case planning goal has established that the child needs an extended placement outside the home does responsibility for the case move to another worker and the third stage of the case.

The kinds of decisions that would have to be made are whether the report implies sufficient danger or potentially criminal activities so that law enforcement or

the state's attorneys must become involved in the case; whether safety concerns are so great that emergency action is needed; whether the child is at sufficient risk to open the case beyond the initial period of checking out the allegation; whether the service strategy requires change; and, ultimately, whether risk has been sufficiently reduced to close the case.

DCFS Unit: Family Intervention Unit

Functions

1. Involve law enforcement or the state's attorney for possible consideration of criminal charges; to request assistance in helping the child; to request assistance in preserving evidence; or to request assistance in conducting the investigation.

2. Participate in parallel (conducted by another investigative team) , delegated (investigation turned over to someone else), and cooperative (jointly planned and carried out with another agency) investigations

3. Develop a plan for the investigation and assessment including who will be contacted, who will be interviewed, whether the worker's safety is a potential problem, whether the family speaks the language, whether medical care or assessment may be needed,

4. Intervene to resolve crises

5. Assess child's current safety and future risk, and document same

6. Refer to community services if risk is not sufficient to open a services case

7. Develop plan to prevent placement and reduce risk of further maltreatment

8. Supervise short-term placement

9. Manage services to case

10. Directly deliver services

Decisions

1. Determine if sufficient danger or potentially criminal activities exist so that law enforcement or the state's attorneys must become involved

2. Determine if emergency intervention is required

3. Determine whether allegations are substantiated

4. Determine whether the child is at sufficient risk to open the case

5. Determine whether the service strategy requires change

6. Determine whether risk has been reduced sufficiently to close the case

The worker responsible for investigating the allegations would also be responsible from the beginning to deliver or arrange for needed services, working through the Child Protection Family Networks. So long as children were not removed from the home except on a short-term basis, the same worker would have responsibility for the case. Service delivery would be the focus of the work from the first day on. He or she could call upon specialists to assist in the assessment or treatment of specifically-defined family problems.[3]

Following an assessment of family needs he or she would develop a service plan and work with community providers and local area networks to ensure the delivery of services in a timely manner. If short-term or emergency removal of the child were warranted, the worker would perform that function, returning the child after the situation were stabilized and services were established for the family. Only after a determination was made that the child could not be returned home in the near term, perhaps a period of 30 to 90 days, would the case be transferred to the permanency

[3] As the next section indicates, the nature of these problems and the type of intervention warranted, will be developed as part of the redesign effort.

services unit and the third stage of the casework process. If, on the other hand, the child was considered safe and the protection of the state were no longer required, the caseworker would close the case.

Stage Three: From New Permanent Goal to Permanent Outcome

At the point at which a plan was developed for an extended placement of the child, the permanency services unit would assume responsibility for the case. Its functions would be theoretically similar to those of the family intervention unit, but the work would involve regular contact with the child's substitute caregiver. If adoption were the goal, specialists in the unit would prepare the child for a permanent adoptive home and work with the adoptive parents to assure a smooth transition.

The kinds of decisions that would be made in permanency services are whether risk has been reduced sufficiently for the child to return home, whether other permanency options, such as adoption, should be pursued, what permanent home should be selected, and when the case should be closed.

DCFS Unit: Permanency Services Unit

Functions

1. Develop permanency plan to return child home or find other permanent home
2. Supervise placement, ensuring child is safe and well cared for
3. Manage services to case
4. Deliver services directly
5. Participate in administrative and judicial reviews if so indicated
6. Oversee the termination of parental rights process, if so indicated

Decisions

1. Determine that risk has been reduced sufficiently for child to return home or that other permanency options should be pursued

2. Select a permanent home

3. Determine when case should be closed

Implementation

DCFS management is committed to improving its services to families through changing the nature of its initial approach to families. The above structure represents an outline of the strategy which has been settled upon as one of the mechanisms for accomplishing that improvement. This is, however, a large change in the operations of the agency and a host of questions remain to be answered.

The first of those questions has to do with the scope and speed of the implementation. The objectives laid out for the redesign will be implemented on a statewide basis. All offices and all regions will be expected to demonstrate the extent to which they have been able to achieve those objectives.

The actual structural change will begin in Cook County. Because Cook County represents such a substantial portion of the state's child welfare population, the largest impact can be achieved by starting there. To begin the change, DCFS will identify strong, capable offices within the county and initiate the merger of units, the implementation of new procedures and new training for workers and supervisors in those offices. As the agency learns from those experiences, the changes will be expanded to cover the entire state.

The question of where to begin is, however, only the first question. In the following sections, questions of law, policy, practice, personnel, the involvement of community agencies and strategies for effecting organizational change will be discussed. It is with these questions that the Department turns to its staff and advisors for assistance in finding ways to provide services that are more responsive to the needs of families.

Part III. Issues to Be Resolved

To design and implement a new front door, many issues must be addressed and resolved. These pertain both to modifying current requirements and procedures and to developing new tools and even policies to govern the new system. This chapter highlights some of the changes that would be required and the issues that need to be resolved. The topics addressed are legal and policy; practice; personnel; community services; and organizational change.

Legal and Policy Issues

The redesign of the front door will need to take into account the laws, court orders and policies affecting DCFS practice. In most cases, there does not appear to be any conflict between the requirements and the proposal, but this is an issue which requires continued examination throughout the course of the implementation.

Legislation

Three statutes govern the operations of DCFS and need to be examined for their potential impact on the redesign. These statutes include: An Act Creating the Department of Children and Family Services, Abused and Neglected Child Reporting Act and the Juvenile Court Act of 1987.

The only obvious issue raised by these statutes is the requirement in the Abused and Neglect Child Reporting Act that substance affected newborns and infants as well as abused and neglected newborns and infants and pregnant substance abusing women be subject to special procedures. These special populations will have to be considered separately in the design of the program. There is no requirement that a different type of staff deal with these cases, but that is one possibility which should be considered.

Litigation Settlements and Orders

DCFS operates under a relatively large number of consent decrees and court orders. These will become important factors in the final design of the proposed

system, in part because their implementation is monitored far more than is DCFS' compliance with state statutes.

Of the three court cases settled by consent decrees the *B.H.* order is the most comprehensive and has the most wide ranging implications. It contains specific requirements that affect the organizational structure of DCFS, e.g., supervisory staffing requirements, staff training and qualifications, and workloads as well as service delivery e.g., case planning, case management, and provision of services by private agencies.

The most obvious impact of *B.H.* on the implementation of the redesign lies in the caseload requirements. Under the terms of the agreement, DCFS may assign to a caseworker no more than 12 new abuse or neglect investigations per month during nine months of a calendar year. During the other three months of the calendar year, the investigator is to be assigned no more than 15 new abuse or neglect investigations per month. DCFS child protective supervisors were to be responsible for supervising no more than seven investigators each.

Follow-up caseworkers may be assigned both to intact and to foster family care cases, although such mixtures are not anticipated as part of the redesign. Workers for intact families may be assigned no more than twenty families, while permanency services workers are expected to handle no more than twenty-five children at a time.

Norman v. Suter is a class action suit involving DCFS that was settled by consent order in March 1991. The class was defined as all parents and guardians on or after March 91 whose children were in the temporary custody or under legal guardianship of DCFS with an indicated report or allegations that the children suffered adequate living conditions for their children. The major provisions of *Norman* which could affect the redesign include the following:

- DCFS must make reasonable efforts to prevent removal of a child from the home before removing any child due to a lack of basic needs;

- DCFS has created a housing advocacy program to assist families to find adequate housing; and

- families may receive up to $800 per year to pay for basic needs to prevent the removal of a child.

The impact of *Norman*, if it is to be felt at all, is likely to be in the decision as to which special skills are likely to be required by the Department. Most particularly, the housing advocacy function may not be one that can reasonably be expected of all caseworkers.

DCFS Policies

A number of current DCFS policy provisions assume the current organizational structure. One of the issues with which the implementation of the front door redesign will need to deal is the revision of existing policy to make its provisions consistent with the reform. Examples of some of the policies which may require change include the following:

- DCFS policy calls for child welfare workers who became aware of information constituting a CA/N report to complete a CANTS 5 and submit it to the local investigative unit. In the generalist model where investigations and services are combined for at least a portion of the population, this procedure may have to be modified.

- DCFS has an agreement with the State Policy/Division of Criminal Investigation to investigate all child sexual abuse and Priority I physical abuse cases involving a prior indicated abuse report in the family. A second indicated report also has to be reported to the State's Attorney. If under a new design the applicable procedures for subsequent reports and special populations will be changed, the current procedure will have to be modified accordingly.

- DCFS' notification process regarding child abuse reports is very specific in identifying the different positions involved. For example, investigators notify follow-up caseworkers, caseworkers in turn notify the child's parents. In a redesigned system, both the notification process and the types of positions carrying out the various notification responsibilities would change to accommodate the new positions and functions.

- One section of policy covers the entire range of interventions from investigators placing children, referring families to services, initiating family preservation services and subsequent referrals to follow-up caseworkers. It elaborates that youth in the circumstances cited above are referred directly by the SCR to crisis intervention or community-based

agencies. The procedures contained in this section are the most likely to be subject to extensive revisions under a redesigned delivery system since they constitute the basis of the current service delivery approach utilized by DCFS.

- Policy requires that all activities are carried out by investigators under the supervision of child protective supervisors. In regard to the handling of subsequent reports, it should also be noted that if a death due to abuse and neglect involves a child victim who had been subject (involved or non-involved) of a prior completed CA/N investigation, the worker investigating the death has to be a different worker than the one who conducted the previous investigation.

Practice Issues

This category encompasses a wide variety of issues. The most obvious is the issue of setting caseload sizes and organizing case assignments under a very different organizational structure. Concern with the management of the caseload relates to the second issue, that is, which families to open for services and, once opened, which to close. For open cases a related issue is what is the Department's perceived responsibility to provide particular types of services to particular classes of families over what time period.

Third is the issue of the remaining separation within DCFS between in-home and out-of-home services. Even by itself this represents a complex of issues, including when to transfer cases back and forth, how to assure a smooth transition which a child or family receives a new worker, and how to handle "mixed" cases when one child is in care and another isn't.

The fourth issue is one of specialization. Although the model proposed here involves a heavy reliance on "generalists," it is also clear that some cases will require more specialized staff. The questions include: which types of cases should receive specialized treatment, should limits be placed upon the amount of service delivered to families with particular problems given our knowledge about what works, and should the specialization occur within or outside of DCFS.

Caseloads

The caseload standards set out by *B.H.* have been discussed above. In any attempt to meet those standards, however, attention must be paid to the larger impact on the agency's operation and direction. In broad stroke there are at least three possibilities, without increasing the caseworker resources available: continue the same levels of compliance with *B.H.* standards as is now being achieved; attempt full compliance for investigation standards and reduce either the number of intact families served or the rate of compliance with the standard for serving intact families; and attempt full compliance with the intact family standard, reducing compliance with the standard for investigations.

As the reorganization takes shape, DCFS will have to make a decision among these three choices. If full compliance could be met in both areas, the average family intervention caseworker in Cook County would be able to handle six investigations per month and eleven intact families. With current staffing and the same levels of compliance now being achieved, that same caseworker would handle eight investigations per month and carry fifteen intact family cases.

Choosing either of the other options could, of course, have unforeseen consequences for the agency's ability to meet its mandates. If, for instance, the decision were that full compliance with the standard for investigations would be achieved, the cost would most likely be that fewer families would receive intact services. In that event, one would have to ask whether it was reasonable to achieve the goal of getting services to families faster at the cost of serving fewer families. Alternatively, if the decision were to meet the standard for serving intact families, fewer investigations would occur, leaving some abused and neglected children without even a cursory determination of the level of their safety.

Services to Intact Families

The primary motivation for the proposal contained in this paper is to provide earlier and more effective services to families whose children are at risk of maltreatment. Changing the structure of the organization to eliminate barriers to earlier services is, however, only one component of the solution.

Equally important is the delivery of the right services to each family. This will be affected by the availability and accessibility of services and also by controlling the workload of caseworkers to ensure that they are capable of handling all of their cases

adequately. Ultimately, delivering effective services means making decisions about which families to open for service, how much service to provide and for how long. The question of who should actually deliver the services, public or private agency caseworkers, is addressed in the section on Community below.

In the health field, the "managed care" model begins to address the issues of how much service to provide and for how long to particular classes of individuals. Each diagnosis is tied to a set of interventions with a known chance of success. Cases in which there is little chance of succeeding may not be treated at all. Increasingly, child welfare agencies are beginning to follow this model for out-of-home care. Intact families is another question. This concept of *differentiation* is not yet well developed in child welfare. The field does not yet have the will and perhaps the knowledge either to prescribe a definitive set of interventions or to know the chances of success for all types of clients. There is some evidence, however, about what works well with whom. Some of the classes of clients may include those with substance abusing problems, those where the mother is mentally ill but does not follow a treatment regimen that may have been prescribed, and those where domestic violence is a chronic issue, placing the child at risk. Information on successful interventions will need to be used and further developed if the effectiveness of services to intact families is to be maximized. That will include determining both who is to be served and how much service to provide using what preferred method of treatment and with what outcome.

Through the local area networks, DCFS has increasingly been drawing community providers into the planning of services to child welfare families. The implementation of the generalist model will require even more reliance on community providers for a broader array of cases (see Community Issues section below). That in turn requires a mechanism for determining when the family needs direct DCFS intervention and when the family can be better served outside of the DCFS system.

Transfers of Cases Among Units

The model proposed here foresees the investigation and in-home services stages of each case handled by the same worker. It even makes sense from some perspectives to maintain the case with the same worker when a short-term placement is involved and the child will be quickly reunited with the family. However, when the child is to remain in foster care for an extended period, the model includes a separate set of units being responsible for the case management.

One question, then, about transfers among units has to do with defining the point at which a family's case is to be sent to the permanency services unit. This may be particularly difficult when a placement is made during the investigation stage of the case and the investigation work is not yet concluded. There is, however, also a workload issue if short-term placements are to be handled by the family intervention unit. Clearly, a family in which at least one child is placed in foster care, even briefly, involves a different level of workload than a family in which all children remain in the home.

Even defining a short-term placement can be problematic. That could be simply a judgment on the part of the family intervention worker who makes the placement, or it could be a defined point in the case. For instance, one option would be to define all placements as short-term, until there was a case plan in place which projected a return date beyond, say, ninety days. Whatever decision is made on this issue, the impact on the number of cases a worker can carry will have to be determined.

This issue is not merely a front door issue. One may also legitimately ask whether a case in which one child is in placement while others are at risk of placement is an intact case or a permanency services case. Likewise, when a child is returned home from care, a decision has to be made as to whether the case is to be transferred back to the family intervention unit or is to continue to be handled by the permanency services unit.

Because part of the motivation for this proposal is to simplify the system, specifically by reducing the number of workers with whom a family has to deal, the obvious decision is to transfer cases as seldom as possible. At the same time, the family intervention unit may not be reasonably burdened with both the emergency responses to reports of maltreatment and the emergency responses typical of foster care placements. These considerations may suggest that families with at least one child in care and families with a child who has just returned from care are considered permanency services cases. The latter would imply that there are no transfers from the permanency services unit back to the family intervention unit.

One of the transfer difficulties in the current system is the handling of subsequent reports of maltreatment on open cases. The division of labor in the present system dictates that such cases are referred back to the investigative unit, and usually not to the same investigator, introducing yet another caseworker into the family's issues. Many of these cases are already so well known to either the intact family services worker or the permanency planning worker that the effort expended by the

investigator is duplicative. Equally important is the fact that decision-making moves away from the worker who has had that responsibility to another who is less familiar with the case.

Under the model proposed here, the natural mechanism for handling subsequent reports on intact families would be to have the responsible worker conduct the investigation. In some instances, however, there may be a feeling that the worker is too close to the case and a more objective view is needed. That suggests that some determination as to which types of cases can be investigated by the case manager needs to made.

The issue is both clearer and more difficult when the subsequent report comes on a child in foster care. Because the permanency planning worker is not expected to be trained to handle investigations, the responsibility for the investigation would logically be expected to revert back to the family intervention unit. This, however, replicates the current situation and its inefficiencies. Again, there may need to be some distinction made as to the types of subsequent maltreatment reports which require a formal investigation according to the usual protocol.

Specialization

Having highly trained generalists who are capable of handling specialized tasks does not imply that all workers can handle all kinds of cases. For both investigations and service delivery, special skills and knowledge are required for certain types of cases. Sexual abuse, substance abuse, and mentally ill parents are three issues which often require something more than most caseworkers can provide.

There are several ways in which to think about specialization. The most typical is to see it as needed when a case presents particularly difficult issues. Here, the worker who conducts the intake process identifies the issue at an early stage and transfers the case to a worker with special skills and training. The result is usually a more intense level of service delivery specifically geared to the primary issue presented by the client.

A second way in which to think about specialization is one that is expressed in the *B.H.* settlement order. Here, caseworkers are supposed to have access to specialists in health, mental health, education, substance abuse and other areas. The implication is that the case does not get transferred and the specialist does not assume responsibility for the basic decision-making about the family. Rather, the specialist

provides either consultation to the caseworker or specialized treatment to the client for a single issue. In either case the worker maintains overall responsibility for the case.

The third way is the converse of the first. Rather than viewing specialization as a special set of skills which may be applied to cases in need of those skills, this is the recognition that some cases are easier than most and can be handled very quickly and with relatively minimal skill. Investigations on substance exposed infants may, under current Illinois law, be one of these functions.

The crucial issues for all specialization questions are what types of specialties the Department should maintain or develop and what the processes for referring cases to specialists should be. Whatever the answers, there will be an impact on the workload ultimately assigned to the family intervention unit.

Personnel Issues

The question this section addressees is what are the current job descriptions and agency qualifications for the investigative and child welfare services positions, how do they compare to national standards, how would they have to be modified to serve the redesigned system and the training which will be required to achieve adequate implementation of the front door redesign.

In the current system, the relevant jobs are *Child Protective Investigator*, *Child Welfare Specialist II*, the *Public Service Administrator,* and the *Child Welfare Administrator II.* Using sample position descriptions, one sees a clear distinction between the role of the investigator and that of the child welfare specialist. The Child Protective Investigator position has a narrowly defined job description in that its responsibilities are limited strictly to conducting investigations, assisting law enforcement officers and state attorneys in reviewing child death and serious abuse cases, testifying in court and performing related functions. The closest these descriptions come to casework types of activities are participating in case staffings as indicated. The Child Welfare Administrator II position is a specialized position supervising Child Protective Services Investigators.

Child Welfare Specialists, in contrast, "formulate an assessment of the emotional, social or mental health problems and participate in the development of treatment plans for children and families;" participate in multi-disciplinary diagnostic and technical staff conferences to access needed services; and work with community agencies to obtain specialized services for clients. These position descriptions draw a

clear distinction between the skills and activities required of the two types of jobs. A major restructuring of the positions will be required in the redesign which combines skills in both investigation and assessment. Child Welfare Specialists are supervised by Public Service Administrators.

The requirements for the investigative and service positions also differ. The Child Protective Investigator must have a Bachelor's degree in law enforcement, social work or a related field or a Bachelor's degree in an unrelated field with two years of experience in child welfare. The Child Welfare Specialist must have a Master's degree in social work or a related field, a Bachelor's degree in social work or a related field and one year of experience or a Bachelor's degree in an unrelated field and two years of experience. The primary difference lies in the allowance for law enforcement education without additional experience for investigators and the allowance for a graduate degree in social work without additional experience for the service related job.

Under the front door redesign plan, one worker would be performing both functions. Currently, meeting the educational requirements for the Child Welfare Specialist position would also qualify a person for the Child Protective Investigator position. The opposite is, however, not true. The primary question for the redesign is, therefore, likely to be whether to permit people to fill the generalist position with a law enforcement degree and no experience.

The specific professional criteria for child protective service workers, as laid out by the Council on Accreditation, suggest that broader skills are needed. These criteria require the worker to be:

- competent in using the authority of the agency to intervene on behalf of abused, neglected and exploited children;
- knowledgeable in child development and family functioning, able to exercise good judgment, and motivated to serve abused, neglected and exploited children;
- skilled in working with resistant families;
- able to collaborate with other agencies and disciplines; and
- familiar with court procedures, the laws of evidence, procedures for

preparing petitions, qualifying as an expert witness, and helping witnesses organize their testimony.

One of the Council on Accreditation's founding sponsors, the Child Welfare League of America, has formulated standards to be used as goals for practice in the child welfare field. In fact, COA standards are based, in part, on CWLA standards.

CWLA recommends a system of at least two levels of social workers based on competencies. Both position levels should be eligible to obtain state and/or national professional licensing or certification standards. Neither suggests law enforcement as an allowable background without additional training and/or experience.

Proficiencies for Level 1 social worker positions, constituting the entry level, include developing service plans, conducting assessments, organizing multiple priorities, decision-making regarding permanency planning, communicating effectively with a variety of persons, and termination of services. Educational standards for the Level I position include a B.S.W. degree or B.A. in a related discipline supplemented by knowledge of the child welfare field.

Level II competencies for experienced social workers include all of the requirements for Level I positions plus designing and implementing service treatment plans in complex family situations, developing written treatment plans with measurable outcomes and as a basis for legal action, serving as a liaison with other agencies, monitoring service delivery, and understanding the impact of legislation and public policy on families. Educational standards for the Level II position include an M.S.W. degree from an accredited school of social work with concentrations in clinical, interpersonal, family treatment or child welfare practice.

In addition to revamping the job qualifications for the new generalist position, an enormous amount of work will need to be done in training and retraining workers. According to a 1990 survey by the American Public Welfare Association, 24 states provide preservice training for direct service workers; 15 states provide pre-service training for supervisors. The average length of these training programs is 17.5 days for workers and 8 days for supervisors. In-service training is mandatory for workers in 35 states and the average number of required days is 9. Illinois is currently revamping its core training based upon A Model of Practice for the Illinois Department of Children and Family Services developed by Calica and Morton. The training ultimately will require both a theoretical foundation for practice and specific skill development in the critical investigative and casework functions. The work currently being done on the

new core training should be re-considered, taking into account the demands of the new generalist position. Moreover, consideration should be given as to whether the Permanency Services workers, who will not be expected to conduct investigations, will be expected to take the same core training as the Family Intervention workers who will both investigate and provide services.

Community Services

Illinois has embarked on an ambitious effort to develop a mechanism for coordinating services to families and children among public and private agencies. The entire state has been divided into 62 local area networks, newly termed Child Protection Family Networks (CPFNs), which represent consortia of local operating agencies with strong collaborative agreements. Their geography and structure are recognized by the Departments of Children and Family Services, Mental Health and Developmental Disabilities, Alcoholism and Substance Abuse and the Illinois State Board of Education.

For the CPFNs to be effective as a resource for families within the structure of the front door to DCFS, at least two conditions must be met. First, DCFS must be clear on the criteria which will be used for determining when it will provide services directly to a family, when it will maintain case management responsibility for the case but refer to the CPFN for a substantial portion of the service delivery and when a family should simply be served by the CPFN without further DCFS intervention or oversight (see also the section on practice issues above). Second, DCFS and the CPFNs must develop a mechanism for payment and accountability which ensures that the appropriate resources are available within the CPFNs for the families who will be referred there.

In meeting the first condition, DCFS needs to define clearly and publicly the categories of cases for which it sees itself as the primary responsible agency. The first criterion is already established in statute: DCFS has a mandate only where there is an allegation of child maltreatment. Among families where there is such an allegation, however, even a substantiated allegation, the case is often closed immediately after the investigation without further services. The criteria for determining when that is appropriate have to be made explicit and applied consistently across the agency. Some type of protocol with structured guidelines for case specific decision-making is the most likely vehicle for applying those criteria.

DCFS will undoubtedly make its decision on which families to serve based on child safety issues. The protocol will need to draw a line as to the level of safety at which it will maintain responsibility. This decision must be made within the context of what is feasible for other providers to give families, because it partially defines the families for which DCFS will make referrals to the CPFNs.

Once DCFS has determined the range of families it will serve, it can then begin to determine which kinds of issues it can best deal with directly and which issues it can best deal with through outside providers. The distinction here is not as above between cases which will be closed and cases which will remain open, but rather between open cases for which DCFS is the primary service provider and open cases for which DCFS is the case manager but not the primary provider. Even more explicitly than with the previous decision, this determination will have to be made in the light of the capacities of other agencies, both public and private, to provide more effective services than can be provided by DCFS itself. Because of that dependence on the outside resources, this decision may be made differently in different parts of the state. Where other resources are plentiful and proven effective, more work may be contracted; where DCFS has relatively more capacity than any other provider, few services may be contracted.

The second condition for successful integration of the CPFNs into the DCFS front door process is the development of an effective payment and accountability system for contracted services. Traditionally, contracting has worked in two ways. In some cases the public agency pays a fixed amount of money annually to an agency to provide at least a minimum number of units of service or some level of service to at least a minimum number of clients. This type of contract might call, for instance, for an annual contract worth $100,000 for the delivery of at least 5000 hours of counseling or some level of counseling to at least 100 clients. The private provider in these cases is guaranteed a certain level of support and is expected to provide a defined level of service in return. Under these contracts the provider has enough stability of income to be able to create a program of services with a defined capacity. There is little uncertainty. On its side the public agency is paying in part for the creation and maintenance of the resource itself.

Other contracts have relied on an explicit unit cost payment mechanism. Here, the provider is paid a fixed amount for each unit of service delivered, e.g., $130 for each day of residential care. In theory, the provider is paid only for the actual number of units of service delivered. In practice, however, many of these contracts also include either an implicit or an explicit understanding of a minimum number of referrals. Again, the motivation of the public agency in entering into such contracts is

to provide the private agency with sufficient stability that the service is available when it is needed.

DCFS has already taken a significant step towards overcoming the limitations of the traditional contracting mechanisms through the development of outcome measures and performance contracts. Most of this effort, however, has focused on out-of-home placements and has no direct impact on services to intact families. More particularly, the relationship of the CPFNs to DCFS and to the individual providers making up each network has not yet been defined in relation to the responsibility for achieving desired outcomes. As consideration is given to providing statutory status to CPFNs, the issue of who is responsible for the achievement of outcomes is likely to become larger.

While the basic thrust of this proposal deals with the organization of DCFS workers, the motivation behind the proposal is broader, namely, more effective services for intact families. Traditional contracting methods provide mechanisms for the creation and support of service resources, but often do not provide adequate mechanisms for ensuring that services are effective. Nor do they always take into account the variations in local needs and the flexibility that must exist to develop different models of services in different parts of a state.

Local control of services is often used as the mechanism for ensuring that the needs peculiar to a particular locality are met. From the perspective of a state agency, however, local control is not always entirely consistent with the effort to ensure the effectiveness of the purchased service through accountability mechanisms. The goal of enhancing local control of services may best be achieved through a payment mechanism similar to a block grant, while the goal of ensuring that the state agency pays only for what it receives may be better accomplished through outcome funding or capitation schemes. The former may leave the state agency responsible for a broader array of client families to serve than it intends, because it includes so few controls. The latter may force localities to focus on issues which they do not perceive to represent their most pressing needs.

The tension between local control and statewide accountability may be heightened if the CPFNs become a primary contracting partner of DCFS. In that context, DCFS would have no direct relationship with the providers comprising each network, but would instead have one contract with the network itself. It would then fall to the consortium to determine for each individual case which provider can best serve the family. That would involve a double level of accountability, one from DCFS to the CPFN and one from the CPFN to the individual provider.

Even this scenario will require a number of broad policy level decisions before it can be implemented. For instance, DCFS will have an interest in determining which cases receive which services and how much will be expended for those services. The agency may decide that for certain types of issues presented by families, only a limited amount of effort should be devoted to reunification before a decision is made to find an alternative permanency plan for the child. The agency's payment and accountability procedures will need to incorporate those concerns, and that will have a direct impact on the way in which the CPFNs relate both to DCFS and to their own member agencies.

In sum, DCFS has expressed its intention to expand its use of community providers and to change the nature of its relationships with those providers. This will have a direct impact on the manner in which it provides services to intact families. Before it can complete its redesign of its services to intact families, however, questions of which cases to maintain under its own jurisdiction, which families to refer to community providers while maintaining oversight over the case, where the networks fit within the relationship between DCFS and individual providers, how payments for services will be made and what methods will be used to assure the effectiveness of services must be answered.

Organizational change

The proposed change represents a structural/functional response to issues caused by the current service delivery system. It will require re-thinking many of the practices which are currently followed in DCFS, as well as of the basic approach taken to families at the start of services. If the transition is to occur in a smooth fashion, considerable attention will have to be paid to a strategy for changing, in some respects, the basic culture of the organization.

Organizational development (OD) is the modern approach to managing change and developing human resources. Bennis (1969), French and Bell (1978), and Burke (1982) have defined OD in similar ways. Bennis views OD as a response to change, a complex educational strategy intended to change the beliefs, attitudes, values and structure of organizations so that they can better adapt to new technologies markets and challenges.... French and Bell call OD "a long-range effort to improve an organization's problem-solving and renewal processes, particularly through a more effective and collaborative management of organization culture." Burke has a simple definition: Organizational development is a planned process of change in an

organization's culture through the utilization of behavioral science technology, research and theory.

Management experts Filley, House and Kerr as reported in Luthans (1985) have suggested that the following major characteristics must be employed in organizational change:

- *Planned change:* This acknowledges the need for change in any organization as well as the virtue of planned as opposed to haphazard change. DCFS is currently undertaking a process of planned change. Having established major goals and principles governing the change, it will use at least six months to fully develop the change components and resolve the issues outlined in this paper.

- *Comprehensive change:* This may relate to an identifiable unit within an organization or the entire organization. In the case of DCFS, the changes will be comprehensive but the change itself will be staged. Several LANs in Cook County will be selected as early implementers of the newly redesigned system. Based upon the experiences there, any necessary changes to the design will be made before implementation takes place in other communities. In the meantime, some jurisdictions will be allowed to develop their own implementation strategies provided the principles outlined in Part II are demonstrably adhered to.

- *Emphasis on work groups:* While some OD efforts are focused on individual change, the majority are focused on groups. That is true in Illinois where units within specific LANs will be selected for the first stage of change. Direct forms of feedback will be instituted so that changes and improvements can be made to the system before it is implemented elsewhere.

- *Long-range change:* The process of change may take months or years to realize. OD is not intended to be stop-gap. Illinois will develop a 24-month plan which includes design, staging, revisions, and follow-up to make DCFS's initial response to families more conducive to the provision of services.

- *Participation of change agent:* Most OD experts stress the need for an outside party or catalyst. DCFS is employing two types of change agents. One is a consulting firm, Hornby Zeller Associates, to assist not only in defining the change, but in carrying the message to the public and to the field. The change agent can absorb some of the brunt of the inevitable criticism and serve as an impartial force in helping DCFS make modifications, where warranted, to its initial plan. The other agent is the

advisory committee of community representatives that has been formulated to oversee the change.

- *Emphasis on intervention and action research.* The OD approach results in an active intervention in the ongoing activities of the organization. Action research differs from applied research in that the change agent becomes involved in the actual change process. In Illinois, the consultants will collect information from the field as change is being instituted to assist in providing feedback to management and in making mid-course corrections as well as refinements to the proposed redesign.

DCFS is already taking many of the appropriate steps to assure that the change process is well conceived and smooth; making the change comprehensive and long-range; engaging in thoughtful planning; and using change agents on its behalf. There are other techniques that can be used. Understanding the basis for resistance to change in the field will enable management to create strategies to overcome the resistance. One of the standard practices is to identify up front what the worries, concerns or prejudices of the detractors are and then addressing those prejudices one by one. This approach lets the field know that management is aware of its concerns and that steps have been taken to address them. Another is to create rewards or incentives for people who embrace the change. This may mean public recognition, pay bonuses (this has been done in other public systems), or time off. Creating healthy competition among work units has also been used successfully. Another strategy is to publish the results of specific measures which have been established to demonstrate improvements in client and family functioning by work units. This fosters a spirit of teamwork among the members of the unit to achieve the goals established by the agency. Finally, training is a necessary component of change both to stimulate enthusiasm and to convey the specific skills and knowledge required by caseworkers to assume their new functions.

IV. Implementation Steps

The changes proposed above reflect major alterations to the way in which DCFS conducts its business. For them to be effective as mechanisms for improving family life and reducing risk to children, their implementation will require both careful attention to detail and determined leadership. This section outlines the first version of the implementation plan. As progress is made in the implementation process, some of the steps will change and greater detail will be added.

Advisory Group

Representatives of all of the major advisory groups with which DCFS works are being invited to participate in advising the Department on the implementation of the front door redesign. This structure was chosen because the front door redesign is intended as the Department's overarching reform under which all other efforts will be subsumed.

Up to this point DCFS has tended to create a new advisory committee for each new initiative. While memberships may overlap, there is no systematic mechanism for bringing all of the initiatives together to create a single vision of how the Department should accomplish its work. The advisory committee for the front door redesign, and indeed the redesign itself, is intended to bring all of the initiatives together into a coordinated effort at improving the agency's operations.

The advisory committee's work is expected to be relatively intense during the first six months to a year of the implementation process. All issues involved in the design and implementation of the front door redesign will be discussed with the committee, and it is expected that a variety of subcommittees will assist DCFS with specific issues. The most important set of issues with which the advisory committee will be asked to help, however, are those which involve the Department's partnerships with various community groups. Some parts of the proposal involve redefining the work of community providers and reshaping the relationship between DCFS and those providers. Leadership from the advisory committee will be an important factor in the success of these efforts.

Legal and Policy Issue Steps

The reform of any child welfare agency requires attention to the statutory mandates and limits placed on the agency. In Illinois consideration of all the legal issues is a much larger undertaking because of the extensive set of litigation orders under which DCFS operates.

Existing requirements should not, however, be taken simply as limitations on the scope of the reforms which can take place. What is needed is for a process through which the prevailing requirements and the components of the reform effort conform to one another. This could mean restructuring the redesign effort to conform to the limits of existing laws, policies and court orders. Alternatively, however, it may mean seeking changes in law, rewriting policy and/or renegotiating settlement orders. Next steps in the legal and policy areas relate to investigations and caseloads.

Determine if legal changes are needed in investigations: The primary legal requirements which must be attended to, and probably the first to be addressed, are the state statute which give DCFS the mandate to investigate child abuse and neglect and the *B.H.* settlement order, which specifies appropriate caseload standards. In relation to the first, DCFS has committed itself to continued compliance with the existing law, at least in so far as the broad intent is concerned. There may be specific details of the statute which need to be altered, but DCFS will continue to investigate all *bona fide* reports of child maltreatment and will continue to provide special attention to cases in which the parent have exhibited a substance abuse issue. The front door redesign must therefore be tailored to meet that requirement.

Modify caseload requirements: The caseload standards in *B.H.* were developed with the existing organizational structure in mind. Thus, the standards which determine the maximum number of intact families or out-of-home children a caseworker may be assigned assumed that these caseloads would not be mixed and also that neither type of worker would conduct child protective investigations. Changing the organizational structure of the agency and mixing caseloads, even to the relatively limited extent proposed here, requires a new set of formulas for calculating appropriate caseloads.

One of the primary mechanisms for assisting compliance with the spirit of the various settlement decrees is the DCFS effort to obtain accreditation from the Council on Accreditation. In general, the court monitor for the *B.H.* settlement has tended to accept compliance with the COA standards as compliance with the major provisions of

the litigation settlement. Continued work will have to occur with both the court monitor and with COA to ensure compliance.

Practice Issue Steps

There are at least four sets of decisions which need to be made to resolve the practice issues discussed in the previous section. The first of these is the decision as to how staff time is to be allocated. In an organizational structure such as the current one, that decision is made through the assignment of staff to different units with different functions. In the generalist model, that decision is made with every case assignment, but it should also be made at a broader policy level.

Examine caseflows: To provide the DCFS administration with the information it needs to make the decision, further analysis of the case flows is needed. The question is not merely how large the caseloads are, or how many of each type of case should be handled by each worker, but also what the frequency of openings and closings is. The latter determines both the level of the caseload and the amount of work involved with each caseload. By examining the case flows, a better picture of the workload involved in the generalist model can be obtained.

Develop protocols and guidelines for differentiation: The second set of decisions has to do with the delivery of services to intact families. These decisions will again be made at two levels, but in this case, the policy level decision should come in the form of a decision-making protocol which guides case decision-making. The protocol needs to lead the worker through a structured thought process to assist him or her in deciding which families to serve, how much service to provide and whether the service can best be provided by DCFS or by a private agency. The advisory committee will play a key role in the development of the protocol, with membership from both inside and outside of DCFS.

Develop procedures for case transfers: The third set of decisions deals with the flow of cases from one unit to another. DCFS needs to decide when cases are transferred from the family intervention unit to the permanency services unit and, perhaps, when the cases are transferred back to the family intervention unit. Unlike the decision as to which families receive intact services, what is needed here is a clear definition, not merely a structured decision-making process. This work should result in additions to or changes in Departmental policy and should include few if any exceptions.

Develop plan for specialization: The fourth set of decisions relates to specialization. Sometimes, providing the most effective service to families means providing a service which most caseworkers cannot reasonably be expected to provide. Either decision-making or treatment responsibilities are assumed by a professional with extra training and skill on that particular issue. Alternatively, specializing may mean defining a set of circumstances in which the issues are so clear that a caseworker is not required to go through the normal processes and some of the work does not even require the level of expertise that a caseworker possesses.

DCFS, with the assistance of the advisory committee, needs to determine which specialties it needs and what the impact of retaining or developing those specialties will be. The first step in making these decisions will be the analysis of existing information to determine the prevalence of certain types of problems, particularly those which are especially intractable to current practices. Simultaneously, decisions need to be made about whether the special services can best be provided by DCFS staff or by contract agencies. Once those decisions are made, an inventory of the existing resources will need to be made and, if needed, a plan for development of additional resources drawn up.

Personnel Issue Steps

There are two critical next steps in the personnel area that relate to this redesign initiative: examine the current education and experience requirements to determine what modifications, if any, are needed both for direct service staff and for supervisors, and develop both core training and intensive inservice training to reflect the job requirement and competencies.

Examine the current education and experience requirements to determine what modifications, if any, are needed both for direct service staff and for supervisors: Education and experience requirements will need to be tailored to the competencies and job description. Basically, this will boil down to determining whether law enforcement education requirements, without additional experience or training, will continue to qualify someone for a generalist worker position, as they now qualify for an investigative position. It is presumed that all existing staff will be grandfathered into the new positions, but this may require some administrative action.

Develop both core training and intensive inservice training to reflect the job requirements and competencies: A strong program of preservice training as well as retraining will be critical to achieving the goals of the redesign effort. In many cases

workers will have to unlearn existing attitudes as well as develop new skills. These will need to be reinforced on the job through strong supervisory practice. The core training now being revised needs to incorporate the job functions of both investigative and service delivery staff, and a decision needs to be made as to whether Permanency Services staff will receive the same training as the Family Intervention staff.

Community Issue Steps

DCFS must develop the answers to five questions: which cases to maintain under its own jurisdiction, which families to refer to community providers while maintaining oversight over the case, where the networks fit within the relationship between DCFS and individual providers, how payments for services will be made and what methods will be used to assure the effectiveness of services must be answered.

Decide which cases to maintain under DCFS jurisdiction: This decision will be made within the context of the practice issues discussed above. Its impact on community providers will be that many of the cases DCFS decides are not its responsibility will inevitably be served elsewhere.

Determine which families to refer to community providers while maintaining oversight over the case: From a statewide perspective, DCFS can only develop broad guidelines as to when to use community providers and when to serve a family directly. The final decision on those matters will be made jointly between DCFS and the CPFNs, or between DCFS and individual providers, based on the availability of resources in each locality.

Determine where the networks fit within the relationships between DCFS and individual providers: If CPFNs obtain statutory status, DCFS will be able to contract directly with the networks, rather than with individual providers. The advantage will be that the agency's contractual relationships will be somewhat simplified and a wider array of services will become available under each contract. A disadvantage may be that the network becomes in some instances a new layer and delays services to families.

Decide how payments will be made: Whether payments are made to CPFNs or to individual providers, the payment mechanism should both enhance local control over the community's available services and help to ensure that the state agency is getting what it pays for. The payment question is also tied to the question of who holds final

decision-making authority for a case when DCFS retains legal responsibility for serving the family.

Establish what methods will be used to ensure the effectiveness of services: The answer to this question will ideally be made within the context of the payment mechanism. Whether or not that occurs, there does need to be some mechanism for ensuring that as control of community services moves to the localities, DCFS still has some means of ensuring that its clients get served for the purposes and within the limits set by DCFS. The front door redesign will have little impact if there are no structures within which DCFS can obtain appropriate services for the families it serves.

Organizational Change Steps

Using some of the principles outlined above, the agency must develop an organizational change strategy that addresses both the concrete steps that will be pursued to bring about the change (in effect a work plan for addressing the issues laid out in this paper) as well as the strategies that will be incorporated for changing the attitudes and behaviors of the people who will be expected to carry out the redesign effort. These should include directly confronting the fears that people will hold about the change, developing a training plan and written documentation so that people understand what the change really is, employing a mechanism for gathering feedback as the change is moving forward in selected Child Protection Family Networks, and designing incentives for work units that embrace the changes and further the goals of the organization.