

**A BLUEPRINT FOR CHANGE:
RESTRUCTURING ERIE COUNTY
GOVERNMENT TO IMPROVE THE IMPACT
AND EFFECTIVENESS OF SERVICES TO
CHILDREN AND FAMILIES**

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December 2003
www.cgr.org



*Research to drive informed decisions.
Expertise to create effective solutions.*

A BLUEPRINT FOR CHANGE: RESTRUCTURING ERIE COUNTY GOVERNMENT TO IMPROVE THE IMPACT AND EFFECTIVENESS OF SERVICES TO CHILDREN AND FAMILIES

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Erie County

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SUMMARY

In January 2001, Erie County Executive Joel A. Giambra launched his Blueprint for Change initiative. Through this effort, the County Executive was seeking organizational and service delivery improvements that will result in more cost-effective, integrated, and outcome-focused services to children and families. CGR (Center for Governmental Research Inc.) was engaged by Erie County as its consultants for the Blueprint for Change and charged with exploring new County organizational options to strengthen and streamline service delivery for children and families.

This report summarizes our research process, major findings, and recommendations for structural and service delivery changes. It presents a bold, new organizational structure for Erie County: a single Department for Children, Youth, and Families formed by consolidating or integrating services for children and families now administered by five county departments. The new Department will be organized around the two overarching goals of safety and permanency and positive growth and development and will promote a continuum of care through its early care, youth development, child welfare, and high need youth clusters. The report also identifies a longer range plan to convert current health and human service departments, including the new Department for Children, Youth, and Families, into divisions under an umbrella health and human services structure to further strengthen cross-system planning and streamline administrative and support functions.

Contributing Staff

Susan Lepler and Robert Rosenkrantz directed CGR's team for the Blueprint for Change. Kimberly Hood and Sarah Boyce assisted with stakeholder interviews and Sarah Boyce, Marilyn Klotz, Elizabeth Davis, and Claudio Campuzano helped to analyze the results of the stakeholder interviews. Tammy Bernstein assisted with our organizational analysis of Erie County's departments and in conducting model research.

Acknowledgements

CGR gratefully acknowledges the leadership and staff of the Erie County Coordinating Council on Children and Families and the Departments of Social Services, Mental Health, Health, Probation/Youth Services, and Senior Services for their cooperation, assistance, and insights. We also acknowledge the numerous community stakeholders who took the time to share with us their perspectives about issues and ways to improve the current structure and service delivery approaches. Our work in Erie County was enriched through our interaction with hundreds of County staff and community stakeholders who share a common commitment and dedication to the children and families of Erie County.

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SECTION I: INTRODUCTION

Goal of the Blueprint for Change and CGR's Charge

In January 2001, Erie County Executive Joel A. Giambra launched his Blueprint for Change Initiative. Through this effort, the County Executive was seeking organizational and service delivery improvements that will result in more cost-effective, integrated, and outcome-focused services to children and families. The County issued a competitive Request for Proposals and selected CGR (Center for Governmental Research Inc.) to lead the Blueprint for Change initiative. Established in 1915, CGR is a non-profit organization that serves the public interest by providing objective research, consultation, and implementation expertise that empowers government, business, and nonprofit leaders to improve the quality of their communities as places to live and do business.

County Executive Giambra identified three clear priorities for CGR and the Blueprint for Change: 1) prepare a data framework to guide planning efforts; 2) develop a wraparound demonstration project to better serve high need youth and their families and avert or shorten costly and disruptive out-of-home residential placements, and 3) explore new County organizational options to strengthen and streamline service delivery.

Because of the breadth and scope of this charge, CGR's work for Erie County spanned a two-year timeframe, from January 2002 – December 2003. CGR worked closely with six County departments in the Blueprint for Change process, including the Department of Social Services, Department of Mental Health, Department of Probation/Youth Services, Department of Health, Department of Senior Services, and the Coordinating Council on Children and Families. The Coordinating Council on Children and Families served as Erie County's lead agency for the Blueprint for Change and primary contact for CGR.

The purpose of this report is to present CGR's process, findings, and recommendations concerning the third Blueprint for Change priority: exploring new County organizational options to

strengthen and streamline service delivery. CGR has already released separate documents related to our work under priorities 1 and 2, as follows:

1. *The State of the Child and Family in Erie County*, produced in December 2002, highlights important demographic changes over the last decade and presents trend data on over 40 indicators of child and family well-being.
2. *The Wraparound Demonstration Project: Recommendations to the Executive Committee*, issued in December 2003, proposes a model to serve 50 youth with serious emotional disturbances who are also involved in the juvenile justice or child welfare system in the community using strength-based, family-focused, and highly flexible service delivery strategies. This paper reflects the work of a 26-member Steering Committee facilitated by CGR to develop a paradigm for serving high need youth in the community rather than in high-cost residential care.

These documents are available through the Erie County Coordinating Council on Children and Families.

Organization of this Report

This report presents the results of CGR's assessment of Erie County's current organizational structure and service delivery strategies. The document has five sections:

Section I: Introduction

Section II: Methodology

Section III: Key Findings

Section IV: Recommendations

Section V: Next Steps

SECTION II: METHODOLOGY

Focusing Our Efforts

CGR's charge was to review Erie County's current organizational structure and service delivery strategies and explore new organizational options, including a Department for Children, Youth, and Families. We obtained general information on the mission, structure, and operations of the major health and human service departments and conducted an in-depth assessment of a core set of services that focus on assisting children and their families. In partnership with the Council on Children and Families, CGR selected the core services to review using the criteria that each service must be involved in, at least, protecting safety, supporting growth and development, or promoting family functioning. Using these criteria, the following functions and services were included in CGR's core review:

Department of Social Services	Department of Probation/Youth Services	Department of Health	Department of Mental Health	Council on Children and Families
Child Protective Services Preventive Foster Care Adoption Child Welfare Legal	Juvenile Probation Detention Youth Services	School Wellness Personal Wellness Community Wellness Persons with Special Needs	Children's Mental Health Forensic Mental Health Single Point of Accountability	Hard to Serve Committee Integrated County Planning Community Coordinating Council

Conducting Stakeholder Interviews

CGR conducted interviews with 440 stakeholders as a major part of our review of the organization and delivery of services in Erie County. CGR interviewed stakeholders internal to County government and a wide range of community representatives, including consumers, such as parents of children with special needs, and youth being served in residential care. Through these interviews, we obtained diverse perspectives on the current organizational structure, barriers to coordination, strengths to

build upon, and ideas to improve the organization and delivery of services. Our process involved:

- ***Individual Interviews with County Leaders***, including the County Executive, Deputy County Executive, Budget Director, commissioners, deputy directors, and mid-level managers from the Department of Social Services, Department of Health, Department of Mental Health, Department of Probation/Youth Services, Department of Senior Services, Coordinating Council on Children and Families, Commission on the Status of Women, County Attorney’s Office, and the County Budget Office.
- ***Group Interviews of County Staff from Core Service Areas***. CGR conducted 19 group interviews with a total of 239 County workers, including a cross-section of supervisory, frontline, and support staff involved in the provision of services to children and families. On a cross-departmental basis, we interviewed 66% of the supervisors, 25% of frontline staff, and 31% of support staff from the core service areas selected for primary review under the Blueprint for Change.
- ***Interviews with Community Stakeholders***. CGR conducted individual interviews with key community leaders and 15 group interviews with 156 community stakeholders.

The following chart highlights the range of stakeholders involved in the interview process:

277 County Employees	163 Community Stakeholders	
<ul style="list-style-type: none"> - County Executive - Deputy County Executive and Budget Director - Commissioners - Senior and Managers - County Attorney’s Office and Legal Staff Related to Child Welfare - Representative Sample of Supervisory, Frontline, and Support Staff from Core Service Areas 	<ul style="list-style-type: none"> - Legislature - Consumers - Day Care - Family Court Judges - Head Start - Law Enforcement - Multi-Service Agencies - Mental Health - Prenatal/Perinatal 	<ul style="list-style-type: none"> - Community Organizations - Court-Related Personnel - Early Intervention - Foster Parents - Health/Developmental Disabilities - Schools/Family Support Centers

Assessing Current Organizational Structure and Functions

To supplement the stakeholder interview process, CGR organized a series of presentations by the Commissioners of Social Services, Mental Health, Health, Probation/Youth Services, and Senior Services. At these presentations, Commissioners provided general overviews of their Departments as a whole, including mission, structure, and major program responsibilities, and more in-depth description of the functions of the core services under review for the Blueprint for Change.

CGR then followed up with County Commissioners and their staff to further clarify the organizational structure, staffing, populations served, contract agencies, and interrelationship of programs within and across departments for the core service areas. CGR also conducted a contract analysis to determine the number of provider agencies receiving two or more contracts from Erie County health and human service departments.

Researching Models

A critical part of CGR's process was to conduct model research in other counties that have reorganized their departments to deliver more efficient and integrated services to children and families. We identified the counties to research based on Erie County's interests and characteristics, our knowledge of the field, and our review of current literature on service integration. CGR prepared a structured telephone interview protocol and spoke to anywhere from one to six senior administrators in a particular county to obtain an understanding of the model. The following models were included in this review:

County	Population	Organization
Albany County, NY	300,000	Department for Children, Youth, and Families
Monroe County, NY	735,000	Department of Human and Health Services
San Mateo County, CA	707,000	Department of Human Services
Dane County, WI	400,000	Division of Children, Youth, and Families within a Department of Human Services
Fairfax County, VA	1,000,000	Department of Family Services under a Deputy County Executive for Health and Human Services

Through this model research, CGR obtained useful information and perspectives about the structure and features of the models, the benefit and impact of restructuring, and lessons learned that could be instructive to Erie County.

Ongoing Input from County Commissioners

Throughout the Blueprint for Change process, CGR held regular meetings with the health and human service commissioners and staff from the Council on Children and Families. We used these meetings to inform the County of our process and progress, share findings, and discuss directions for Erie County.

SECTION III: KEY FINDINGS

This section describes the major findings of CGR’s assessment. Our stakeholder input process provided an opportunity to hear, first hand, about the strengths and challenges of Erie County’s current organizational structure and delivery system for children and families from a wide range of vantage points. In synthesizing the rich data collected through the interview process, CGR focused on identifying the major themes that were repeated by multiple stakeholders, both internal and external to County government. In this section, we highlight stakeholder comments with regard to strengths to build on in the Blueprint for Change process. We then present the major issues that were identified through stakeholder interviews and our organizational assessment.

Strengths

“The fact that the County Executive actually wants our input—we’ve never been asked before.”

- ❖ **The County Executive’s commitment to involve staff and community stakeholders in the Blueprint for Change process.** Overwhelmingly, Community stakeholders considered the very existence of the Blueprint for Change and the general feeling of openness as tremendous strengths. Stakeholders felt energized by the process, hopeful about change, and grateful to be involved. County staff echoed this sentiment. In describing the Blueprint for Change as a strength, some County comments were as follows:

“The fact that the County Executive actually wants our input—we’ve never been asked before.”

“The courage to create a system that can be beneficial to the people who need it and still be fiscally responsible.”

“The willingness of the administration to acknowledge that there are big problems with the current system.”

Community stakeholders offered the following comments:

“Meetings such as these demonstrate a strength—a willingness on the County’s part to listen to our concerns.”

“The County desires to do well and wants to do better.”

“Just bringing this group together for input could be a catalyst for positive change.”

“Meetings such as these demonstrate a strength—a willingness on the County’s part to listen to our concerns.”

“The County has demonstrated a willingness to self-examine and look for improvement.”

❖ **Dedicated, knowledgeable, and caring workforce committed to children and families.** The strength most frequently identified by County staff was the workforce itself. Some examples of County comments are as follows:

“The dedication, commitment, and creativity of individual caseworkers, probation officers, psychiatric nurses, doctors, substance abuse counselors, and judges willing to swim upstream to bring meaningful and respectful help to children and families.”

“Employees are our greatest strength.”

“The best thing is (having) so many employees who really care about what happens and work hard to help the public who need it.”

“County staff take pride in their work and are willing to go the extra mile for others.”

Many community stakeholders identified the high level of commitment of all people involved in serving children and families as a strength. Some illustrative quotes:

“The dedication, commitment, and creativity of individual caseworkers, probation officers, psychiatric nurses, doctors, substance abuse counselors, and judges willing to swim upstream to bring meaningful and respectful help to children and families.”

“The concern of many, many service providers, groups, and the community as a whole. There are a lot of caring individuals and groups out there in the County who really want to help.”

“Providers continue to be knowledgeable and passionate about their individual missions.”

“Schools never give up on kids and despite frustrations, will view any help as a ‘glass half full’ scenario.”

There is a wide array of services and resources available in Erie County that are “excellent” and “lifesavers for people in many situations.”

- ❖ **Large service community with a variety of effective services and collaborations.** County staff and community stakeholders acknowledged that there is a wide array of services and resources available in Erie County that are “excellent” and “lifesavers for people in many situations.” Community stakeholders particularly acknowledged the County’s willingness to commit resources for services, referring to a “strong provider community” with “lots of talented people.” Numerous staff identified a specific service, initiative, or collaboration that they viewed as a strength or working particularly well.

- ❖ **Improved pathways of communication between the County and providers.** Many community stakeholders highlighted as a strength the accessibility of County staff and increased opportunities for communication and collaboration.

“There is and has been a growing opportunity for feedback and input from service providers in formulating policies and procedures.”

“There is and has been a growing opportunity for feedback and input from service providers in formulating policies and procedures.”

“Attempts to collaborate on a fledgling basis have shown some improvement.”

“Most County employees are willing to meet with individual providers to discuss specific issues and concerns and answer questions.”

“County employees have been accessible and should continue to find ways to leverage the best use of every provider’s resources.”

Major Issues

The major issues uncovered through CGR’s analysis are summarized below. Issues are grouped into four major themes:

leadership and direction setting, service delivery, accountability and effectiveness, and service access and continuum.

Leadership and Direction Setting

- ❖ **There is no department in County government that is empowered with sufficient authority to set direction and comprehensively plan for children and families.** Like most counties in New York State, Erie County's health and human service departments are organized to align with their state funding and regulatory agencies. Departments focus on their specific mandates and responsibilities and generally plan, set priorities, and develop programs and services independently. Even though service needs of children and families cut across departments, there is no organizational structure with operational authority to focus comprehensively on providing services and improving outcomes for children and families.
- ❖ **The County's process for routine and proactive cross-system planning for children and family services is limited.** County departments lack an effective cross-system process to conduct "big picture" thinking about desired outcomes and to plan, share resources, blend funding, or work together to tackle problems. The County systems are largely driven by responses to crises and dysfunctional behavior. Erie County needs to adopt a long-range, preventative philosophy that focuses on youth and family development.

Service Delivery

- ❖ **Within Erie County government, departments and units within departments operate as "silos" despite the fact that they serve overlapping subsets of the same populations.** Many stakeholders described communication and coordination within and across county departments as poor. Units within DSS and the Services Division in particular are viewed as overly specialized. Greater coordination is also needed between Juvenile Probation and Detention. Inadequate interdepartmental linkages for youth and families were specifically identified among DSS, Probation, and mental

health providers, across Child Protective Service (CPS) and Persons in Need of Supervision (PINS) processes, between the Health Department clinics and mental health and social services, and between Youth Services and DSS.

- ❖ **Service delivery processes can be inefficient, disjointed, and confusing.** There are multiple points of intake and application processes for different services. Families are shuffled among County departments and have to repeatedly “tell their stories”. Numerous case transfers exist between specialized County units, which are both inefficient and disruptive. For example, there are multiple hand-offs of cases within DSS’s Services Division, within and between Department of Probation’s Family Court and Detention Divisions, and between Department of Probation and DSS when a child has been remanded to placement. There is a lack of clear expectations for teamwork, such as the joint development and monitoring of a comprehensive service plan for a child and family involved in multiple services or systems.
- ❖ **Tools are lacking to support coordinated service delivery.** Technological interface among child welfare, mental health, juvenile justice, and health systems is extremely difficult, presenting an obstacle for service coordination. Workers currently have no way of knowing if families they are serving are involved in other systems. Also missing is a common process for referring families to other needed services or providing feedback on the outcomes of referrals. Confidentiality requirements and the lack of a common consent form further hamper information flow.
- ❖ **Youth and their families are not always served in a comprehensive, family-centered, and strength-based manner.** Services don’t routinely take a holistic view of the family. Too much attention is focused on treating an individual child or family member rather than the family as a unit. Families are insufficiently involved in developing their care plan. Working from a family’s strengths and empowering the family to reach its goals is not the standard of practice. The County and service providers need to move beyond a “cookie cutter approach” to more individualized, flexible

services tailored to meet the strengths and needs of children and families.

- ❖ **Management control over placement and retention of youth in high-cost services is insufficient.** The County has not instituted an aggressive, cross-systems approach to: manage congregate level placements of youth entering care through the child welfare and juvenile justice systems; seek alternatives to placement; and step down children to lower levels of appropriate care. This gap has expensive consequences. With Erie County's average census of approximately 235 youth in Residential Treatment Centers, the cost of out of home placement in institutional level care is nearly \$20 million per year.
- ❖ **The goal of service coordination is impeded by a lack of knowledge and understanding of County departmental mandates, functions, and programs and available community services.** County staff do not have a comprehensive sense of the types of services and programs offered by other units in their department or in other County departments. Neither County staff nor their community partners fully understand the range of available community services or have access to up-to-date and sufficiently detailed information to make appropriate referrals. Community stakeholders are not cognizant of the mandates, functions, capacity limitations, and constraints of County departments. These knowledge gaps result in: a lack of, or inappropriate, referrals; duplication of programming and effort; unfair expectations; and considerable confusion and frustration for workers and the families they serve.
- ❖ **Coordination and communication between the County, schools, family court, and providers needs improvement.** Numerous stakeholders cited examples of poor information exchange and communication channels between and among the various partners that have a role in serving children and families. Greater school-community collaboration is needed as well as clarification of the roles and responsibilities of the schools, county, and providers with regard to the provision of human services.

Accountability and Effectiveness

- ❖ **The County does not have an evaluation strategy to determine what works and what doesn't work.** While the County provides a myriad of services to children and families, both directly and through contracts, it does not systematically assess which efforts are improving the lives of children and families. Except in extreme cases, such as the death of a child in foster care, recidivism or poor outcomes are not routinely examined to determine what went wrong and how the County can improve services and their outcomes.
- ❖ **Erie County does not have a uniform approach for selecting and evaluating contract agencies.** Standards for selecting providers are not clear and consistent across departments. Outcome measures are not routinely incorporated into contracts to evaluate contractor performance. County departments do not have a mechanism to identify jointly funded providers or share information or concerns about provider agencies. An analysis conducted for the Blueprint for Change indicated that there are at least 17 human service providers with three or more contracts with Erie County government.
- ❖ **Numerous workforce concerns affect staff morale and commitment.** County staff indicated that department heads do not meet frequently enough with mid-level and lower level staff to discuss directions, priorities, and issues. There is limited interaction and information flow between levels within departments, which results in staff not feeling part of a team working toward common goals and directions. County staff identified ineffective supervision, inequities in salaries, uneven performance evaluations, lack of respect and recognition, poor office environments, high caseloads, insufficient training, and inadequate access to technology as factors that reduce effectiveness and morale of the County workforce.

Service Access and Continuum

- ❖ **Children and families face many barriers to accessing needed services.** Overall, stakeholders view application and enrollment processes as cumbersome, paperwork intensive,

and slow. Specifically cited were the Medicaid certification process and the Single Point of Accountability (SPOA) process to access intensive care coordination services for high need youth. While the creation of SPOA is viewed as a positive direction, its processes are not responsive to the need for rapid access to services. Long waiting lists exist for many services, with mental health services being the most frequently noted by stakeholders as problematic. Additionally, because many services are located in the city of Buffalo, families living in suburban and rural areas do not have ready access to services. Even families who live in or near the City may have difficulty accessing programs because the 9-5 schedule of these services conflicts with parents' work schedules. Delays in obtaining needed services can lead to exacerbation of the problems of youth and families, the need for greater intervention, and higher cost to the County.

- ❖ **Insufficient attention is given to prevention and early intervention services for youth and families.** Prevention and early intervention services provide the best opportunity to forestall the need for greater, more costly services in the future. County staff, Family Court personnel, law enforcement officials, and mental health providers all cited the need for parenting education and support services, particularly for parents who are involved in child welfare, have children with developmental delays or emotional disturbances, or are custodial grandparents. They also cited the need for services promoting positive youth development, such as sports activities, performing and applied arts, mentoring, and community service activities, particularly for children and youth at risk of poor outcomes. Other critical needs cited include routine pediatric care; immunizations; school-based health, mental health and counseling services; and screening for hearing problems, developmental delays, and emotional problems.
- ❖ **Gaps in the service continuum also exist for families of youth at-risk of, requiring access to, or returning from an out-of-home placement.** County and community stakeholders identified gaps in children's mental health services, mentoring, family advocacy, respite, aftercare, post-adoptive services, services for dually diagnosed youth, and

transitional services for older adolescents moving to independent living. Stakeholders also cited the need for greater placement options, including foster family homes and emergency placements, therapeutic foster homes, and services to support foster families and kin providers. In addition, stakeholders expressed the need for some specialized residential options, including programs for hard to serve youth, chemically dependent youth, and youth with serious emotional disturbances.

Pulling it Together: Key Considerations for Erie County's Model

Based on our findings, CGR prepared a list of key considerations to guide the development of our recommendations. These key considerations helped to operationalize our charge of developing organizational and service delivery improvements that will result in more outcome-focused, integrated, and cost-effective services.

Recommendations should advance Erie County's ability to be:	
<p>Cost Effective</p> <ul style="list-style-type: none"> - Better utilization of the County's resources – more flexible deployment of County staff; better use of technology; and efficient allocation of responsibilities between County departments and the provider community. - Greater focus on doing "whatever it takes" to serve children at home and in their communities in the least restrictive environments and in aggressively stepping children down from higher levels of care with appropriate services and family supports. - Service continuum that more effectively balances primary prevention and early assistance with more intensive intervention and treatment options. - Motivated and productive County workers who feel supported in their jobs and acknowledged for their contributions. 	<p>Integrated</p> <ul style="list-style-type: none"> - Improved ability to plan for, manage, and advocate for public resources across child welfare, mental health, juvenile justice, youth, and health systems for children and families. - Less duplication of frontline service delivery processes (e.g., intake; assessment, and service planning processes). - Fewer hand-offs of a child or family between workers within and across County departments to provide greater continuity of care. - Streamlined service delivery processes that allow for rapid responses to customers with singular needs and quick and comprehensive responses to those with complex needs. - Workforce and work teams that are more broadly trained and empowered to comprehensively assess and serve a family. - Greater communication and coordination between the County, schools, family court, and provider community.
<p>Outcome Focused</p> <ul style="list-style-type: none"> - Countywide improvements in outcomes and indicators for children and families and the capacity to track and respond to changes over time. - Ability to answer the question: are County-funded services making a difference and improving the well-being and functioning of children and families? - Greater focus on accountability for outcomes: for providers through the contracting process; for County workers through performance evaluations and effective supervision; and for clients themselves through clear expectations for behavioral change during service planning and delivery. 	<p>Customer Friendly</p> <ul style="list-style-type: none"> - Broad infusion of "wraparound" principles into service delivery for children and families (e.g. strength-based, family centered, culturally competent practices that maximize the use of informal supports). - Greater involvement of youth and families in the development of their service plans and representation of youth and family voices in the design, delivery, and evaluation of policies and programs. - Simpler way for the public to access County services. - Location and hours of services that are convenient for families. - Satisfied customers who feel respected, supported, and empowered to reach their goals.

SECTION IV. RECOMMENDATIONS

This section sets forth CGR’s recommendations to streamline and strengthen Erie County’s organizational structure and service delivery system for children and families. Our recommendations represent a dramatic overhaul to Erie County’s current system, breaking down government silos that have long been barriers to efficient and effective service delivery and creating an infrastructure that is well-poised to respond to the issues raised in the Blueprint for Change process. We propose that Erie County move forward with a two-phased approach to restructuring its operations:

- ❖ Phase 1: Creating a Department for Children, Youth, and Families and other organizational changes – during 2004
- ❖ Phase 2: Merging all health and human services, including the new Department for Children, Youth, and Families, under a single Erie County Department of Family Services and Community Health – during 2005

Phase I

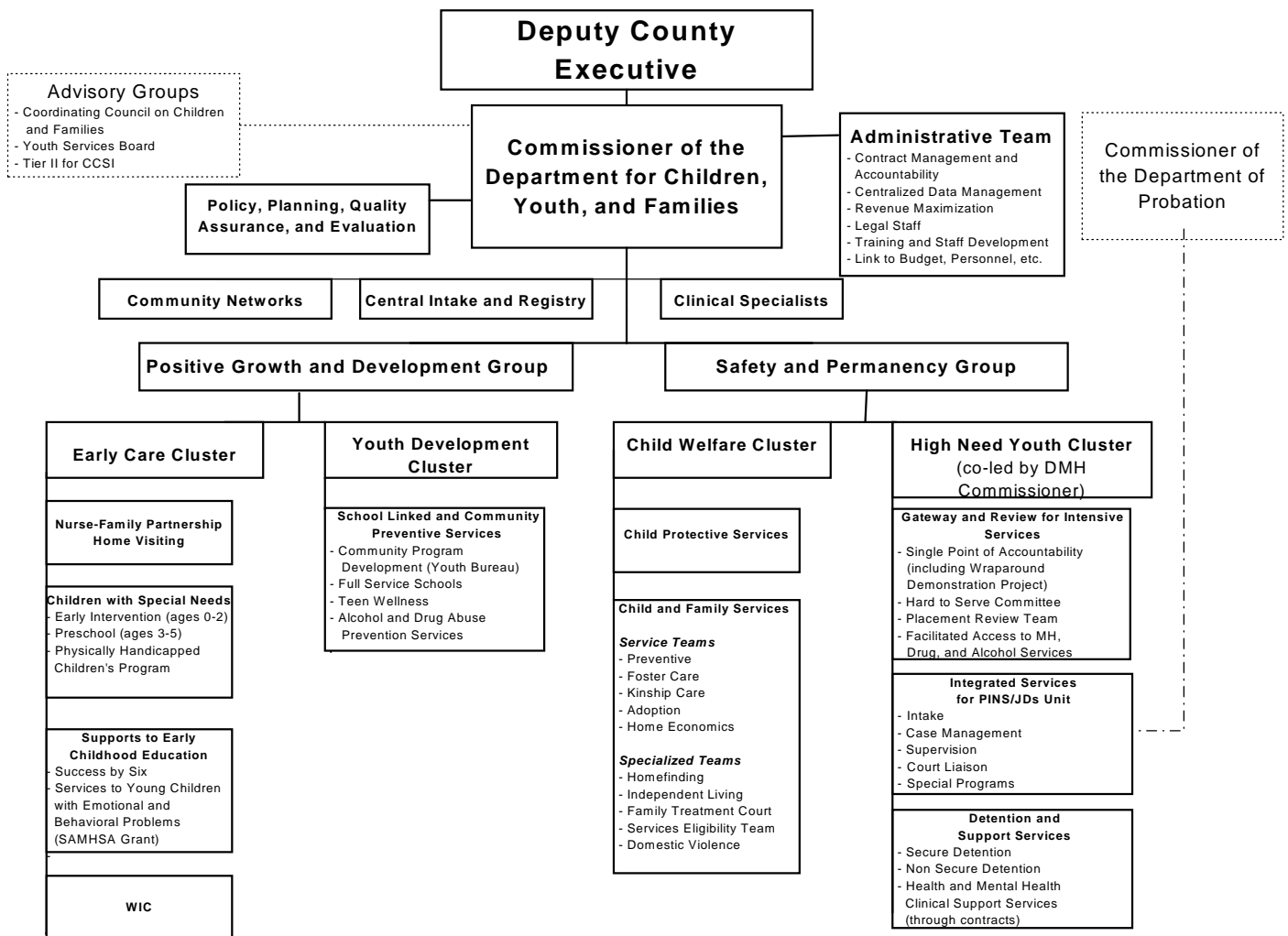
Creation of an Erie County Department for Children, Youth, and Families

Overview

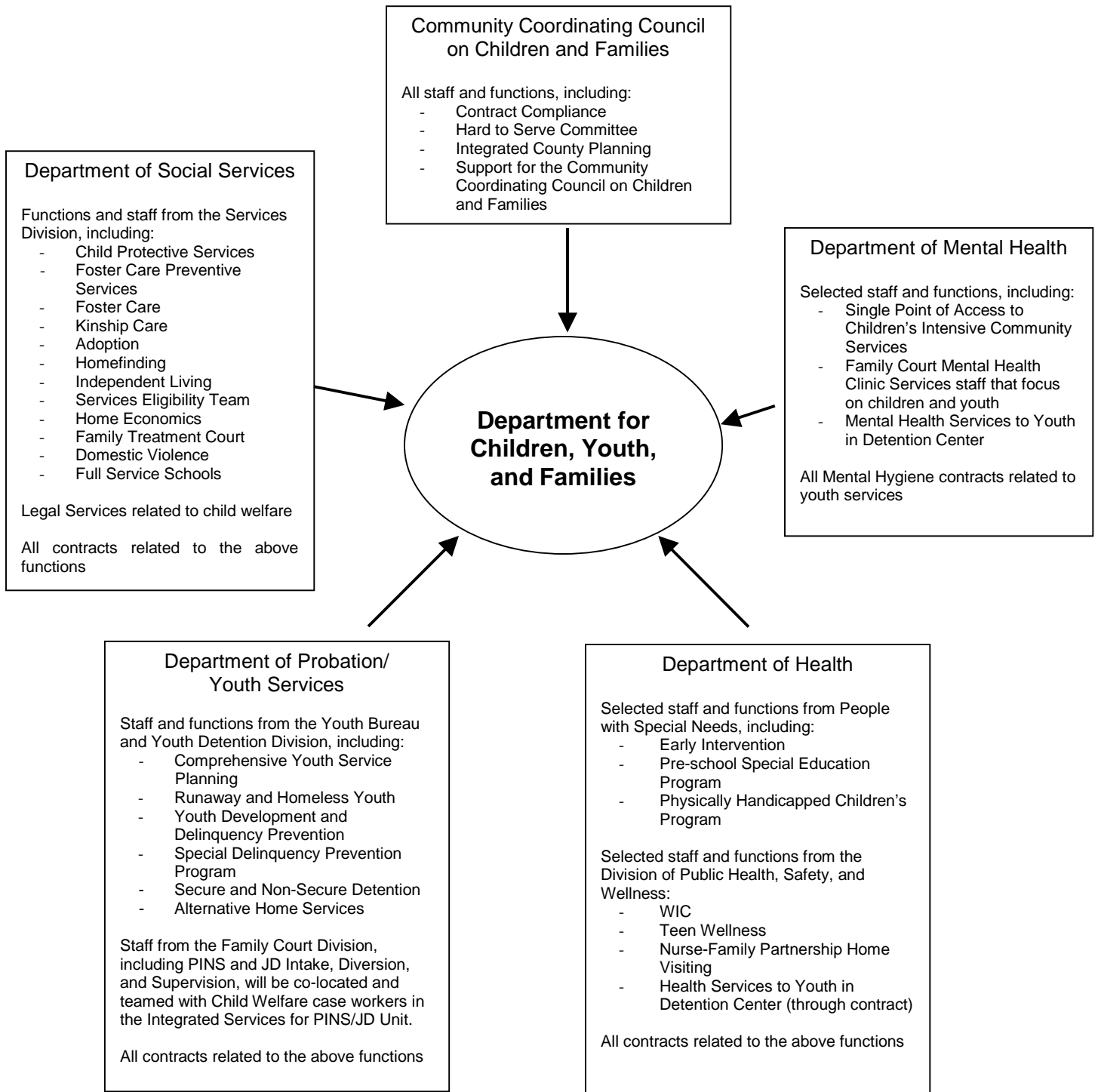
CGR recommends that Erie County establish a new Department for Children, Youth, and Families (DCYF), headed by a Commissioner, to have operational responsibility and provide overall direction and oversight for children, youth, and family services. The new Department will bring together the staff, services, and functions from existing County departments that focus on enhancing child and adolescent emotional and physical health and development, strengthening family functioning, and ensuring permanency and safety. The Department will target children, youth, and their families, recognizing that efforts to strengthen, support, and empower the family are fundamental to improving a child’s well-being.

The DCYF structure focuses attention on developing a full continuum of care, ranging from services that promote optimal functioning and development of all children to those that target children and their families involved with the child welfare, juvenile justice, and mental health systems. Before describing our vision for the new Department, we present a proposed high-level organizational chart and a graphic that depicts the services to be included in the new Department.

Proposed Erie County Department for Children, Youth, and Families



Services to be Included in the New Department for Children, Youth and Families



Key Features

The new organizational structure is organized around two overarching goals: positive growth and development and permanency and safety -- a mission and a message that is easily communicated. We first present our recommendations with regard to DCYF's main service responsibilities under Positive Growth and Development and Safety and Permanency Groups, followed by brief descriptions of the remaining functions portrayed on the organization chart.

Positive Growth and Development Group

The Positive Growth and Development Group will maximize the County's investments in programs and services that focus on prevention, early identification, and assistance. This Group will have two clusters: Early Care and Youth Development.

Early Care Cluster

The Early Care Cluster will group together services currently dispersed in different departments that target young children, including those with special health or developmental needs. This will allow the County staff in the Early Care Cluster to forge relationships and link services on behalf of families. It will also position the County to take a leadership role in working with the provider community to develop a coordinated system of services to ensure that children enter school healthy and ready to learn.

Early Care will include mandated services, such as Early Intervention, Preschool Special Education, and WIC. The Cluster will also contain those services that have emerged through local initiative, including: the Nurse-Family Partnership Home Visiting Program, a well-tested model that improves the health and social functioning of low-income first time mothers and their babies; and contracts focused on enhancing the ability of early care and education programs to respond to children with emotional and behavioral challenges.

Youth Development Cluster

This cluster will focus primarily on school-age youth and enable the County to more comprehensively plan and promote

wellness and positive youth development. The cluster will provide a ready communication link between the County and schools and community-based agencies working toward the common goal of positive youth development. Included in the cluster will be Youth Bureau functions and funding for alcohol and substance abuse prevention and education programs. The Cluster will coordinate and better focus the now fragmented programs and services that are delivered at school sites either by County staff or through County contracts, including the Teen Wellness Program and Full Service Schools.

Incorporating the Youth Development Cluster into the Department of Children, Youth, and Families will allow the County to infuse the asset development framework into the Safety and Permanency Group's services. It will also enable the County to facilitate priority access of high need youth into Youth Bureau funded programs.

Safety and Permanency Group

The Safety and Permanency Group combines child welfare, children's mental health, and juvenile justice services now administered by three departments under one safety and permanency umbrella. Establishment of the Safety and Permanency Group will enable the County to tighten management control over placement and retention of youth in high-cost services. It will also facilitate the transformation of the system to a wraparound approach to service delivery. The Safety and Permanency Group will have two clusters: Child Welfare and High Need Youth. While organizationally distinct, these two clusters will need to work closely together. For example, a youth who has been abused or neglected and is being served through the child welfare cluster may need intensive mental health or wraparound services accessed through the high need youth cluster.

Child Welfare Cluster

The child welfare cluster will include the services and functions of what is now DSS's Services Division, but with changes in team structure. Currently, the Services Division has three

Units: Child Protective Services (CPS), Children’s Services, and Adult and Specialized Services. CGR recommends the transfer of Adult Protective Services from the Adult and Specialized Unit to the Department of Senior Services. The Department of Social Services currently contracts with the Senior Services to provide Adult Protective Services to adults 60 and older. This transfer will extend this contractual arrangement and consolidate all Adult Protective Services under the Department of Senior Services.

The specialized services teams from the Adult and Specialized Unit will join the Children’s Services teams under a new Children and Family Services unit. Under Child and Family Services, teams will include workers that maintain responsibility for a child and family, regardless of whether the child is living at home, with a relative, or in foster care. Some staff now in specialized units (e.g. Adoption and Home Economics) will be assigned to a services team to facilitate concurrent planning and visitations. Other specialized functions will continue to be discrete but serve as resources for all of the services teams. These changes will build upon and strengthen recent policy changes within the Services Division to reduce “hand-offs” of cases and facilitate permanency for children.

Child protective teams will be paired with services teams to build strong working relationships between staffs and allow for earlier engagement and smoother transition to families. An alternative approach will be to create mixed teams containing both CPS and Child and Family Services staff.

High-Need Youth Cluster

This cluster will focus on youth with complex needs that most often require the special attention and resources of multiple systems. CGR recommends that the Commissioner of Mental Health initially co-lead the High Need Youth Cluster because of his expertise and interest in serving this population. The High Need Youth Cluster will have three units:

- **Gateway and Review for Intensive Services.** This unit will incorporate the Single Point of Accountability (SPOA),

Hard to Serve Committee, and a proposed new Placement Review Team (see below) to strengthen and consolidate gate-keeping functions for intensive home and community based services, DSS congregate level placements, and OMH Residential Treatment Facilities. The new Wraparound Demonstration Project developed through the Blueprint for Change will be accessed through this unit. In addition, the unit will be responsible for facilitating access to community-based mental health, drug, and alcohol services for high need youth who must be served by the County.

The proposed Placement Review Team will be responsible for pre-placement review of any child recommended for a level of placement above family foster care through any system, including child welfare, juvenile justice, and mental health, to determine whether all home and community based alternatives have been exhausted. Second, for youth who are placed in congregate level care, the team will review each case after a predetermined number of months of residential placement to determine if the child could be successfully returned home or stepped down to a lower level of care.

The Gateway and Review for Intensive Services Unit will produce service utilization reports for the County's high-end services and recommend a course of program development to reduce reliance on costly institutional placements.

- **Integrated Services to PINS and JDs.** Juvenile probation officers will be co-located at the Department for Children, Youth, and Families, but continue to be employees of the Probation Department and retain their reporting relationship to the Probation Director.

In this unit, juvenile probation officers and child welfare case workers will form teams to provide a range of preventive and probation services, with the goal of diverting youth from Family Court involvement and high-cost residential placements. The case workers will provide

linkages to community preventive services and infuse a family-oriented approach to assessment and service delivery. Probation staff will be responsible for formal probation supervision and functions related to Family Court. The assigned case worker and probation officer will retain responsibility for the youth and family throughout the youth's involvement in the juvenile justice system, i.e., as the youth moves from diversion, adjudication, and probation supervision. If a child is adjudicated to placement, the assigned case worker will assume case management responsibilities. These changes will reduce hand-offs, ensure continuity of care, and increase overall communication.

- **Detention and Clinical Support Services.** This unit will centralize responsibility for Detention and Support Services, including the operation of the County's new Secure Detention Center and the contracts for non-secure detention and supporting clinical staff from the Departments of Mental Health and Health. Incorporating this unit in DCYF will facilitate greater communication and coordination between Detention and other services for high need youth.

Staff Units that Serve the Entire Department

Central Intake and Registry

Each of the programs that have direct service responsibilities currently has their own intake processes. The County will establish a Central Intake and Registry unit to streamline intake processes and simplify access to DCYF services. In addition to providing information and referral, this unit will: conduct initial intake of CPS hotline reports; accept referrals for services (e.g. voluntary requests for Early Intervention, child welfare, mental health, PINS diversion) from families, schools, and community agencies; enter basic demographic and service need information into data systems; and transfer the referral to the appropriate service area or team. The County will establish the information technology to clearly identify who is being served by DCYF and what services they are receiving.

Clinical Specialists

This function will centralize and increase the availability of clinical expertise to assist DCYF staff. This unit will include the masters level social workers who now function as DSS's clinical specialists as well as forensic psychologists associated with the Family Court Clinic. The Family Group Conference coordinator will be part of this unit to expand the use of family team meetings by DCYF staff as a tool to engage families and their natural supports in service planning and delivery. Other DCYF staff, such as a nutritionist from the WIC program, could also serve as Clinical Specialists.

Community Networks

The Department will establish a defined number of Community Networks in different parts of the County. These local networks will include a standing committee of county staff, local providers, schools, and family advocates that meet on a regular basis as a resource for case conferencing and developing a creative and cohesive plan for a child and family. While the Single Point of Accountability care coordination programs focus on a highly targeted group of high need children and youth, the Networks will serve a more broadly defined population, such as any child, family, or adult involved with multiple services or systems that require a higher level of coordination to achieve their outcomes. Community Networks could also be the vehicle for training county and community staff about available services and wraparound principles.

Administrative Team

Key functions will include:

- **Contract Management** – While the programmatic decisions and directions for contracts will reside with the Positive Growth and Development and Safety and Permanency Groups and the Commissioner, the Administrative Team will consolidate and standardize the mechanics of contracting for DCYF services. The Administrative Team will work with the Groups to: process contracts; identify outcome measures for

contracted providers; monitor providers' performance against selected outcomes; and initiate master contracting for providers receiving multiple County contracts.

- **Revenue Maximization** – Key Administrative Team functions in this area will be: grant writing; developing creative blended or braided funding arrangements that maximize state and federal funding to support program enhancements; ensuring all fees that the County is allowed to charge clients are being collected; and handling transfer of revenue from other County Departments to DCYF and tracking and reporting their expenses.
- **Training and Staff Development** – The Administrative Team will be responsible for: design and implementation of a routine process for staff performance evaluations, and arranging for all DCYF staff training. Priority training topics will include: roles, responsibilities, and services offered through DCYF; range of service options available through the provider network; and wraparound service delivery principles.
- **Legal Staff** – Legal staff from the Department of Social Services that currently focus on child welfare will be transferred to DCYF to facilitate efficient processing of court-related matters.
- **Link to other County Departments** - The Administrative Team will be the main link between DCYF and other County administrative and control departments, e.g. Budget and Finance, Personnel, and Information and Support Services. Of particular importance will be the Administrative Team's work with the Department of Information and Support Services to develop the information technology and systems to support DCYF's more integrated service delivery model.

Policy, Planning, Evaluation and Quality Assurance

Unit functions will include: conducting strategic planning for the new Department, including the development of vision and mission statements and goals; developing required planning documents; updating the *State of the Child and Family in Erie County*, and leading the process for improving outcomes and identifying new indicators and data sources; developing customer satisfaction surveys; and designing quality assurance and quality improvement strategies for DCYF. This unit will also work closely with the Safety and Permanency and Positive Growth and Development Groups, community agencies, and schools to continually assess the adequacy of service options, conduct best practice research, and develop programs to address unmet needs.

Because Erie County will be looked at as a model by New York State and other counties, CGR also recommends that this unit design and implement an evaluation strategy to determine the impact of the organizational restructuring and accompanying integration strategies.

Linkages with Other Departments

While DCYF will effectively integrate a critical set of services for children, youth and families, the new Department will also need to form strong linkages with other County departments. Linkages will especially be needed between DCYF and the Department of Health and Mental Health's clinical services (i.e., primary care clinics, public health clinics, and school nursing program) and adult mental health services; and the Department of Economic Self-Sufficiency.

Benefits

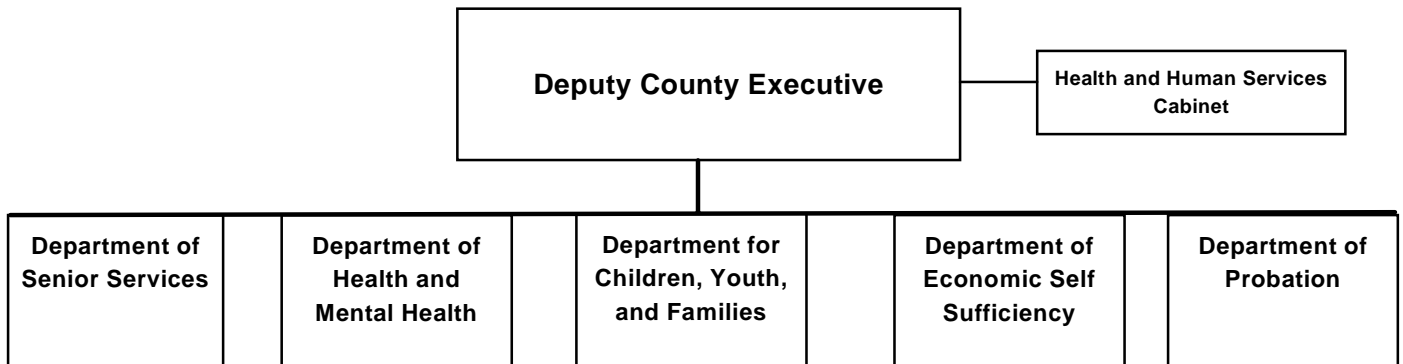
CGR believes that the new Department will reap many benefits including those outlined below:

- Creates a single Department with leadership that is accountable for planning and delivering cross-system services to children and families.

- Consolidates within a single Department the resources and responsibility to provide and monitor services for high need, high cost youth and their families.
- Establishes clear responsibility within DCYF for making decisions about residential placements from all entry points and establishing community alternatives.
- Reduces hand-offs and promotes continuity of care for families involved in the child welfare and juvenile justice systems.
- Consolidates, from several departments, initiatives to help communities build front-end prevention and youth development strategies.
- Centralizes key administrative functions, such as revenue maximization, accountability, and staff development and emphasizes their roles in delivering more cost effective services.

Other Recommended Phase I Changes

While the creation of the Department for Children, Youth, and Families is the centerpiece of Phase I restructuring, CGR recommends the following additional organizational changes:



- ❖ **Establish a Health and Human Services Cabinet.** This Cabinet will be chaired by the Deputy County Executive and

include the Commissioners of the County's major health and human service departments. The Cabinet will meet monthly to build a cohesive senior management team, plan across systems, address problems, and maximize the County's resources. A major first year priority for the Cabinet will be to ensure the smooth implementation of the Department for Children, Youth, and Families.

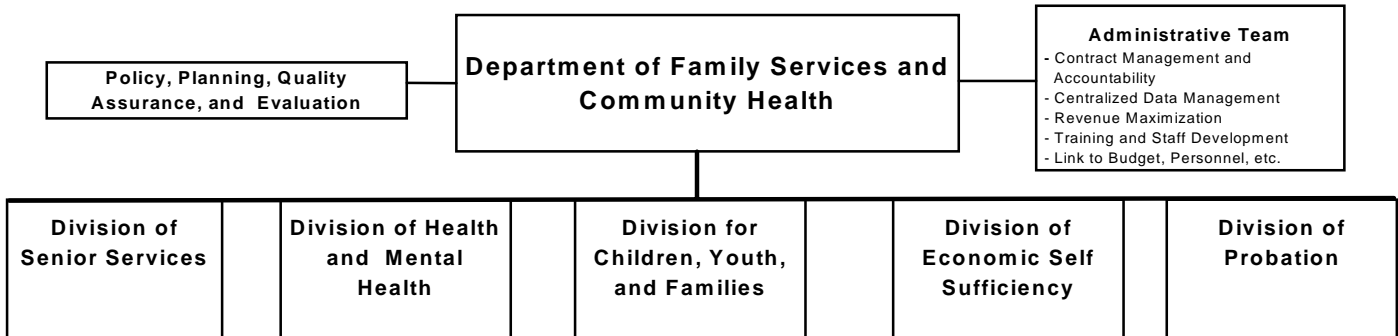
- ❖ **Form a Department of Economic Self-Sufficiency.** The transfer of child welfare functions from DSS to DCYF enables Erie County to recast and better focus the remaining DSS functions into a Department of Economic Self-Sufficiency. The Department of Economic Self-Sufficiency will be responsible for the administration of entitlement programs, such as Temporary Assistance, Medicaid, and Food Stamps.
- ❖ **Merge the Department of Mental Health with the Department of Health.** This restructuring recognizes the interconnection between mental health and physical health needs and the need to better coordinate mental health and primary health care delivery systems.
- ❖ **Move operations for Adult Protective Services and Community Alternative Systems Agency (CASA) from the current DSS to the Department of Senior Services.** The Department of Senior Services is currently under contract with the Department of Social Services to provide Adult Protective Services for adults 60 and older and this agreement will be extended to include all adults. In addition, the transfer of CASA to Senior Services will integrate long-term care assistance under a single department.

Phase II

Formation of a Single Department of Family Services and Community Health

Once the Department for Children, Youth, and Families is implemented, CGR recommends that Erie County move forward with the formation of a single Department of Family Services and Community Health. As depicted in the following graphic, the

major health and human service departments, including the new Department for Children, Youth, and Families, will be converted to divisions under a single health and human services structure.



The formation of a single Department will further County Executive Giambra’s goal of consolidating and coordinating related arms of government and afford the County the greatest opportunity to marshal its resources to improve health and human service outcomes and streamline administrative and support functions.

The Department leader will provide oversight and direction for all health and human services provided and supported by the County. Because of the breadth and scope of this charge, the leader will work closely with a senior management team of Division heads. He or she will have direct responsibility for ensuring that the Division leaders work together to establish a cost-effective health and human services delivery system and to determine how best to centralize administrative and policy functions to provide efficient support for government operations.

SECTION V: NEXT STEPS

This is a Blueprint for Change that sets a bold and exciting new direction for Erie County. There is still much work to be done to bring these ideas to fruition. The County has benefited from extensive stakeholder input in the Blueprint for Change process and CGR recommends that the County continue to involve and engage stakeholders to obtain necessary approvals and develop a clear and achievable implementation plan. The phased approach will allow the County to implement the Department for Children,

Youth, and Families while further developing plans to consolidate all health and human services under one Erie County department.

CGR recommends the following immediate next steps for the County:

- Brief County staff, union leaders, County legislators, and community stakeholders on Phase I and Phase II directions and obtain feedback.
- Conduct additional legal research, particularly related to the formation of an Erie County Department of Family Services and Community Health.
- Work with the County legislature to obtain local approvals including the modification of the County charter to support the reorganization.
- Meet with New York State agencies to present the Blueprint for Change and obtain necessary approvals.